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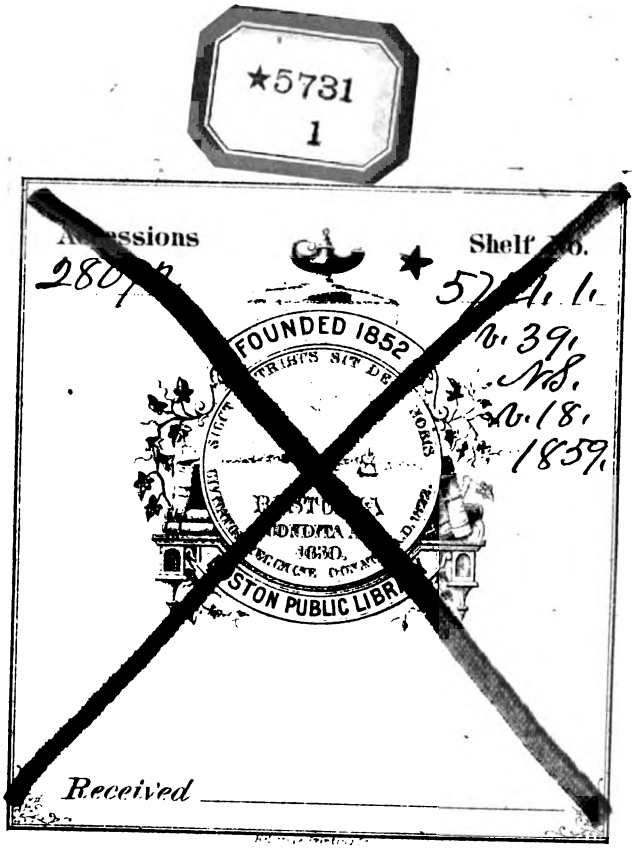

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture I.—On Vesico-Vaginal Fistula.

Gentlemen,—The Ward in the Royal Infirmary set aside for the treatment of the Diseases of Women, is entrusted, by the Managers of the Hospital, to my care, under the condition that I endeavour to give that part of my course of lectures which refers to female maladies clinically, and by reference to the cases admitted into this special Ward. Last year I attempted to do this, by devoting, during the academic course, one lecture a-week to the discussion of some subject or subjects connected with female diseases, which happened at the time to be illustrated by a case or cases under treatment in the Hospital. This year I intend to follow the same plan. In pursuing it I shall be obliged, as in all similar clinical lectures, to go through the consideration of Ovarian, Uterine, and other female diseases irregularly, and in no systematic order; but, probably, during the session we will find cases enough to enable me to make the course in the long run one which will embrace most of the maladies, surgical and medical, that are peculiar to the female economy. I propose to devote the first of this series of Lectures to the treatment of perhaps the most distressing and deplorable of all the infirmities to which woman is liable, viz. chronic perforation of the septum between the bladder and uterine passages, permitting the escape of urine, and designated according to its seat, urethro-vaginal, vesico-vaginal, or vesico-uterine fistula. This is certainly one of the most afflicting accidents that can befal the parturient female; for, though it is not immediately fatal, it renders life miserable, seeing that the acrid urine is constantly escaping and excoriating and irritating the pudenda and thighs; and too often its continual decomposition makes the unhappy patient not only loathsome to herself, but an object of disgust to all around her.

I speak of the treatment of this disease the more willingly because it was long looked upon as incurable, and reckoned among the opprobria of Surgery. With others I used to regard a patient afflicted with it as a case generally beyond all relief and all hope. But within the last few months I have come totally to change my opinion; and I want now to tell you by what means we can cure—I had almost said, certainly and easily cure—most cases of vesico-vaginal fistula.

Yesterday some of you had an opportunity of seeing me operate for this disease on a woman who has laboured under it for eight years, and whose history is the following:—

Mrs. McK., aged 40, a native of Ireland, has been married twenty years, and given birth to ten children. The last two labours were attended with difficulty, from the fact of the presentations being irregular. She is not sure whether instruments were used to effect delivery or not, but she kept her bed for more than a year after her last confinement, and it was about a fortnight after it that she first found the urine dribbling away, which it has contined to do ever since, producing constant soreness and great annoyance and discomfort.

She first came under my care about two months ago, and at that time she was placed on the table with the view of being operated on; but the great extent of the fistula and the complete extroversion of the bladder through it deterred me; and those of you who were present at the operation yesterday can best judge how formidable a case it was. The opening was large enough to admit easily three fingers; the anterior wall of the vagina was so far destroyed that one of the middle stitches used to close the gap touched at one extremity the cervix uteri and reached at the other to within an eighth of an inch of the orifice of the urethra; and its form was very irregular, varying with the movements produced by the muscular contractions of the part. Then the constant protrusion of the red and vascular anterior wall of the bladder, projecting like a hernial tumour through the wound, complicated the first stage of the operation, and rendered the paring of the edges very difficult from the risk of wounding the bladder. This difficulty I attempted to get over by introducing a heavy bullet of lead attached to a wire, expecting, as the patient was placed on her hands and knees, that the weight of the lead would keep the anterior wall of the bladder down in the abdominal cavity; and it did so, so long as the patient kept quiet; but the moment she coughed or gave utterance to a cry of pain the bullet was shot out and the bladder was protruded as before. Yesterday I tried to keep it down by means of a sound passed through the urethra, but the bladder continued to press out on each side of it: and I only succeeded in getting the edges at last partially pared by having the bladder kept back by means of a whalebone probang, tipped with a piece of sponge, and pushed through the fistula. Having pared the upper and lower margins of the fistula, I passed a wire ligature through them, and had the ends of it drawn tight and fixed. In this way the hernia of the bladder was prevented from recurring, and I was enabled to make raw the remaining parts of the fistulous border with more ease and safety. The edges were then brought into apposition by means of eight iron wire stitches, and kept in apposition by means of an iron wire splint, such as I now show you, and of which I shall have something more to say presently. The patient is quite well this morning, and no urine escapes per vaginam. I can hardly bring myself to believe, however, that the operation will be at once completely successful, when I think of the great extent of the fistula; and then the catheter which had been provided proved to be too short (for the patient is even stouter than the generality of such patients are liable to become from their inactive life); and the urine for some time was not allowed to drain away so freely as it ought.

Here I show you a wire splint with stitches, which I this morning removed from a patient on whom I operated nine days ago. The woman is now in her 66th year, and has suffered during nearly the half of her lifetime from a vesico-vaginal fistula resulting from a tedious labour. The opening was situated high up, close to the portio vaginalis uteri, and of small size, requiring only three stitches to hold the pared edges in apposition. For thirty-two years she has not been able to retain a drop of water, except once or twice when the temporary swelling of the edges of the fistula produced by cauterisation with the galvano-cauter of Marshall and Middeldorpf, prevented for a few hours its escape per vaginam. Since yesterday week every drop has come through the catheter.

Passing from these special cases, allow me to make some general remarks upon this deplorable disease; and,

1. As to its *cause*.—It is most commonly found as a consequence of difficult and prolonged labour, more especially the latter; and this result has been attributed, 1st, to the long-continued pressure of the fœtal head on the maternal passages, producing mortification and sloughing of the vagina and part of the wall of the bladder; and 2ndly, to direct injury from the use of instruments. That in such cases the fistula is not usually caused by the forceps or other instruments employed is proved by the fact, that the urine does not flow per vaginam immediately, but only begins to trickle away some days afterwards, when the slough commences to separate, and leaves a communication between the bladder and vagina. It is far more frequently caused, I believe, by the mere morbid prolongation of the labour giving rise to inflammation, and sloughing of the compressed soft tissues, than it is caused by obstetric instruments employed to shorten the duration of parturition. It may in some cases, however, be caused by the direct use of instruments. A patient, the subject of fistula, lately told me that she met with her misfortune many long years ago, at the hands of a Medical student, who attended her as his first midwifery case, and who in using a lancet to evacuate the liquor amnii by perforating the membranes, wounded instead the urinary bladder. Vesical fistula has sometimes been produced by the incautious use of the perforator. It has been known to arise also from long retention of a pessary in the vagina. Stones and foreign bodies in the bladder are said to have occasioned vesico-vaginal fistulæ, by the ulceration which they set up; in some instances it has more certainly been left as a result of removing calculi from the female bladder, by incising the vesico-vaginal septum. I have often seen it in cases of cancer of these parts, complicating and aggravating a malady already

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sufficiently distressing, and then, of course, irremediable. I had in the Hospital here under my charge some years ago a very rare case where a vesico-uterine fistula ensued from an abscess forming between the bladder and uterus, and opening into both organs. After some weeks the inflammatory deposit became absorbed, and simultaneously the fistula contracted, gradually healed up, and at last completely closed.

2.—In regard to their *situation*, urinary fistulæ in the female usually implicate the base of the bladder where it rests on the vagina, sometimes high up, sometimes lower down, but commonly at some point in the bas-fond. Occasionally the perforation is into the urethra. In very unusual cases only is the communication between the bladder and the neck of the uterus.

3.—Their *extent* is very various. Sometimes they are so small as only to permit the escape of the urine by drops, and hardly to admit of the entrance of the finest probe. At other times they are of vast extent, as in our case of yesterday, where the whole base of the bladder, and the corresponding part of the vagina, had sloughed away. The opening may be, and usually is, single; but occasionally there are two or even three of them. As regards the extent of the wound, I would only make this further remark, that the size seems to make little difference as to the power of the patient to retain her urine, for almost the smallest opening is sufficient to let out the water, accumulation of which in the bladder depends more on the situation of the opening very high up in the vagina, than on its diminutive size in any case. You will find that some patients with vesico-vaginal fistula acquire a power of collecting a considerable quantity of urine in the vagina and bladder as long as they maintain the recumbent posture.

4.—The *shape* of the opening may be round or oval, or very irregular. In the patient operated on yesterday it looked of an irregular T shape, or more circular, according to the degree of contraction going on in the septum and the degree of protrusion of the bladder.

5.—The *diagnosis* is usually so easy that I need not dwell upon it. The loss of power of emptying the bladder, and the constant escape of water by the vagina or vulva, taken in connexion with the antecedent circumstances, excite your suspicion, and all doubt may be at once cleared up by introducing a catheter into the bladder, and passing your finger along the anterior wall of the vagina, when you may touch the catheter through the opening. Any further uncertainty, in regard to its size and relations, may be removed by introducing a duckbill speculum into the vagina, when the opening will be exposed, and a probe or larger instrument may be introduced through it into the bladder. Occasionally the diagnosis is not quite so simple. In a patient whom I have seen with Dr. Thomson, the fistula is so minute that at first it was with difficulty detected. On watching carefully the vesico-vaginal wall after the single-bladed speculum was introduced, a very small quantity of clear urine was at last seen issuing from one point, and through this point or fistula only a very slender wire could be passed. In vesico-uterine fistulæ in order to discover the perforation, you will generally require to plug the os uteri with a sponge tent. The use of the tent aids the diagnosis in two ways. First, by its presence it prevents the escape of urine per vaginam, thus proving the communication with the bladder to be placed higher than the os uteri. And secondly, the due expansion of the os and cervix uteri with tents, will enable you to reach the fistula with your finger, or a sound, so as to empower you to trace the intercommunication between the urinary and uterine cavities.

In instances in which the diagnosis proved obscure, either from the smallness of the opening in the vesico-vaginal septum, or from it being of the vesico-uterine variety, the obscurity of the diagnosis might perhaps be cleared up by water, and more particularly by coloured water being injected by the urethra into the bladder, while the vagina, os uteri, and anterior wall were exposed to sight by the use of the single-bladed speculum, for the point of issue of the coloured fluid would immediately guide us to the site of the fistulous communication.

6. *Prognosis.*—Till lately most Obstetricians and Surgeons despaired of being able to do anything in the way of a radical cure of vesical fistula. My predecessor, Dr. Hamilton, used to speak of such cases as utterly incurable; and Dr. Davis averred that all reported cases of cure were misrepresentations. Vidal, whose book is probably more extensively read on the Continent than any other systematic work on Surgery, says, "I do not believe that there exists in the science of Surgery a well-authenticated complete cure of vesico-vaginal fistula, a fistula due to a loss of substance from the bas-fond of the bladder." I have often seen cases operated on, and in many different ways, and have sometimes tried to operate myself; but till lately I never saw a cure. I have often before seen a large opening reduced to a small size, but the smallest opening left is enough to keep up all the patient's misery. Matters are now, however, entirely and happily changed, and this leads me to speak of,

7. The *treatment of vesico-vaginal fistula.*—One former mode of treatment consisted in introducing a catheter into the bladder as soon as possible after the fistula had formed, and leaving it there to prevent accumulation of the urine, in the hope that in the contraction which ensued after the sloughing the fistula might close up. Cases of success from this treatment have been reported from the time of Desault downwards. But it can scarcely be expected to succeed in puerperal vesico-vaginal fistulæ except either when they are very small, or the result of outting instruments. This simple means has apparently also succeeded in some cases in which an opening in the vesico-vaginal septum was intentionally made for the purpose of removing calculi from the urinary bladder.

Caustics and the actual cautery have long and frequently been employed, but with a success which at the best is usually only temporary. So long as the swelling of the margins produced by the application of the irritant continues, the escape of the urine may be restrained; but when this has subsided the case soon becomes as bad as ever. I have seen this treatment applied by Dr. Liston and others, and have often adopted it myself; but I never once saw it succeed in effecting a complete cure.

It has been also proposed to close vesico-vaginal fistulæ by obstructing them, for a time, with a removable plug of caoutchouc or gutta-percha applied, on the principle of the ball-valve, to their vesical opening; and again by filling them, when small, with hemp or worsted threads, and withdrawing a thread from time to time as the perforation contracted. I have perseveringly tried both of these plans in very favourable cases, but altogether without any beneficial result.

Nearly two centuries ago, in 1663, Hendrick van Roonhuyse, a practitioner of Amsterdam, whose name is connected with the history of other suggestions in operative midwifery, first proposed to cure vesico-vaginal fistulæ, on the same surgical principles as harelip—namely, by paring or vivifying the lips of the fistula, and then bringing and keeping their raw edges together with stitches of silk. But there is no evidence that Roonhuyse ever put his own proposition into practice. In the course of the last century, Voelter of Wurtemburg, and Fatio, of Basle, were the first apparently to try this operation; but both of them failed to cure their patients by it. Even the very remembrance of this method of treating vesico-vaginal fistulæ seems to have afterwards fallen into oblivion, till, in 1812, the late Professor Naegele of Heidelberg recalled the attention of the Profession to it. I am not certain who had the good fortune first to cure a case by this means. But during the last half-century many modes of vivifying the edges of the fistula by differently shaped knives, scissors, and caustics, have been suggested and practised; many varieties of stitches employed—as the "interrupted," the "continuous," the "quilled," the "twisted" suture, etc. and many means and modes of passing these stitches or sutures have been proposed. It has been attempted even to introduce the stitches from the cavity of the bladder, as well as from the vagina. And other means than stitches have been employed to hold together the raw lips of the fistula, such as the bladed compresses or leaf-like instruments suggested by Naegele, Langier, and Lallemand. Serres fines also have been used in this way. But sutures of hemp and silk have been most commonly made use of, and some cases have been published where they were reported as successful. Jobert of Paris, and Wutzer of Bonn, who have operated in this way by paring the edges and bringing the raw surfaces into apposition with them, more frequently and with better success perhaps than any other Surgeons, have effected cures only as exceptional instances; and when in Bonn, I saw Wutzer operate for the fourth time on the same patient. In Paris they still operate in this way, as I learn from a letter I had a day or two ago from

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Dr. Bozeman, who saw Robert ately close up the wound with tape. Lately, Simon of Darmstadt has reported some cases of success by using a kind of double silk suture.

The grand revolution, however, that has of late been accomplished in the success of the operation for the cure of fistula, is owing to a change in the mere material of the suture, or, in other words, owing to the introduction of metallic sutures instead of the sutures of hemp and silk, or other organic materials which were formerly employed to bring and keep the edges of the wound in apposition; and the success which attends their use is to be explained by the important general law that living tissues bear the contact of non-oxidisable metallic bodies for any length of time without being excited to take on an inflammatory action, or if such action be excited, it does not usually go beyond the stage of adhesive inflammation. We see this law in surgical pathology exemplified in those cases where bullets, small shot, needles, etc. get lodged, and remain imbedded in the tissues for many years without causing any high grade of inflammation. There was here, a few weeks ago, a noble Duke who carries in his shoulder a bullet which got lodged in his body in the time of the Peninsular war, now more than forty years ago. Silk and other organic sutures, on the contrary, produce an inflammation which soon passes on to suppuration and ulceration, or the higher grades of the inflammatory process. We see a striking proof of the different effects of the two kinds of suture in this, that formerly when silk or hempen threads were used in the operation for vesico-vaginal fistula cures were so rare and exceptional, that a successful case was boasted of as a triumph; whereas, during the last two months I have operated in four cases, using metallic sutures, and all but the first of them have been successful; and three cases of vesico-vaginal fistula cured in succession, each by one operation, was a success which we formerly never dreamt of. Dr. Marion Sims, of New York, who has in a great measure led the way in this modern revolution regarding the treament of vesico-vaginal fistulæ, tells us that he operated twenty-nine different times on one unfortunate patient, using always threads of hemp or silk, and always without success; but that on using metallic sutures in the thirtieth operation a cure was at once effected.

Last summer I took occasion to make an extensive series of experiments upon the relative merits of metallic inorganic sutures and ligatures, and upon the relative surgical qualities of different metallic threads. These experiments were for the most part kindly performed for me by my friends Mr. Edwards, Mr. Jardine Murray, and Dr. Coghill, and the subjects of the experiments were a number of unfortunate pigs, which were always, of course, first indulged with a good dose of chloroform. We made corresponding wounds of various kinds, usually on directly opposite sides of the body, and sewed some with threads of silk, hemp, cotton, etc. and others with threads of silver, gold, platinum, lead, iron, &c. As a general result the contrast between wounds sewed with organic threads, and wounds of corresponding size and situation upon the same animal, sewed with metallic threads, was most striking and remarkable. For while the silk and other organic sutures almost invariably began to inflame and suppurate along their tract a few days after their introduction, the metallic sutures remained, as it were, quite passive in the lips of the wounds, and without exciting any appreciable inflammatory disturbance. I have seen enough of cases in the human subject to convince me that the same comparative results as a general law follow the uses of these two forms of suture in the surgery of the human body. In fact, the Surgeon is almost invariably obliged to cut out a silk or other organic thread a few days after its introduction, in consequence of the suppuration and ulceration which its detention excites. You may leave, on the other hand, a metallic suture without any such consequences for weeks or months, instead of days.

Why do metallic threads not lead on to the higher degrees of inflammation, such as suppuration and ulceration, along their tracts and in their neighbourhood as organic threads do? I believe this question is to be solved by the mere fact of metallic bodies or threads lying unchanged and inert in and among the tissues with which they are in contact. If we introduce a metallic wire into a part, it has no power of absorbing the fluids there, and lies in apposition to the tissues without irritating them. A thread of silk absorbs the fluids thrown out—lymph, or pus, or whatever else it might be—and these dead fluids remaining in the thread, and becoming decomposed, render it a small tract or nidus of putrefaction and infection. In the experiments already alluded to I repeatedly took silk threads which had been a few days in the lips of wounds in the pig, and had there produced suppuration in their tracts, and placed small portions of them in the bottom of new wounds in the same animal. Within a day or two severe inflammation, sometimes of a carbuncular form, appeared in the lips and sides of these new wounds, showing the acrid and morbific nature of the dead and decomposing materials absorbed by and retained within these organic threads.

What metal is best? This question has been often asked, and variously answered. Sims uses always silver wire in preference to any other. Mettauer, like Dieffenbach, operated with leaden wires. I have always used the ordinary simple and cheap blue iron wire of the shops; and I believe it is the best. What is required is a material not readily oxidisable, and possessed of a certain degree of strength and tenacity. Now, it has been found that a certain thickness of wire, if made of lead, will sustain a weight of 1lb.; silver, 9lb.; platinum, 13lb.; iron, 26lb.; from which it will be seen that iron wire will not so readily give way as some of the others. But is it from any particular reason more irritating than these, or more likely to produce a high, and dangerous, or destructive degree of inflammation? The liability of iron to rust, or become oxidised, at once occurs to most minds as likely to impair its usefulness, and render it irritating to the tissues with which it is brought into contact. But we know that iron in some forms does not become oxidised in the body, and causes no disturbance whatever in the tissue. Needles, for instance, usually excite little or no inflammation; and I show you here a portion of a needle removed by Mr. Murray from a child's foot, in which it had lain three years and four months without becoming in any degree roughened on the surface by rust or oxidation. And Schönbein has shown that by being submitted to certain processes, iron may be rendered what he calls "passive;" and in this passive state it is not at all liable to become changed and oxidated. For while iron in the ordinary condition gives rise to a sort of effervescence on being introduced into strong nitric acid, of specific gravity 1·3, this phenomenon is not seen when the iron is in the "passive" state. This condition may be induced in various ways,—by passing a piece of wire through the flame of a spirit lamp, by introducing the wire into nitric acid at the same moment, and in contact with a piece which is already passive, or, as in the wire which I commonly use, by annealing, which is done, I am told, by putting the hot wire into an oil bath. The wire, then, which I always use, and which I believe to be the best, as it certainly is the cheapest, is the ordinary annealed iron wire of the shops, and of the size known as No. 32. I have by me here some specimens of iron wire coated with tin, silver, etc. as well as wires of platinum and other metals; but not one of them fulfils any indication better than the simple annealed blue iron wire, which may be bought at any wire-workers for a shilling a pound. Through the kindness of my esteemed friend, Dr. Aveling, of Sheffield, the firm of Cockers, Brothers, of that town, have lately manufactured an iron wire for surgical purposes, drawn out of the finest procurable material, and in this respect superior to the common iron thread I have always used.

At our next meeting, I will explain to you minutely the mode of performing this operation, step by step.

ORIGINAL COMMUNICATIONS.

ON PROLAPSUS OF THE BLADDER BEFORE THE CHILD'S HEAD IN LABOUR.

By F. H. RAMSBOTHAM, M.D.

Obstetric Physician to the London Hospital, etc. etc.

The descent of the distended bladder before the child's head in labour, although a very rare occurrence, when it does happen, may be the cause of much embarrassment, and perhaps of danger. The late Dr. Merriman, in his excellent Synopsis, mentions a case, detailed to him by Dr. Maurice, of Marlborough (who saw the patient a fortnight after delivery), in which an inconsiderate practitioner punctured the prolapsed

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bladder in mistake for a dropsical head; and Dr. Hamilton in his Lectures used to tell of another equally rash, who committed the same grave error, under the belief that he was merely letting off the *liquor amnii*.

At one o'clock in the morning, on the 29th of last May, I was sent for to a patient of my own, living about six miles from my house, in labour of her tenth child. Her labours had always been very rapid, so much so, indeed, that the last three children were born before I could arrive. I found her sitting on a chair, straining violently every two or three minutes. Her face was much flushed; pulse rapid; and there was profuse perspiration. She looked indeed like a woman whose child was on the eve of passing into the world. She told me that for a week every evening she had suffered the same kind of pains for a couple of hours; that last evening they had come on at the same time, about six o'clock; but that instead of leaving her, as they had always done before, they had continued, and had gradually increased in severity; and that she was quite satisfied they were not the pains of labour. On removing her to the bed and making an examination, I detected the bladder prolapsed, filling the fore part and left side of the pelvis, drawing down with it, of course, the anterior face of the vagina. The tumour was soft and fluctuating to the feel; no increased distress was produced by pressure being made on it; and it occupied so much of the pelvis as to render the passage of the finger up to the os uteri somewhat difficult. That organ was dilated to the size of a crown piece, soft, and flaccid; membranes whole. The uterus was acting occasionally; but the cause of the violent pressure experienced was spasmodic contractions of the abdominal muscles, which, when the hand was placed on the abdomen, gave a deceptive sensation, as though the uterus was acting: no vesical tumour could be felt above the pubes. Feeling certain that the distressing symptoms arose from the unnatural position of the bladder, I at once introduced a catheter, and drew off about eight ounces of urine. The fluctuating tumour entirely disappeared; the violent forcing pains ceased; and the uterus acted moderately at intervals of ten or fifteen minutes. As its mouth was so soft, I thought it better to rupture the membranes, expecting that the head would soon pass into the pelvis, and prevent mechanically the protrusion of the bladder again. A large quantity of liquor amnii came away; my expectation was gratified; no fresh prolapsus occurred; and in about four hours the child was expelled, its birth having been delayed by its large size, and by the forehead being situated behind the right obturator foramen. The patient recovered perfectly well; she had never any difficulty in passing water during her confinement; but I thought it right, as a precaution, to keep her recumbent until nearly a month had passed. No descent has taken place since she has been walking about.

This lady, about eight years before, had been the subject of an aggravated state of prolapsus uteri, so that a portion of the organ protruded externally; this inconvenience, however, was quite obviated by rest and local astringents, without the necessity of having recourse to pessaries, or any artificial support, except of the simplest kind.

To another case I was called some years ago, under the care of a young practitioner, where I found the patient lying on her left side on the bed grasping a towel, and bearing down strongly, in the belief that the child was about to pass immediately. She had been in this position, and suffering the same pains, for more than twelve hours; and her attendant was quite at a loss to understand the cause of the delay. I found the bladder prolapsed before the head, emptied it, and relieved immediately the severe forcing. In this case, too, the os uteri was opening, and a few hours sufficed to terminate the labour. In all the cases that I have seen the patients have borne children before; and it is worthy of remark, that in three-fourths of them there has been a slightly diminished pelvis, in the conjugate diameter at the brim; as though the head of the child, by failing to descend into the cavity easily and evenly, left a space at the side of the pelvis through which the slightly distended bladder was propelled. It would seem also that the whole of the bladder was prolapsed; as in none have I detected, at the same time, any vesical tumour about the brim; although the quantity of urine drawn off has never exceeded half-a-pint. All the women who have come under my notice were delivered naturally except one, in whose case I employed the long forceps, in consequence of a contraction at the pelvic brim; and in two cases only have I seen the bladder fill again in its abnormal situation, so as to require the catheter to be used a second time.

The symptoms of this affection are very strongly marked, and not easily to be overlooked, provided the possibility of its occurrence be kept in mind. They are—the violent forcing and straining every time the uterus acts, which is more often than common in the early stage of parturition; inability to empty the bladder voluntarily; and the fluctuating tumour appearing more or less to fill the pelvic cavity, which ceases to be felt on the artificial removal of the urine. The introduction of the catheter is most easily effected, since no impediment from pressure exists to its direct passage into the bladder: the urethra may, perhaps, be turned out of its straight course; but any difficulty from that cause may be obviated by the use of a flexible instrument.

From the first of the cases that I have noted above, it might be supposed that those women who had been troubled with prolapsus uteri, were very liable to be affected with prolapsus vesicæ during labour; but that does not appear to be the case, for the descent of the bladder before the child's head is a very unusual complication of labour indeed, while the falling of the womb, even to its appearing partially or entirely external to the vulva, covered by the inverted vagina, is one of the most common uterine affections to which married females, at least among the poorer classes, are exposed. From the same case too, it might be thought that the subsidence of the bladder frequently took place during the latter part of pregnancy, before the action of the uterus commenced; because the patient was annoyed by similar pains to those under which I found her, for a week, at intervals. But in no other case which I have met with, was there any symptom of such subsidence until uterine action was fairly established. It seems as if the sympathetic contraction of the abdominal muscles was the immediate cause of the descent; and that this sympathetic contraction was not excited until the pains of labour absolutely commenced. Rare as the case is, however, it would teach us never, either under labour or in any other condition of the system, to tap a fluctuating tumour in the pelvis, without having first introduced the catheter, that we may assure ourselves that the tumour is not a distended bladder.

8, Portman-square.

ON PRURITUS PUDENDI MULIEBRIS.

By EDWARD RIGBY, M.D.

In my work on the constitutional treatment of female diseases, I have endeavoured to show that pruritus pudendi may occur under very different conditions of the system, depending in their turn on different causes, the nature of which must be ascertained before the treatment can be based on any fixed or decided principles. I am not quite sure that the division I have attempted to establish, viz. into the inflammatory and the non-inflammatory forms of pruritus, is a perfectly correct one; but it is so far useful, that it serves to assist us in distinguishing the different varieties and conditions under which this most distressing affection occurs.

The first form which I have noticed is that which is preceded and accompanied by derangement of the chylopoietic functions, and usually with symptoms of a rheumatic-gouty character in other parts of the body. The bowels are confined and unhealthy; the liver is torpid; the urine scanty, high-coloured, and becomes turbid on standing; the face is pale and sallow; the abdomen large, and distended with flatulence; she has frequent irregular attacks of flushing, and not unfrequently the paroxysms of irritation follow close upon them, the patient being aware of a sense of flushing or burning heat extending over the external parts of generation, and accompanied with the characteristic irritation of the affection. The external parts become congested, hot, and swollen; and this condition occasionally extends along the course of the vagina, especially in those cases where it is accompanied by a rheumatic condition of the uterus itself.

The following case is an illustration of the above observations:—

Mrs. A. aged 34, married eight years, never pregnant. February 23. Tall—brunette—pale—sallow. Constant heat, with sense of rawness, smarting, and intense itching of the

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vulva; much worse after a catamenial period; constant purulent discharge. Bowels confined. Tongue deeply sulcated, rough on the dorsum, with clean edges. Pulse very feeble. Skin clammy and moist; urine thick from lithate of ammonia. Headache both in the forehead and vertex; is of a rheumatic habit. Was suddenly seized four months ago, while standing at church, with great swelling, heat, redness of vulva, the labia becoming hard, and attended with intense itching.

Examination.—Nymphæ red and much excoriated; os uteri is directed forwards; the fundus is felt directed backwards, it is hard and swollen: introduced the sound, and replaced it easily.

Pil. hydr. extr. coloc. ext. hyosc. aa ℈i. M. ft. pil. xij. sumat ijh. s. pro. r.n.

Haust. ferri et magnesiæ sulph. primo mane.

℞. Acidi hydrochlor. dil. acidi nitrici dil. aa ʒi. liquoris Taraxaci ʒj.; infusi cinchonæ oblongifol. ʒvii. M. ft. mistura sumat cochl. magna ij. bis die ante cibum. ℞. Potassæ bicarb. ℈iv. potassæ nitratis ℈ij; sp. ammon. arom. ʒss., aquæ ʒvijss. M. Ft. mistura sumat cochl. magna ij. post prandium.

16th.—Better in every respect—the morning laxative does not appear to act comfortably. Rep. mist. cinchonæ ante, et mist. potassæ, post, prandium. Let her take 2 of the pills just before the next catamenial period. ℞. Pil. rhœi comp. gr.v. h.s.

April 6.—Catamenia appeared about ten days ago, rather suddenly, four days before the time, with much pain. The irritation was very severe for a time, and has continued slightly since. Bowels very confined even with the aid of medicine. Appetite better; general health fairly good; tongue is still sulcated, though in other respects natural.

℞. Acidi nitrici dil.; acidi hydrochlor. dil. āa ʒi. liq. Taraxaci ʒi.; infusi sennæ comp. ʒiv.; infusi gentianæ co. ad ʒviii. M. ft. mistura sumat cochl. magna ij. bis die ante cibum. Rep. pil. p.r.n. Let her take a large enema of warm water occasionally.

℞. Sodæ biboratis. vini colchici aa ʒi. decocti papav. Oi. M. ft. lotio.

10th.—Is in great suffering—says that the lotion appeared to excoriate her, and that the mixture had no effect upon the bowels. The enema, however, brought away a large accumulation of hardened fæces. Rep. enema p.r.n. Rep. mist. cinchonæ.

℞. Extr. aloes aquosi ℈ij., extr. hyosc: ℈iss. masticbes gr. xij. M. ft. pil. xx. sumat ij. h.s.

Liq. Plumbi diacet ʒss. decoc. papav. Oj. M. ft. lotio.

May 7.—Better in every respect; her constipated bowels are the great difficulty.

The constipated and unhealthy bowels and other symptoms of general derangement of the digestive organs occurring in a rheumatic habit with considerable evidences of debility, as shown by the pale sallow face, feeble pulse, and vertex headache, are the characters which point out the real features of this case. The circulation had probably been growing more and more unhealthy for some time; and if the cold which she caught by getting the lower extremities severely chilled, had not localised the mischief on the external generative organs in the form of pruritus, it is more than likely she would have suffered an attack of rheumatic or gastro-bilious fever.

The fiery heat and redness of the affected parts fully characterised the inflammatory nature of the attack. The congestion and irritation produced by the retroverted condition of the uterus probably still further increased the disposition of the complaint to localise itself in this form. The retroversion presented nothing peculiar or unusual; it was simply a feeble atonic uterus, with its fundus forced downwards and backwards under the weight of habitually constipated bowels. The alterative, laxative, and tonic plan of treatment quickly produced a great improvement in all her symptoms, and she continued nearly free from annoyance for some weeks, when the evil appeared to be woke up again into activity by the occurrence of a catamenial period. I cannot help thinking that she had unconsciously lapsed again into some degree of her former habits of constipation and gastro-biliary derangement; it was evidently a matter of no slight difficulty to overcome her long-standing disposition to constipation; and the alteration which I made in the mixture appeared to fail entirely; nevertheless she continued to improve steadily in general health; and the occasional use of a large warm-water enema effectually prevented any intestinal accumulations. The capriciousness of local remedies in this affection is well known; but I was much surprised at the entire want of success of the lotion of borax and colchicum wine in poppy decoction, which, in a somewhat similar case, had afforded the greatest relief, as I will show in my next communication.

36, Berkeley-square.

ON ARSENICAL PAPER-HANGINGS.

THE MODE IN WHICH THEY MAY PRODUCE NOXIOUS EFFECTS.

By ALFRED S. TAYLOR, M.D. F.R.S.

A friend whose library walls were covered with an arsenical-green paper had suffered for some time from chronic inflammation of the eyes, especially affecting the conjunctivæ of the eyelids. On the discovery that arsenic was contained in the green pigment of this paper in rather large quantity, he caused it to be removed during the summer and replaced by another containing no arsenic. The inflammation from which he had suffered disappeared; but within the last few weeks it has returned. He informed me that he had been dusting some books in a bookcase belonging to this room, and he imagined that the dust, which had accumulated for two or three years, had affected his eyes, and had caused a return of the inflammation. Some of the dust was carefully removed on Tuesday last from the tops of a few books by a feather, and submitted to a chemical analysis. The dust weighed one grain and a-half: it had an olive-green colour, and under the microscope it presented the appearance of fibres, with numerous particles of various colours, chiefly of a greyish black. By Reinsch's process, a portion of the dust yielded a deposit of arsenic; and there was, therefore, clear evidence that some of the mineral arsenical pigment formerly on the walls, had found its way through the glass-doors of the book-case, and had been deposited in the form of a fine dust on the tops of the books.

On Thursday last, after having made this chemical examination of the dust from a private dwelling, I procured from the shop of Messrs. Marratt and Short, Opticians, 63, King William-street, London-bridge, a quantity of dust for the purposes of analysis. The walls of this shop are covered with an unglazed arsenical paper; and, as I am informed, they have been so covered for a period of about three years. In collecting this dust from the tops of the cases containing the instruments, great care was taken not to touch the walls. The quantity thus collected for examination amounted to about four hundred and fifty grains. It was nearly black, and under the microscope appeared to consist of fibres and sooty particles. It was very light and flocculent. One hundred and fifty grains of this dust were examined by Reinsch's process; and enough metallic arsenic was obtained from it to coat about ten square inches of copper foil, in addition to a piece of copper gauze. From the latter deposit, by the application of heat, octahedral crystals of arsenic were readily obtained. The cases had not been dusted for a period of nine months.

The cases are secured by glass doors, and lined inside at the back with arsenical paper. Mr. Short removed, by a camel's hair pencil, a small quantity of dust which had accumulated on the thermometers and barometers, which are locked up within the closet. The quantity thus obtained from the projecting parts of a few instruments, amounted to eight-tenths of a grain, of which five-tenths were taken for examination. This half-grain of dust sufficed to cover pretty thickly with metallic arsenic a square inch of copper gauze. A portion of this, when heated, yielded a large number of well-defined octahedral crystals of arsenious acid.

These facts lead to the inevitable inference that the air of a room, of which the walls are covered with an unglazed arsenical-green paper, is liable to be charged with the fine dust of the poisonous aceto-arsenite of copper. Those who inhabit these rooms are exposed to breathe the dust. The poison may thus find its way by the pulmonary membrane into the system, or it may affect the eyes, nose, and throat by local action. That so few cases of actual poisoning under these circumstances have occurred, is a fortunate circumstance; but only cases of serious mischief would be

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likely to attract attention. There may have been numerous instances of a disturbance of health, depending on this arsenical paper, which from absence of suspicion has been assigned to other causes. The degree of exposure, state of health, peculiar susceptibility, and the eliminating power of the system, may account for the comparative rareness of these cases. The mode in which the pigment is laid on the paper may be such as to prevent, in some instances, the fine particles of dust from escaping. The fact now demonstrated, that arsenical dust is, and must be substantially breathed by those who occupy rooms thus papered, explains the similarity of symptoms observed; justifies the statements made by Dr. Hinds, Dr. Halley, and others; and proves that those who have experimented on this subject with negative results, have not taken the right course to arrive at the truth. Their results have, to a certain extent, misled the public, by teaching them to rely on what is now proved to be a false security.

If, as a general rule, the quantity of arsenic which can penetrate the body from this source is small, it is still desirable that arsenic should not be breathed day by day in any proportion. The defenders of this noxious manufacture will hardly go the length of asserting that this arsenical-green, which is a potent poison in the stomach, can exert no injurious effect when taken into the lungs; and yet, unless this assumption be made, the inevitable inference is, that these papers should not be used for covering the walls of our dwellings.

15, St. James's-terrace, Regent's-park.

ON THE VALUE OF ALBUMINURIA, AS A SYMPTOM OF KIDNEY DISEASE.

By E. A. PARKES, M.D.

Professor of Clinical Medicine in University College, London.

Valuable tables on the presence or absence of albumen (derived from the kidneys) in the urine in various diseases, have been given by Martin-Solon, Finger, Haywood-Johnson, and others. In order to test the accuracy of the usual statements, and especially to draw a stronger distinction between temporary and permanent albuminuria, I have lately analysed those cases of my adult patients in University College Hospital in which the urine was examined carefully and daily for a sufficient length of time to enable it to be said with perfect accuracy, that albumen was or was not present during the whole course of the disease, or at any time of it. Cases of cystitis and vaginitis were not included. I give the results as a small contribution to this important subject. By the term "temporary albuminuria" I imply a case in which, after lasting for some days or even weeks, the albumen entirely disappeared for some time before the patient left Hospital: and by permanent albuminuria, a case in which the albumen did not disappear during the time the patient was under observation; this time being generally very long and always many days. University College Hospital is a general hospital, into which cases of small-pox and scarlatina are seldom admitted. I have excluded from consideration all cases of cholera and of pregnancy.

Table I.

—	Total number of cases.	Urine not Albuminous at any time.	Urine temporarily Albuminous.	Urine Permanently Albuminous.
Men	170	124	21	25
Women ..	133	103	16	14

Reduced to a per-centage this table is as follows:—

In every 100 men admitted into the medical ward of a general hospital in London	72·94	12·35	14·71
In every 100 women admitted into a general hospital in London.	77·44	12·03	10·53

The proportion of cases of temporary albuminuria is therefore almost the same in the two sexes; *i.e.* the causes producing the albumen are independent of sex. The proportion of cases of permanent albuminuria is greater by rather more than 4 per cent. in males, on account of the greater prevalence of organic kidney disease in male hospital patients in London.

(*a*) *Temporary albuminuria.*

The causes of the temporary albuminuria were—

Table II.

Disease.	Men. Total number of cases.	Men. Temporary Albuminuria.	Men. No Albuminuria.	Women. Total number of cases.	Women. Temporary Albuminuria.	Women. No Albuminuria.
Paraplegia (spinal)	..	..	..	2	1	1
Hemiplegia (cerebral hæm.) ..	3	1	2	1	1	..
Phthisis (chronic)	17	1	16	11	..	11
Pleurisy (acute)	11	1	10	6	..	6
Bronchitis (acute) lungs otherwise healthy	3	1	2	3	..	3
Bronchitis (acute in emphysematous lungs)	6	1	5	3	1	2
Bronchitis (tuberculous lungs)	..	..	..	1	1	..
Pneumonia (acute lobar) ..	7	3	4	3	3	..
Heart disease, hypertrophy, dilatation, and valvular affections	6	1	5	11	1	10
Acute morbus Brightii.. ..	3	3	..	..	..	..
Acute rheumatism ..	8	2	6	11	2	9
Subacute rheumatism	8	1	7	..	..	..
Purpura hæm.	..	..	..	1	1	..
Typhoid fever	10	2	8	9	3	6
Typhus	2	1	1	..	..	..
Variola	2	1	1	3	1	2
Scarlatina	1	1	..	1	1	..
Erysipelas (leg)	1	1	..	..	..	..
Total	88	21	67	66	16	50
Per-centage ..	..	23·86	76·14	..	24·24	75·76

The per-centage of this table (which includes all the diseases any case of which had the urine temporarily albuminous) shows, as in Table I. that the effect of sex is not obvious in the production of this symptom.

The quantity of albumen was large in the pneumonic and acute renal cases; was in some quantity in the typhoid, variolous, and scarlatinal cases; was very small in most of the rest. Blood on microscopic examination was observed only in three cases, in which the amount of albumen was small; but it may have been present in some others.

(*b*) *Permanent albuminuria.*

The causes of the albuminuria were—

Table III.

Disease.	Men. Albuminuria.	Women. Albuminuria.	Remarks.
Morbus Brightii (all forms) ..	16	9	
Encephaloid disease of kidney	1		
Cystic disease of kidney	1		
Leucocythemia with presumed lardaceous kidney disease.	..	1	
Chronic phthisis and kidney disease on p.-m. examination	1		
Pleurisy with probable kidney disease	1		Casts and kidney structures in sediment of urine.
Heart disease (hypertrophy and valve affection)	2	2	Kidneys healthy in 3 cases on p.-m. examination.
Hemiplegia from cerebral softening	..	1	Blood corpuscles.
Pancreatic disease causing icterus.	1	..	Amount of albumen very small.
Purpura hæm.	1	..	Case not fatal; nothing definite known about kidneys.
Typhoid fever	1	1	Blood casts and establishment of decided morbus Brightii consecutive to the fever.
	25	14	

Therefore in 32 out of 39 cases of permanent albuminuria, disease of the kidneys was either proved, or was rendered

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highly probable, by the presence of other symptoms. In 3 other cases kidney disease was not disproved; but as nothing was decidedly known, I believe I am justified in excluding them from further consideration.

Permanent albuminuria indicated, then, kidney disease in 32 out of 36 cases; and if the heart diseases be excluded, it may be said that it indicated kidney disease invariably. Of late years the discovery of albuminuria in so many diseases has caused some scepticism as to the value of this symptom, but it would seem that the distinction of temporary and permanent albuminuria has not been drawn with sufficient care, and that if it be permanent, the significance of albuminuria is as great as it was supposed to be, by the older writers on morbus Brightii.

A distinction between the temporary and permanent albuminuria was often probable even at the first examination, from the usually much smaller amount of albumen in the former class of cases, with the exception, however, of the pneumonic, specific febrile, and acute renal cases, in which the quantity was often large.

SPHYGMOSCOPES:

THEIR CONSTRUCTION, OBJECTS, AND MODE OF EMPLOYMENT.

By S. SCOTT ALISON, M.D.
Assistant-Physician to the Hospital for Consumption.

THE engraving below, for which I am indebted to the kindness of Dr. Beale of King's College, exhibits all the sphygmoscopes which I have contrived and employed, with the exception of one which is mounted upon a stand. A sphygmoscope or sphygometer, was invented some twenty years ago by M. Hérrison, a French Physician, and was employed by him to indicate the pulsations of the arteries. In general construction it resembled the instrument fig. 1 in the engraving, was filled with mercury and supplied with a stop-cock. More recently a very complicated instrument has been employed in Germany for the purpose of tracing or registering the successive pulses of the arteries.

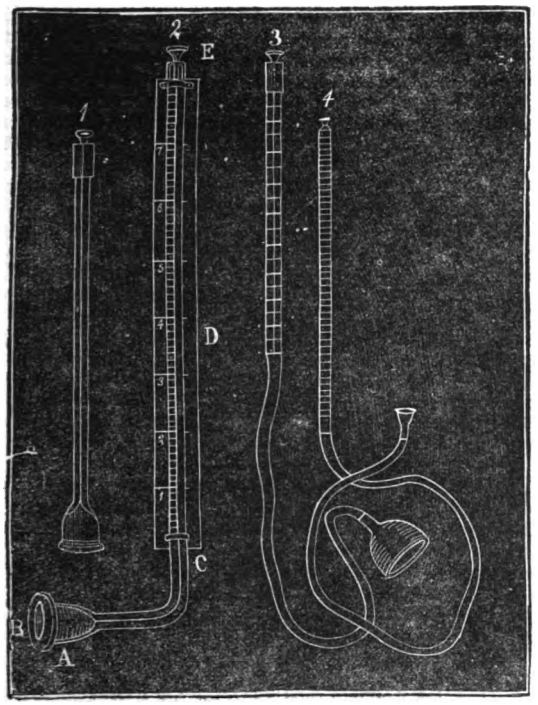

Fig. 1. Artery sphygmoscope. Bore of tube 1-10th of an inch.
Fig. 2. Portable heart sphygmoscope. A, glass cup. B, lamina of india-rubber. C, glass tube; bore 1-10th of an-inch. D, graduated scale. E, screw stopper.
Fig. 3. Heart sphygmoscope supplied with india-rubber tube.
Fig. . Artery sphygmoscope supplied with india-rubber tube.

The instruments which I contrived, and described in the Proceedings of the Royal Society for January 1856, are very simple, and are designed and adapted for indicating the pulsations of the heart as well as the arteries. They consist of a cup closed at one end with a thin lamina of vulcanised india-rubber, and having a tubular termination at the other extremity. The tubular part in the artery sphygmoscope, fig. 1, is prolonged in the direction of the axis of the cup; in the heart sphygmoscope, fig. 2, it is bent at right angles. The tubes are graduated. To admit of the heart sphygmoscope being moved so as to be easily seen while the observer is listening to the sounds of the heart, a piece of flexible india-rubber tubing is inserted between the cup and the graduated glass tube, as is seen in fig. 3; and for the purpose of bringing the glass tube of the artery sphygmoscope parallel with the glass tube of the heart sphygmoscope, for the better observation of the relative times of the cardiac and arterial pulsations, a similar provision of india-rubber tubing is made, as appears in fig. 4.

The cup and tubes are filled with coloured water.

These instruments have served to exhibit the following facts:—

1. The extent, frequency, duration, regularity or irregularity of pulsations.
2. The alternation of the pulsations of the heart with those of the arteries.
3. The synchronism, or approximate synchronism, of the pulsations of all the arteries of the body.
4. The synchronism of the first sound and impulse of the heart.
5. The synchronism of the second sound and the first part of the retirement of the heart.
6. The simultaneous impulse of both sides of the heart.
7. The synchronous impulse of the ventricles, and the forcible shock of the auricles in phthisis, when the auricles are brought in immediate contact with the front of the chest from destruction of lung tissue.
8. The synchronism of systolic murmurs, and the impulse of the heart.
9. The synchronism of diastolic murmurs, and the retirement of the heart.
10. The occurrence of frémissement to be almost invariably attendant upon the impulse of the heart; occasionally during the retirement.
11. Very harsh grating friction sounds of the heart to be synchronous with the impulse.

When the relation between the sounds and movements of the heart is the subject of observation, it will be convenient to employ at the same time a flexible stethoscope. In cases marked by both basic and intra-cardiac murmurs, great aid is obtained by employing my differential stethoscope, and placing one cup over the base and the other over the apex of the heart, which is tantamount to placing both ears at one moment over different parts of the heart. The systolic murmur of the intra-cardiac valves is heard in one ear during the ascent of the liquid in the sphygmoscope, and the diastolic murmur of the arterial orifices in the other during the descent of the liquid in the sphygmoscope, the diastolic murmur following immediately upon the conclusion of the systolic. The effect of having the two ears thus disposed, is most striking when the diastolic murmur is too faint to be heard at the apex.

When the sphygmoscopes are employed, the stoppers being taken out, the tubes should be held above the level of the cups; if made to depend, some of the liquid may escape. By elevating the glass tube the column of water is raised, and the hydrostatic pressure then becomes sufficient to cause the lamina of india-rubber to project outwards and come better in contact with the pulsating parts. The heart instrument is to be gently pressed upon the part to be examined. It is well to have the cup resting upon two ribs, and to have an intercostal space under the cup. The artery sphygmoscope requires more management. If held by the body of the cup and its edges be pressed flat down upon the artery, the pulsation of the vessel may be impeded or altogether suspended. It should be held so as to admit of the artery rising and striking the india-rubber lamina, and should not be allowed to press the artery in its fall. To secure this, the thumb, the fore, and middle fingers should, while holding the cup, be made to project about half a line beyond the edge of the cup, and to rest gently upon the body on either side of the artery. By this means the cup will be kept compara-

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tively free to receive the upward blow of the vessel, and the artery will be allowed an opportunity of being filled. Without attention to this procedure, disappointment will certainly be experienced.

When air gets into the instrument, and it is desired to replace it with water, the sphygmoscope is to be held perpendicularly, with the open end of the tube uppermost: the point of the middle finger is now to be placed upon the lamina of india-rubber over the cup, and gently pressed in the direction of the interior of the cup: the air which has sought the upper parts of the instrument will now be expelled, and if the open end of the tube be dipped into a glass containing water, upon the finger being removed the lamina of india-rubber retiring to its old position will cause water to enter by the tube. In the case of sphygmoscopes supplied with india-rubber tubing, this operation will be expedited by lowering the cup below the level of the open end of the tube; for the hydrostatic pressure will cause the india-rubber lamina to pout or project outwards, and thus more water will enter.

So much for the construction, the objects, and the mode of employing the sphygmoscope. The question may now be put: is it worth while to incur the trouble of using it, or can we do without it? The assiduity with which the functions of the living body and its morbid actions are now investigated, more particularly by the rising race of Physicians, utterly disposes of the question of trouble, and puts to shame the suggestion that exertion may be saved. One need only for a moment contemplate the zeal of the Profession displayed in our Hospitals and Societies, to be satisfied that no trouble will be accounted burdensome which promises to make more obvious to our senses, and more clear to our understandings, the operations of health or the deviations of disease. If the sphygmoscope can conduce to these ends, assuredly its employment is thoroughly secured in the case alike of both practitioner and teacher.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

SYPHILITIC LARYNGITIS—TRACHEOTOMY—RECOVERY—INABILITY TO DISPENSE WITH THE CANULA.

(Case under the care of Dr. JEAFFRESON.)

Mary Wallis, aged 34, a stout, well-nourished woman, was admitted under Dr. Jeaffreson's care, on October 8, on account of symptoms of acute laryngitis. In the course of the evening, the difficulty of breathing became very great, and the face was quite livid. Leeches had already been applied, and calomel with antimonials given. Her state was so urgent that the propriety of at once opening the trachea was considered. It was decided to try the effect of a full bleeding. Twenty-four ounces of blood were accordingly taken away by venesection, and very marked relief followed the measure.

On October 9, at 9 a.m. she was seen by Dr. Jeaffreson for the first time. It appeared that the woman was a prostitute, and that fourteen years ago she had had syphilis. Some scars of ulcerations on her shoulders were found. She stated that she had never had cough, and that nine weeks ago she for the first time noticed her voice rather hoarse; the throat did not become "sore" till four weeks later. Her expression was now anxious and weary; face slightly flushed; skin moist and cool; pulse 114, and weak. Ordered to have blistering fluid applied on each side the larynx; to take a grain of calomel every two hours; and have the strong mercurial ointment rubbed into the inside of the thighs.

In the afternoon her dyspnœa had again become much increased. A second bleeding (to ʒxviii) was now practised. She became very faint from the loss of blood, and vomited. For some time the pulse was not perceptible at the wrist, and stimulants were needed to revive her. Her mouth having become sore the mercurials were suspended.

October 10.—The effect of the bleeding seemed for some hours to have been decidedly good; and she slept at intervals during the night. Towards morning, however, the cough and dyspnœa again became aggravated. About seven o'clock her face was extremely livid, and she appeared on the point of suffocation. At eight, the condition of things being still worse, tracheotomy was determined on. The operation was performed in the usual manner, by Mr. Skey, jun. the House-Surgeon on duty. The utmost relief followed the introduction of the canula, through which she breathed easily. A piece of coarse flannel dipped in warm water was retained over the orifice of the tube, in order to warm and moisten the inspired air.

11th.—She was as comfortable as could be expected, and had passed a fair night. Under the full influence of mercury.

12th.—A quinine mixture was ordered, and as much nourishment as she could take was allowed.

During the next few days her progress was steady. A good deal of thick mucus was brought up through the tube.

20th.—The tube was removed; but her breathing by the larynx was found to be still as difficult as ever. The tube was replaced.

The notes of the clinical clerk, Mr. W. J. Harris, from which the above particulars have been condensed, show, that with occasional slight relapses, the state of things has progressively improved since the last note. The woman is still in the Hospital, and still wears the tube. She cannot breathe when it is removed; but with it in, her respiration is tolerably comfortable. There seems every probability that she will have to wear it permanently.

We have often had to mention in our Reports cases closely corresponding in their main features to the above. A patient who has at some former period (often a long time ago) suffered from syphilis, becomes gradually hoarse, the symptom slowly developes for some weeks, and the obstruction to breathing becomes greater. At length an acute exacerbation takes place; and despite of all remedies tracheotomy is soon found to be the only resource. In several, now in our recollection, there was at the time of the operation (as in the above case) no reason to believe that any permanent occlusion of the larynx existed. Yet the patients find themselves unable ever after to dispense with the canula. In one instance, with which the writer is acquainted, the patient has worn her tube for ten years; and in others for periods varying from three to seven. It can scarcely be thought probable that mere chronic thickening of the laryngeal mucous membrane is the disease with which we have here to deal. In all probability cicatrisation of ulcers, causing contraction of the parts, must be at the bottom of such lasting obstruction. Still it remains a somewhat singular feature that the evidences of ulcerative disease are often so wholly wanting. These cases are of a very different class from those in which patients go about for years with indications of obstructive laryngeal disease, and get very gradually worse, until at length they either die from some slight inflammatory aggravation, or submit to tracheotomy as a precautionary measure.

While on the subject of syphilitic laryngitis, we may just advert to a very interesting example of the supervention of true croup on that affection which has recently occurred. The patient, a young woman, had been under Mr. Hillman's care in the Westminster Hospital, for throat disease of undoubted specific character. She was discharged, having been apparently cured by specific measures. About two months later she was admitted again, this time under Mr. Holt's care, with all the symptoms of intense croup. Tracheotomy was performed, and in demonstration of the real nature of the disease, a cast of the larynx, trachea and primary bronchi was removed. The specimen was the finest which we have ever seen of a croupal cast. The operation, as might be expected, gave the most satisfactory immediate relief. The administration of mercury was continued for some days afterwards, and the woman recovered well.

HOSPITAL NOTES.

A GROUP OF OVARIOTOMY OPERATIONS.

During the past year twelve cases, in which ovariotomy was either attempted or performed, have been put on record by London surgeons. As far as the writer is aware, they comprise all that have occurred, during that period, to the following surgeons:—Mr. Brown (2), Mr. Childs (1),

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Mr. Erichsen (1), Mr. Hutchinson (4), Mr. Wells (4). We may, therefore, fairly group them together. Of the twelve, eight recovered and four died; seven are still living, and of these six are, as far as is known, in excellent health. The one which has ended in death, after having recovered from the operation, is a case in which the tumour was not removed. In two cases the tumour was not removed, one of the patients dying a fortnight afterwards, and the second within four months. In eight cases the end of the peduncle was brought out externally, and of these six recovered. In two, the old practice of leaving the end of the peduncle and the ligatures in the abdominal cavity, was adopted, and of these one recovered and one died. In all the cases, the tumours were polycystic, and in several they contained colloid material. In only two were no adhesions encountered, and in several very extensive and firm bands had to be broken through. When we add that the cases have not by any means been selected ones, and that in several instances the patient was in very much reduced health, it may readily be granted that this summary offers a very encouraging contrast with the results of the old method of operating.

THE TREAMENT OF DIPHTHERIA.

The epidemic of Diphtheria appears as yet to have fallen with far greater violence on certain country districts than on our Metropolitan population. But very few cases have been treated in the London Hospitals, and several even of those to which the name has been applied have resembled more closely a form of sporadic croup. No reasonable doubt can, however, now be felt that there is amongst us a disease of peculiar character, distinct from all the forms of angina with which we have heretofore been familiar. That it is quite different from the scarlatina sore-throat is universally admitted by those who have seen much of it. One of the not least striking features of the epidemic has been its very arbitrary prevalence. It even appears to have displayed a preference for agricultural villages and districts of good repute in a sanitary point of view. Excepting we consider it a contagious disease it is difficult to account for its wide spread and long continuance at such places as Reigate and Bagshot. From the fact above stated, we are not in a position to draw directly on Hospital experience for any trustworthy rules as to treatment. The matter has, however, been a very frequent topic of conversation in Medical circles, and we will endeavour to condense into a few brief notes the opinions which appear to be most generally accepted. 1st. As to tracheotomy. We used often to hear it alleged that the reason why this operation had been more successful in the hands of French Surgeons in the treatment of croup than in England, was that the French croup was not infrequently pharyngeal diphtheria, and did not involve the trachea. That opinion was probably ill-founded. The diphtherite described by Bretonneau, although undoubtedly beginning in the pharynx, usually extended to the air tubes also. Such has certainly been the case in England. The membrane formed has differed from that of croup only in not being so coherent, and in being in diffused patches rather than in a continuous layer. Very few, indeed, have, we believe, as yet been saved by tracheotomy since the disease appeared in this country. At the Pathological Society a few meetings ago, M. Obré mentioned a case in which he had performed the operation with great relief, but the child had afterwards sunk. It would appear, indeed, that true diphtheria is much more of a blood disease and far less of a merely local one than English croup. Bearing upon this observation, and also upon the operation in question, is an important piece of evidence which has been repeatedly given by exhibitors of specimens at the Pathological Society, that the patients sank from exhaustion and not from apnœa. In several it was most expressly stated that the breathing had become comparatively comfortable before death occurred. Such was the case in M. Obré's patient, the introduction of the canula having afforded all the relief that could have been expected from it. In another instance a child exportated, when apparently in his last agonies, a perfect cast of the trachea; and the circumstance naturally excited the hope that he would then recover. The relief to his breathing was immediate and complete, but he nevertheless sank into a state of extreme debility, and so died, there being no further indications of laryngeal obstruction. The occasional occurrence of deafness or of partial blindness during convalescence from an attack of diphtheria also seems to indicate a severe constitutional lesion. Although, however, these facts may lead us to be less hopeful as to the benefit to be looked for from opening the windpipe, yet it is an operation to which resort ought certainly to be had should death seem imminent from laryngeal obstruction. It is never good practice to let a patient die; and a doubtful remedy is far better than none. The experience of the French profession is also to a certain extent encouraging as to this operation.

The one point in practice upon which, as far as we can hear, all are agreed, is the importance of early and adequate local measures. If the Surgeon see the case while the membrane is as yet limited to the tonsils and fauces, he has a fair chance of being able to rescue his patient; but if already the trachea is invaded by the disease the probabilities are far otherwise. The pharyngeal pellicles should be detached or scraped away, and the part well swabbed with some strong counter-irritant solution. Whether the application ought to be strong hydrochloric acid or an almost saturated solution of nitrate of silver opinions differ; but they coincide in insisting that whichever is employed must be used promptly, freely, and if need be, repeatedly.

As to constitutional treatment very various indeed are the remedies in which different observers have been led to place confidence. The chlorate of potash, although highly spoken of by many, does not seem to have established for itself that reputation which from its specific effects in certain forms of stomatitis many had hoped that it would gain.

MR. CRITCHETT'S NEW OPERATION FOR ARTIFICIAL PUPIL.

The first published description of the new method adopted by Mr. Critchett for displacing the pupil in cases of corneal opacity, etc. appeared in this Journal for June last, page 601. Its superiority over all other plans in a very large majority of the instances in which such a procedure is needed has in the interval been most conclusively established. The delicacy of manipulation which the ligature of a minute portion of iris requires is the only drawback which we can mention. The plan is most certainly attended with far less risk of subsequent inflammation than are the older ones, while it gives far greater security that the object of the Surgeon will be exactly attained. In the description which we first gave of it, we alluded to and figured a pair of forceps of peculiar construction employed by Mr. Critchett in the application of the ligature thread. This instrument has since been dispensed with. The best and simplest mode of accomplishing the end is to make a puncture of the cornea with a broad needle, and then lay over this a noose of silk which has been previously wetted. If moistened the silk lies close on the eye, and is not easily displaced. The bit of silk used should not be more than an inch and a-half long. After the noose has been adjusted over the wound, Leur's iris forceps are introduced and made to seize the iris and drag it gently out, when an assistant with a pair of common forceps in each hand, draws tight the knot. After a little practice there is no real difficulty in the matter. Mr. Critchett has himself published an account of the operation (to which he gives the name of Iridesis) in the last number of the Ophthalmic Hospital Reports.

RESUSCITATION AFTER APPARENT DEATH FROM CHLOROFORM.

We have often, in recording instances of death from chloroform, taken occasion to insist upon the extreme importance, in such accidents, of performing artificial respiration efficiently, and without the slightest remission, until the result, whether fatal or otherwise, is beyond doubt. We have been furnished with the particulars of a case which has just occurred, in which re-animation was effected by this plan, under circumstances which had appeared to preclude hope; and although the case did not occur in a hospital, its importance is such as to need no apology for its mention here. We have been requested to give no names, but the facts have been supplied by the Surgeon to whom the case occurred. A little girl, aged 6, was to undergo excision of the knee-joint. The operation took place in a village in the country, the operator being a Surgeon to a London hospital. The child had taken chloroform to its full effect three times during the previous fortnight, in order to allow of the knee being dressed. She was emaciated to the last degree, and very feeble. Just as the operation was to be commenced, it was noticed that although she had previously been quite

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insensible, she was regaining consciousness, and more chloroform was given. No delay occurred in the operation itself, and the heads of the two bones were quickly sawn off. Just as the section of the tibia was completed, the gentleman in charge of the chloroform remarked that the pulse was exceedingly feeble, and in less than another minute it had wholly ceased to beat. The child had the aspect of a corpse, and respiration was quite suspended. The tongue was at once drawn forwards, and the finger being passed backwards on to the epiglottis, it was held forwards. Artificial respiration was also immediately commenced. For about a quarter of an hour no pulse could be felt, nor was there any other sign of life. All present believed the child to be dead.

It being wished to throw some brandy into the rectum, an enema syringe was sent for to an adjacent druggist's. The one brought was out of order, and a second had to be procured from a Surgeon's who lived in the same street. It was not till after the administration of the brandy that the faintest return of pulse was perceptible. For ten minutes after this the pulse continued to be only a very uncertain flicker; by degrees, however, it improved, and at length several gaspings took place. Some strong ammonia was now applied to the nostrils, after which she suddenly drew a breath and gave a little scream, from which time all was right. As usual those present estimated the length of the period of apparent death very differently, the longest mentioned being half an hour, and the shortest a quarter. The period during which artificial respiration was kept up without intermission could not have been much less than half an hour, but during the latter part of this, although there was no voluntary attempt at respiration, yet the pulse at the wrist was perceptible. On account of fatigue to the operator's arms, it had been necessary to change places three times during the employment of artificial respiration.

We need not ask attention to the lesson of encouragement which this case conveys, to the persevering carrying out of artificial respiration in these frightful accidents. The period of complete collapse is probably longer than in any case yet recorded. Had the artificial respiration been allowed to be suspended (in order to use galvanism, etc.) for ever so short a time, there can be little doubt that recovery would have been hopeless. Is there not also considerable probability that artificial respiration by pressure on the chest, if carefully done, is very much more efficient than that by the postural method (Marshall Hall's)? In the latter the weight of the body is the only means by which the chest is emptied; and, in small and emaciated patients, its effect must, we think, be far less effective than the vigorous compression of the thorax by the hands. It is desirable to make the respiration even quicker and deeper than when naturally performed, so as to eliminate the chloroform from the blood as rapidly as possible, and for this object the postural plan can certainly stand no comparison with the manual one.

MR. STREATFIELD'S METHOD OF FREEING THE PUPIL FROM ADHESIONS.

Among recent improvements in Ophthalmic practice the use of a new spatula-hook for the detachment of adhesions between the pupillary edge and the capsule of the lens certainly deserves to rank. Mr. Streatfield's recommendation is to puncture the cornea with a broad needle, retaining, if possible, the aqueous humour, and to introduce by the wound a small spatula having a blunt hook in one edge near its point. With the hook the bands of adhesion are caught and torn through. The pupil should first be dilated with atropine. It is, of course, very desirable to keep the spatula as much as possible in the horizontal plane, for fear of wounding the lens. If the adhesions are resistant, and do not easily give way they should be left, and on no account should force be used.

CURE OF STERILITY BY DIVISION OF THE CERVIX UTERI.

It is not uncommon to meet with women who have been married several years—who, like their husbands, are very anxious for a family—but who have never conceived. Such women often suffer extremely from dysmenorrhœa, and probably did so before marriage. This, in many cases, depends upon contraction of the canal of the cervix uteri—either at one part, or through its whole extent. When this is the case, division of the cervix by Professor Simpson's hysterotome is sometimes almost immediately followed by conception. A case in point was seen last week at the Samaritan Hospital. A woman had been eight years married without family, and as she had dysmenorrhœa, and the canal of the cervix was so narrow that a small sound passed with difficulty, Mr. Spencer Wells divided the cervix on both sides freely quite through. An oiled cotton plug was used for some days, and the woman was lost sight of. This was two years ago; but she brought a child thirteen months old to the hospital last week. Conception followed the operation so rapidly that we may look upon it as the effect, especially as the case only bears out Dr. Simpson's previous experience.

EXCISION OF THE EYEBALL IN CASES OF DISORGANISED GLOBE.

The practice of excising the globe in cases of lost eye with the view of protecting the remaining one from the risk of sympathetic irritation, is one which has, in the hands of specialists, become much more general of late. When the simplicity and safety of the modern operation of globe-excision becomes more widely appreciated, we cannot doubt that but few individuals will be allowed to run the risk of retaining lost eyes. It is quite true that a person may go through a large portion of an ordinary life with one eye disorganised without having any disease set up in the other; but the chance that such disease will sooner or later follow is very considerable. It is abundantly sufficient to justify the Surgeon in advising most positively that the lost organ should be removed, and that by a trivial operation, to which no danger whatever attaches, security should be obtained for the only remaining one. Several very instructive cases bearing upon this point have recently been under observation at the Ophthalmic Hospital. In one, a man of 45 was admitted from the country. His left eye had been lost for twenty-three years, and only during the last five years had he suffered from sympathetic irritation of the right. In the latter the disease had now advanced so far that he was all but blind. Instances differing only from this, in that the interval has been less extended, are very frequent. A detailed description of Mr. Dixon's method of excising the eye we gave recently. (See *Medical Times and Gazette*, p. 346.)

THE METALLIC SETON.

As wire is replacing silk and other organic materials for sutures, so it is likely to be used in cases where a seton is used for the purpose of setting up inflammation in serous sacs. Dr. Simpson has used the wire seton with success in hydrocele, and his practice has been followed in London by Mr. Spencer Wells. The first case in which he tried it was one of hydrocele of the round ligament in an out-patient at the Samaritan Hospital. The cyst was of the size of a small orange. It had existed several years, and had been mistaken for hernia. Mr. Wells tapped it the first day the woman applied, and evacuated more than an ounce of clear serum. It filled again in a few days, and he then passed an iron wire through it by means of a common needle, and fastened it loosely in a loop. The fluid drained off, adhesive inflammation was set up, and the wire removed on the third day. The tumour remained quite solid for a few days afterwards, but has gradually disappeared, and the cure appears to be complete. Two other cases, one of a cyst in the neck connected with the thyroid gland, and the other a mammary cyst, have been treated in the same way, and are going on satisfactorily. This mode of treatment is simpler and safer than the injection of iodine, and will probably prove equally or more effectual.

TREATMENT OF EPIPHORA AND FISTULA LACHRYMALIS.

The modern treatment of epiphora and obstructions of the lachrymal and nasal ducts is so simple and effectual that it must before long pass to a large extent from the hands of the specialist to those of the general practitioner. It is chiefly to Mr. Bowman that the credit, both of having introduced it and brought it to perfection, is due. Half-a-dozen probes of different sizes, and one of them made of steel (plated) and grooved at one end, and a small sharp-pointed knife are all the instruments needful. The set of probes are now sold in a case by most instrument makers, and a common Beer's knife is the most convenient one. A boy of ten applied the other day among Mr. Dixon's out-patients complaining that his tears very often ran over his cheeks. There was not the slightest redness

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of the lids, and no trace of ophthalmia. Had it not been for the lad's assertion as to the inconvenience he suffered, no one would have suspected anything amiss with either his eyes or eye-lids. On looking for the lower puncta, it was seen, however, that they were both so minute that they could only be found with difficulty. Mr. Dixon succeeded after some trouble in introducing a very fine probe, on which they were both slit up. The boy was cured. In this case probably the condition had been congenital; but nothing is more common than for tinea tarsi and other slight ophthalmic ailments to leave the punctum much constricted, with overflow of tears as its annoying symptom. In almost all these, relief of the most marked kind and usually permanent may be confidently predicated from the simple operation of slitting up the canals.

In the treatment of fistula lachrymalis and other consequences of obstruction of the nasal duct, the clumsy and ineffectual style has been wholly superseded. The plan is to dilate the stricture. We do not think of making a patient with stricture of the urethra wear a catheter for the rest of his life; neither is the parallel measure needful in stricture of the nasal duct. The occasional passing of a bougie is all that is usually necessary. To accomplish this no wound in the cheek is needed, it being quite sufficient to gain access to the sac by slitting up the lachrymal canal. The use of the probe passed from the nostril into the nasal duct is not yet adopted at Moorfields.

THE HEREDITO-SYPHILITIC NATURE OF INTERSTITIAL KERATITIS.

The transference of the very peculiar and infrequent affection, known as "strumous corneitis," to the hereditary syphilitic class, which has been effected during the past few years by the clinical observations of Mr. Hutchinson, must certainly rank as a not unimportant step in advance. Instead of treating patients exhibiting this form of keratitis as formerly, by direct tonics, it is now the practice to prescribe the iodides of potassium and iron, together with a mild inunction of mercurial ointment; and much better results are usually obtained. Great care is of course needful, that the diagnosis be cautiously and accurately made.

SUCCESSFUL CASE OF AMUSSAT'S OPERATION FOR ARTIFICIAL ANUS.

A case now under Mr. Hutchinson's care as an out-patient of the Metropolitan Free Hospital, affords an interesting illustration of the occasional value of Amussat's operation. The bowels had been obstinately constipated for three weeks and eleven days; in spite of the use of free enemata, neither fæces nor flatus had been got away. The obstruction was caused by the pressure of a large malignant tumour which completely filled the upper part of the pelvis. The abdomen was greatly distended, and the pain and vomiting were almost incessant. The patient being evidently about to sink, Mr. Hutchinson determined to open the colon in the left loin. This was done without wound of the peritoneum, and a large utensil full of fluid fæces escaped at the time. An artificial anus was established, through which ever since the bowels have been freely relieved. More than a month has now elapsed since the operation. The malignant tumour continues to grow rapidly, and will before long cause the patient's death. It is worth mention, that the inconvenience caused by the anus in the loin has been very trivial, a poultice over the part being found quite sufficient to prevent the incontinent escape of gas or fæcal matters. If proof of the need which existed for another mode of relief, is the fact that neither flatus nor fæces have passed by the rectum since the operation. The same case is of much interest as an instance of a return of cancer in the pelvis after ovariotomy. Probably not fewer than between three and four hundred ovariotomy operations have now been performed, and as far as we are aware no other instance of the return of cancer afterwards has yet been recorded. The patient made a good recovery after the extirpation of the ovarian cyst, and regained her health and strength. Within three months, however, there were evidences of a solid pelvic tumour, which afterwards grew rapidly.

GRAEFE'S OPERATION (IRIDECTOMY) FOR THE RELIEF OF GLAUCOMA.

Of the excision of large portions of the iris for the relief of cases of acute and sub-acute glaucoma, as originally proposed by Graefe, and as practised during the last two years on a large scale at Moorfields, we cannot here speak in detail. We have repeatedly referred to this operation, both as regards the details of its performance and the degree of benefit to be expected from it. It is sufficient here to add that it still retains its place in the estimation of the Moorfields staff as one of the greatest of modern advances in ocular Surgery. For much new light thrown upon the true pathology of the diseases hitherto known as glaucoma, we are indebted to the pathological researches of Mr. Hulke. Mr. Hulke's conclusions are strongly in support of the practice of iridectomy.

THE OPHTHALMOSCOPE AND ITS TRIUMPHS.

Neither the stethoscope nor the ophthalmoscope afford exceptions to the Socratic maxim, "Good things are hard." To the successful employment of either instrument a special and extended training is needful. The Committee of the Moorfields Hospital have most zealously co-operated with their Surgical staff in providing the means for the successful study and teaching of the ophthalmoscope. At first a single small room was fitted up for the purpose; but this being found insufficient, a large room provided with partitions was built. In this there is now every convenience for seven persons to work simultaneously. Let us briefly enumerate some of the gains to the practice of our art which have already accrued from this instrument. *a.* It will enable the merest tyro to pronounce positively as to existence or non-existence of cataract—a feat which, in certain peculiar cases, used formerly to baffle the best-trained observers. *b.* It makes easily evident the very first beginnings of cataract at a period long before the opacity is discoverable by the unassisted eye. *c.* It reveals in cases of true glaucoma the existence of a cup-like depression of the optic entrance, a sign of the greatest importance as to showing a morbid degree of intraocular pressure, and indicating the necessity for iridectomy. *d.* It affords a clear demonstration of the physical cause of muscæ, and sweeps aside the old notions about varicose vessels in the choroid, etc. etc. *e.* In affording indisputable proof of the dependence of many cases of what used to be classed as amaurosis on retinal apoplexy, or punctate extravasations of blood into the retina (a sort of purpura of the retina), it saves the Surgeon from the risk of the serious error of prescribing mercurials and antiphlogistics to patients already suffering severely from humoral dyscrasia. *f.* In another class of cases it exhibits to the observer, in the clearest manner, the existence of limited effusions of lymph in the deep structures of the eye, such effusions requiring for their removal immediate resort to mercurial treatment. *g.* In yet other cases in which with amaurotic symptoms of the most serious kind, the Surgeon might have felt bound to attempt something even without a certain knowledge of their pathology, it will show the retina already detached and disorganised, and demonstrate the uselessness of treatment. We might very lengthily extend this list of the triumphs of this instrument; but enough has been said to prove that it must henceforth take equal rank in its own department with the stethescope in diseases of the chest; and that before long a Medical education which has not included its use will be held to be very imperfect.

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 288.—Fallibility of Doctors.

"Oh, the fallibility of Medical people! Both Pearson and Clive, on one occasion, informed Tooke that he could not possibly survive beyond a single day; and—he lived years! Let me mention here what was told me by a lady at Clifton. 'In my girlhood I had a very severe illness, during which I heard Dr. Turton declare to my mother in the next room, that I could not live. I immediately called out, 'But I will live, Dr Turton!' and here I am now 60 years old!'"—*Rogers's Table Talk.*

No. 289.—French Eloquence.

"Fabricius d'Aquapendente said, that the Surgeon, who by Bronchotomy could suddenly give life to his patients, was an equal to the god Æsculapius. It is one of the glories of French contemporary medicine to have added to the marvel admired by Fabricius, that of tracheotomy in croup. The Hôpital des Enfants de Paris is proud of being the theatre of its success."—*M. Bouvier.*

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No. 290.—A Query.

"John Hunter believed that when there was only one son and several daughters in a family, the daughters were always of a masculine disposition; and that when a family consisted of several daughters and only one son, the son was always effeminate. Payne Knight used to say that Homer seems to have entertained the same idea; for in the Iliad we find that Dolon, who 'proves to be such a coward, was an only son and had several sisters.' Can any of your readers inform me where this statement referred to by Rogers in his 'Table Talk,' is to be found?"

No. 291.—How Pitt came to love Wine.

"During his boyhood, Pitt was very weakly; and his physician Addington (Lord Sidmouth's father) ordered him to take port wine in large quantities: the consequence was, that, when he grew up, he could not do without it. Lord Grenville has seen him swallow a bottle of port-wine in tumblerfuls before going to the House. Huskisson, speaking to me of Pitt, said that his hands shook so much, that when he helped himself to salt, he was obliged to support his right hand with the left."—*Rogers's Table Talk.* [The last mentioned incident as a foreboding warning—the spilling of salt—was at all events illustrated in Pitt's untimely end.]

No. 292.—Dr. Priestley.

"I was," says Mr. Rogers, "intimately acquainted with Dr. Priestley; and a more amiable man never lived; he was all kindness, gentleness, and humility."

No. 293.—Credulity and Unbelief.

Perhaps you may think the anecdote I relate worthy a corner among your "Notes." It is typical of a very common condition of the human mind:—Some time ago I met in society a gentleman holding an important Government office. In conversation, the sea serpent came on for discussion, and this gentleman expressed his complete belief in the existence of the animal, and gave reasons, as he called them, which thoroughly satisfied him that his belief was well placed. After a time conversation brought us to the Crystal Palace, and to the gigantic Californian tree; my gentleman had seen, couched, and walked within its enormous dimensions, and he saw and touched enough to satisfy himself completely, *that no such tree existed!* and, in fact, was convinced that the said tree was an utter humbug! I am, &c. M.O.W.

No. 294.—Rogers and Alexis.

"When I was in Paris," says Mr. Rogers, "I went to Alexis, and desired him to describe to me my house in St. James's-place. On my word he astonished me! He described most exactly the peculiarities of the staircase—said that not far from the window in the drawing-room there was a picture of a man in armour (the painting by Giorgone), etc. etc. Colonel Gurwood, shortly before his death, assured me that he was reminded by Alexis of some circumstances which had happened to him in Spain; and which he could not conceive how any human being except himself should know. Still I cannot believe in clairvoyance—*because the thing is impossible.*"

No. 295.—Porson's Estimate of Doctors.

"Porson thought meanly of the Medical Science, and hated consulting Physicians. He once said to me: 'I have been staying with Dr. Davy at Cambridge; I was unwell, and he prevailed upon me to call in a Physician, who took my money, and did me no good.' He once was declaring that he had not the slightest dread of death, and that he despised *fabulæ aniles*, when Dr. Babington said to him:—'Let me tell you, Porson, that I have known several persons who, though when in perfect health they talked as you do now, were yet dreadfully alarmed when death was really near them.'"—*Rogers's Porsoniana.*

No. 296.—Lithotomy performed by Clergymen.

"In the last century, Operative Surgery does not appear to have been confined to the regular Surgeon, for, in the little church of Stoke Holy Cross, in Norfolk, is a mural monument of a clergyman who died in 1719, and is represented, in an inscription, surrounded by designs of various surgical instruments, as having been distinguished for his abilities in Theology, Physic, Surgery, and Lithotomy. 'Memoriæ sacrum Thorneæ Havers, Clerici, qui Theologiâ, Medicinâ Chirurgiâ, et Lithotomiâ, doctus fuit et peritus.'"—*Yelloly, Phil. Trans.* 1829.—*Charles Williams.*

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Medical Times & Gazette.

SATURDAY, JANUARY 1.

LIFE PEERAGES AND MEDICAL PEERS.

The commencement of a new year should always bring with it congratulations and good wishes; and in looking back through the past year, we are glad to be able to congratulate the Profession upon the progress which it has made, not only in its scientific aspects, but also in its social relations. We have already referred to the benefits which must of necessity accrue from that unity of force which the Profession now exercises through the voice of its Medical Council; and we would again call the attention of our Brethren to another item of social advancement which may be most certainly won to us, if we have only courage and perseverance to struggle heartily for its attainment.

Mingled, then, with our seasonable good wishes, must on this occasion be especially marked the desire, that the close of the new year will find Medical Peerages and Life Peerages established facts in the institutions of our country. The desire is one most reasonable in itself; consequently, the more it is canvassed—the more prominently it is brought before the Profession and the public,—the more early will it ripen into actual life. We think, therefore, that we cannot better employ the opening of the year, than by once again asking our Brethren to reflect upon this subject, and to hear and value what arguments recommend it to us, and to consider what must be done on their part in order to work out the end in view.

The unauthorised report which was started by one of our Medical cotemporaries, and spread through the world by the daily press of the country, viz. that Sir B. Brodie was to be raised to the Peerage, did not deceive us. We knew well enough, that an innovation on ancient practice, such as an event of this kind would indicate, was not to be so readily effected. Mere suggestive speculations can hardly be considered the stuff out of which Medical Peerages are to be manufactured. If such a brilliant epoch is to open for Medical life, the path to it must be gained by the united energy of the followers of Medicine. The voice of the Profession must proclaim its desires before it can be expected that those desires will meet with due attention and fulfilment. Great things of this kind are not won by a stroke of the pen. The cause may be good enough, and the reasons of it unanswerable; but prejudice, and that old Conservative sentiment, which in this country ever—and we think not unhappily—blocks up all rapid advance even to better things, must be properly combated and overcome before the cause can be gained. That which we are now advocating, is indeed in itself as reasonable and as just as the Repeal of the Corn Laws; and is as certain of being carried out, provided it be as firmly and as conscientiously advocated. The question is one which concerns the *Profession* much more than the *Indi-*

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vidual; and it is therefore from the Profession itself that it must receive sustenance and advocacy. But it not only concerns the Profession, it concerns the Public also; and we would enlist the support both of the Profession and of the Public, in thus calling their attention to the good which the Country as well as Medicine must gain by the elevation of men of science to the Peerage.

The question of Medical Peerages of necessity brings into consideration the question of Life Peerages; for the former, from the nature of the case, is necessarily involved in the latter. Medical men, to be members of the House of Peers, must be Life Peers. The reason of this is easily told. Our Profession is not a rich one. Some few, and only a few, members of it attain to riches, and rarely if ever to such wealth as is considered essential to the support of hereditary aristocratic dignity; and besides this, it is not always, or of necessity, that the man who has attained by practice or by other accident the greatest wealth in the Profession, is the most proper representative of it. Our Profession also differs from all others in this, that there are no high positions of dignity open to it which bring with them the wherewithal to support it in a stately manner. The Law Lords have their retired Lord Chancellor and Chief Justice pensions, besides innumerable others; the Spiritual Lords have their sees and their palaces; the Military Lords have posts and pillars of different kinds to lean upon. But the Scientific Lord would have nothing of the sort to fall back on; all he can possess of riches to sustain his position is what modicum he may have saved out of his hard-earned guineas;—unless, indeed, we may suppose that, in the case of Medicine, we have at last one valuable and honourable position for him to occupy, as President of the Medical Council. In the instance already referred to it was distinctly understood that a Peerage, if it had been offered to Sir B. Brodie, would have been refused by him, and for the reasons which we have here suggested. If, therefore, one who has been so long and so deservedly a successful practitioner of our art should feel himself still in a position which would prevent his acceptance of the honour as it now stands, how can we ever hope that any member of the Profession will be qualified for it in this sense?

But we shall perhaps be told, as we have been, that the feeling of the House of Lords is such as to preclude all reasonable hopes of the admission of Life Peers into their Body. We do not agree with those who consider that the opinion of the House of Lords has been definitively expressed on this matter in the case of Lord Wensleydale. We have referred back to the debates on that question, and their perusal induces us to arrive at a very different conclusion. We find that at that period the opinion of the press of the country, that is, the opinion of the country itself, was most decidedly in favour of Life Peerages; and we also find that the Life Peerage, in the case referred to, was refused acceptance by the House of Lords, not because the House objected to Life Peerages, but because a Life Peerage was then thrust upon them (as their Lordships thought, at least), contrary to their rights and privileges. Lord Derby said at the time (after Lord Wensleydale's case was disposed of):—"That he was ready to canvass the principle (of Life Peerages) on its merits;" and that "he would approach the discussion in the most temperate and impartial spirit; that he would not commit himself, but that he could see that some advantages in certain cases may arise from peerages for life." It is true, indeed, that Lord Derby added: he did not think "men of literature and science fitted for such Peerages, for they were too much absorbed in their callings to be good politicians." But this the noble Lord said as Leader of the Opposition, not as Premier, with two "men of literature," his right and left-hand ministers, as living contradictions to his surmises. The language and opinions of a man who has Disraeli for his Chancellor of the Exchequer, and the author of "The Caxtons" for his Colonial Minister, must have undergone a total change since then. Here, at all events, are two notorious literati, not "ignorant of politics." Besides, is it not silly trifling to suppose that a man, who has head and brains enough to raise himself to an elevated position in science, is less likely to be a good politician than the young Peer whom the mere accident of birth has made an hereditary Legislator? The advantage to the House of Lords, accruing from the introduction of scientific Life Peers into their number, would be evidently great; it would tend to make the House more popular; and remove from the minds of the "general" much of the prejudice and dislike which is naturally excited by the existence of such an hereditary estate of the realm. And the injury which the Peerage may be supposed to suffer thereby is entirely imaginary. Such contact with Science would never taint its purity; Men of Science would, through their talents give lustre to the Peerage but would rob from it none of its hereditary glories; their merits and world-wide renown would sustain and justify the reputation of the Peers whom accident has made noble, and whom wealth and ease naturally tend to enervate; their virtues and their talents would shine before the world, and adorn the Senate; but as Life Peers they would in no way compete with the hereditary and territorial nobility, by transmitting their high position to those who might be less useful and influential than themselves.

Lord Derby himself, on the occasion referred to, anticipated the evils which might result from hereditary Peerages given to scientific men. Their wealth would not enable them to create an elder son, and their attempts to do so would be the starvation of their younger children: and it is certain that hereditary dignity would be neither honourable to the Peerage nor to the individual, unless it be attended by hereditary wealth. When one of a privileged class is in distress, all his party suffer the ignominy. Talent, like wealth, is unfortunately not an article which can be transmitted from father to son, by any entailing process. The common-place son of a scientific Peer, without genius and without wealth, could only be an encumbrance, and therefore never an acceptable addition to the Upper House.

Thus, then, the House of Lords itself would every way gain by the addition to their number of a sprinkling of men of Science, as Life Peers. The gain to the country at large also is manifest; that is to say, if it really be advantageous to a Senate to be truly informed on matters which it regulates. What is at this moment uppermost in the legislative mind? Assuredly, the social condition of the poorer classes, and the superintendence of the industry of the country. And both of these facts are in many of their relations the immediate and special consideration of the Men of Science of the kingdom. Who has done more, or laboured more, in advancing the *Social Condition* of the masses of the people than Medical men? Who have been more forward or energetic in the struggle against the ignorance and injustice which has opposed this progressive movement of humanity? Then again, as regards the *Industry* of the country, to whom are we indebted for our wealth and influence throughout the world? What have made this nation of Merchant Princes so mighty a nation? Why, the labours of Scientific Men and Science. The social state of the poor, and the whole face of the country, have been revolutionised by Science. Has ever the genius of the most incomparable born Legislator done for his country anything which can be compared to what has been accomplished by him who fettered steam, and made it subservient to the purposes of man? In the Legislature of such a country, whose very existence depends upon the developments of Science, is not the absence of scientific voices most anomalous as well as most injurious? and more especially so, when we remember this fact, that the education of our Legislators is notoriously defective in respect to all matters connected with the physical sciences.

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The Legislature continually requires enlightenment on scientific subjects; and how much more creditable for it to appeal at once to one of its own members, than to be running about for advice, and often finding it in suspicious quarters. A scientific man thus appealed to stands in the face of his country, and is responsible for the answer he gives. How much better this, than the second-hand reply of a minister, obtained from some private and irresponsible source. On Medical matters too, let the Government consult a known authority: it is insufferable that Medicine should be insulted, as it continually is, by the ignorance of Legislators, who come to the House primed and prompted by the Homœoquacks and other outscourings of our Profession.

But not only for these reasons, in themselves we think cogent enough, but on the grounds of bare justice, we would insist upon the recognition of Life Peerages to scientific men. Why of the educated classes, are Men of Science alone to have no representatives in the Peerage? Lawyers and law are richly represented there. Divinity has its splendid assortment of saintly legislators. Fighting men conquer a name, a place, and have riches given them to enter there. Bankers, brewers, and traders, also obtain titles readily enough, provided they can duly endorse them with a certain amount of money. Science alone has neither a habitation nor a name. We trust our brethren throughout the country will acknowledge with us, that it is high time such an anomaly, so utterly inconsistent with the present spirit of the age, should cease; and that they will unanimously join, each according to his individual means, in enforcing the views here maintained upon Members of the Government by Memorials, and upon Parliament by Petitions from all parts of the country. We consider the present an especially favourable season for the pressing of our opinions upon the Government; and we are convinced that a strong expression of the opinion of the Medical men of this country made to Lord Derby would not fail to meet from him with a candid consideration, and would, at all events, especially if assisted by the voice of Science generally, lay the foundation of eventual success; and so obtain for Rare Genius its Rightful Recognition before the World.

THE WEEK.

We publish to-day the first of a course of Clinical Lectures, by Dr. Simpson, on the Diseases of Women. It must be quite unnecessary for us to point out to practical men how very important it is that they should be acquainted with views and plans of treatment which have led to so much discussion and criticism, and which have had a most marked influence upon modern pathology and therapeutics. The lectures are reported specially for this journal on the day of delivery. Our readers will thus gain the freshness and interest of oral instruction with all those practical details thought necessary for the student; far more than counterbalancing any probable loss of that literary excellence for which the more studied compositions of the learned Professor are so remarkable.

We recommend the Board of Trade and their chemist, Mr. Phillips, to reconsider the question of the influence of arsenical paper-hangings on health. They required a material demonstration that arsenic, in some form or other, was diffused in the air of a room thus papered. Their chemist took the wrong course to find the poison, and of course did not succeed. They then came to a qualified conclusion that these papers could not affect health. From a communication by Dr. Taylor, inserted in a former page of this number, it appears that the material diffusion of arsenic in these papered chambers is now proved to demonstration. The proper course has been taken to analyse the dust of these rooms, and the result is that arsenic has been found in this dust, even on the tops of books in a book-case secured by glass doors. By this result, the question is simply narrowed to the proposition whether it is advisable that any human being should be exposed to the daily risk of breathing poisonous dust; and whether, considering the nature of the poison, this risk can be incurred with impunity. There are many who may be arsenic-proof as well as lead-proof; and, therefore, in some — perhaps in many—instances, no injury may accrue. At the same time, we think it only fair to the public to warn them against placing themselves voluntarily for the sake of a green colour in an atmosphere of arsenic.

We find the following observations on the spread of scarlatina in the last quarterly report of the Board of Health upon sickness in the metropolis. It appears that the cases of this disease had increased, from 646 in the preceding quarter, to 1368—

"Some discussion has occurred in Medical circles in reference to the classes attacked by this disease; some authorities being of opinion that wealthier persons have been the greatest sufferers. Although it may be true that many cases have occurred among the higher branches of society, it is undoubted that the poorer classes have suffered intensely. The returns from St. Marylebone, and St. George's Southwark, distinctly show that the poorest neighbourhoods have been seriously attacked by the epidemic. In the former, the district of Christ Church, the poorest and filthiest portion of the parish, has yielded the most abundant cases; while the Medical Officer of Health states that 'a large number of houses where scarlatina has assumed a malignant type have been visited, and the result of the inspection has shown the sanitary condition of the dwellings to be usually most exceptional.' In St. George's, Southwark, the Medical Officer reports that scarlatina 'has raged fatally, almost exclusively where privy or drain smells are to be perceived in the houses.' The fact that the disease has spread epidemically from unhealthy houses to those inhabited by the more independent members of society, affords a forcible argument in favour of enlisting the sympathies of the latter in urging and carrying on sanitary improvement. The Health Officers too frequently find their efforts obstructed by the extensive owners of property."

A short report will be found in another column of a case tried in the Marylebone County Court, where a question was raised of considerable interest to Medical men who employ assistants. It appears that Mr. Baker Brown attended the wife of a tradesman in an illness of which she died. After her death Mr. Brown sent in an account amounting to £147 9s. which was paid. Then Mr. Harper, who it appears is Mr. Brown's assistant, sent in an account amounting to £9 10s. The husband says, according to the law report, that Mr. Brown told him to take the prescriptions to Mr. Harper, and that when Mr. Harper attended it was as Mr. Brown's assistant. Therefore having paid a large bill to the principal, he refused to pay the assistant also. The Judge said he must pay, and the case is to be tried in a higher court. It is one which does not appear likely to raise the members of our Profession in public estimation.

REVIEWS.

On Chloroform and other Anæsthetics: their action and administration. By John Snow, M.D. Edited with a Memoir of the Author, by B. W. Richardson, M.D. London: 1858. 8vo, pp. 443.

Place a lighted candle in a bottle, secure a supply of atmospheric air, and the candle burns on steadily. Mix some vapour of chloroform with the air supplied to the bottle, and the flame will decline. "There now," said Snow, "is all that occurs in narcotism, but to submit the candle to the

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action of the narcotic without extinguishing it altogether, you must neither expose it to too much vapour at once, nor subject it to the vapour too long; and this is all you can provide against in subjecting a man to the same influence." As chloroform and other volatile narcotics arrest the combustion of a farthing candle—as they retard the oxidation of phosphorus—so do they retard or arrest the animal functions which depend on combinations between the tissues of the body and the oxygen in the arterial blood. Here is a general deduction—not very clearly laid down by Dr. Richardson—of which Dr. Snow often spoke with honest pride. And well he might. It was one of those generalisations which mark the man of true power. The book before us is his "legacy to science He was in the act of writing the last sentence when he fell forward upon the paper, pen in hand, seized with his fatal illness. He was describing the effects of the monochlorurretted chloride of Ethyle, and enumerating the operations in which he had administered this preparation. He had written the words to be found on the last page of his book—"Trephining the tibia of a young man and giving exit . . . ." when his own exit from this world's stage may be said to have taken place. The addition of a few words from the rough notes of his deceased friend was all that remained for Dr. Richardson to do to make the work complete, except to construct the index, "and in this a plan suggested by the author himself has been followed."

We are not about to review our departed friend's legacy. Suffice it to say that it contains an amount of information on chloroform—its effects—the mode of administering it—the causes and mode of prevention of death from chloroform—its influence on the result of operations—its inhalation in parturition and in Medical cases—and on ether, amylene, and other anæsthetics, which render the book a standard work of reference, indispensable to every Medical library with any pretension to completeness. With this we may leave the work, and hear what Dr. Richardson has to tell of the man.

Born in 1813, the son of a small Yorkshire farmer, apprenticed at the age of 14 to Mr. Hardcastle, of Newcastle-on-Tyne, staying there till cholera came in 1831-32, and then acting as an assistant to two village surgeons, until October 1836 saw him on the benches of the Hunterian School of Medicine in Windmill-street. A very graphic picture of his student life by an intimate friend and fellow-student, Mr. Parsons of Beckington, near Bath, will be found at pages 5 and 6 of the memoir.

Snow entered to the Westminster Hospital in 1837, passed the College of Surgeons in 1838, and in the same year obtained the licence of the Apothecaries' Company, after an unsuccessful attempt to obtain the post of apothecary to the Westminster Hospital.

In September, 1838, he first "hoisted up his colours," at 54, Frith-street, Soho. The following portion of his life for eight years, until the news of etherisation came from America in 1846, may encourage many a man now despondING, though under far more favourable circumstances than he who died twelve short years later, blessed with a wide-spread scientific reputation and an independent position.

"He became in Frith-street the tenant of Mrs. Williamson, widow of Captain Williamson, known as the author of several works on India. He bought no practice, nor exhibited any pretence. Like mighty Columbus, his caravel was very insignificant when compared with the voyage on which he embarked, and through which he sailed so successfully. He did not find the voyage very smooth either at first. How could he? A man cast at large in the modern Babylon, with few introductions, no plethora of purse, and great purposes in hand, need never ignore the necessities from the idea of rising to the crest of the wave by three cheers and a long pull. Snow was too foreseeing to be ignorant of this, and he prepared accordingly. A more thoroughly girded man for the world's encounter could hardly be conceived than he at this time. He took no wine nor strong drink; he lived simply of the simple, on anchorite's fare, with more than anchorite resolution, with the temptations of the world always before him; he clothed plainly, and made the best of everything; he kept no company, and found every amusement in his science, books, his experiments, in his business, and in simple exercise." . . . .

"The story to be told is an old one. Practice did not come, at least not from the wealthy. He had plenty of practice in so far as seeing patients was concerned certainly, for he was encumbered with four sick clubs; and his club practice, together with the out-patient work at the Charing Cross Hospital, kept the bell ringing all day, and not infrequently enlivened the night with the clamorous music. But the patients with the fees in their hands kept at a respectful distance."

Still pushing on, however, Snow obtained the M.B. degree of the University of London in 1843, and the M.D. in the following year. Then London life told on him, and in 1845 he had to fly to the country for a holiday, threatened as he was with phthisis and kidney-disease; yet he soon returned to London and to work. "A little after this," says Dr. Richardson,—"he was elected Lecturer on Forensic Medicine at the Aldersgate School of Medicine, and held the appointment till the establishment dissolved in 1849. I have often heard from him, in his quiet droll way, many laughable stories in relation to his duties in the forensic chair. When he left off teaching, he found that, in addition to the labour implied and the cost of experiments, he had to pay, with the rest of his colleagues, a ransom for his release."

Then, in 1846, came the tide in Snow's affairs which led on to his fortune—

"The first inhalations of ether in this country were not so successful as to astonish all the Surgeons, or to recommend etherisation as a common practice. The distrust arose from the manner in which the agent was administered. Dr. Snow at once detected this circumstance; and, as he explains in the pages of the work now in the hands of the reader, remedied the mistake by making an improved inhaler. He next carried out many experiments on animals and on himself, and brought the administration to great perfection. One day, on coming out of one of the Hospitals (I am giving the narrative as he gave it to me), he met Mr. —— (a druggist whom he knew) bustling along with a large ether apparatus under his arm. 'Good morning!' said Dr. Snow. 'Good morning to you, doctor!' said the friend; 'but don't detain me, I am giving ether here and there and everywhere, and am getting quite into an ether practice. Good morning, doctor!' 'Good morning to you!' Rather peculiar! said the doctor to himself; rather peculiar, certainly! for the man has not the remotest chemical or physiological idea on the subject. An 'ether practice! If he can get an ether practice, perchance some scraps of the same thing might fall to a scientific unfortunate.' Consequently, with his improved inhaler, Dr. Snow lost no time in asking to be allowed to give ether at St. George's Hospital. He got permission to give it there to the out-patients, in cases of tooth-drawing. Dr. Fuller, of Manchester-square, standing by, was surprised to see with what happy effects ether was administered when administered properly. A day or two afterwards, an operation having to be performed, and the Surgeon (I believe, Mr. Cutler) not approving of the ether in the way it which it had previously acted, Dr. Fuller remarked on the superiority of Dr. Snow's mode of administering it; and the result was, that he was asked to give it on operating days. He did so with great success. He administered it at University College with the same success. Liston, then the leading operator, struck with the new man who came before him in such an able and unaffected way, took him by the hand; and from that time the ether practice in London came almost exclusively to him. Science for once put assumption in its right place." . . . .

"By his earnest labours Dr. Snow soon acquired a professional reputation, in relation to his knowledge of the action of anæsthetics, which spread far and wide; and the people, through the profession, looked up to him from all ranks, as the guide to whom to entrust themselves in 'Lethe's walk'. On April the 7th, 1853, he administered chloroform to Her Majesty at the birth of the Prince Leopold. A note in his diary records the event. The inhalation lasted fifty-three minutes. The chloroform was given on a handkerchief, in fifteen minim doses; and the Queen expressed herself as greatly relieved by the administration. He had previously been consulted on the occasion of the birth of Prince Arthur, in 1850, but had not been called in to render his services. Previous to the birth of Prince Leopold, he had been honoured with an interview with His Royal Highness the Prince Albert, and returned much overjoyed with the Prince's kindness and great intelligence on the scientific points which had formed the subject of their conversation. On April 14th, 1857, another note in the diary records the fact of the second administration of chloroform to Her Majesty, at the birth of the Princess Beatrice. The

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chloroform again exerted its beneficent influence; and Her Majesty once more expressed herself as much satisfied with the result."

"Inquisitive folk often overburthened Snow, after those events, with a multitude of questions of an unmeaning kind. He answered them with all good-natured reserve. 'Her Majesty is a model patient,' was his usual reply: a reply which, he once told me, seemed to answer every purpose, and was very true. One lady of an inquiring mind, to whom he was administering chloroform, got very loquacious during the period of excitement, and declared she would inhale no more of the vapour unless she were told what the Queen said, word for word, when she was taking it. Her Majesty, replied the dry doctor, asked no questions until she had breathed very much longer than you have; and if you will only go on in loyal imitation, I will tell you everything. The patient could not but follow the example held out to her. In a few seconds she forget all about Queen, Lords, and Commons; and when the time came for a renewal of hostilities, found that her clever witness had gone home to his dinner, leaving her with the thirst for knowledge still on her tongue."

After this, we need not follow up the career of success,—or recall the labours by which earnest work made out the connexion between the spread of cholera and the supply of impure water by a London Company. All this is well known to most of our readers, who have so often seen the name of John Snow at the head of communications in this Journal.

For many interesting anecdotes of the man and his mode of life we must refer to the memoir;—but one point must not be passed over. The most absurd stories were told of his professional gains. He was said to get £2000 a-year from one dentist, £5 a-day from another, upwards of £1000 a-year from one celebrated operator, as much from an oculist, and so on, till his income was guessed as equal to that of our busiest Physicians or Surgeons. Dr. Richardson found his account books of every year's receipts most accurately kept, and he says:—

"His income of late years was near £1000 a-year, but it never exceeded that sum. For this, he exhibited chloroform or one or other anæsthetic about four hundred and fifty times annually, taking an average of the ten years preceding his death. In a large number of these cases, however, his services were gratuitously supplied."

Here we must stop, though there is much more in Dr. Richardson's memoir which deserves attention. Those who knew Snow best will best appreciate the accuracy of the picture a kindred spirit has drawn of a departed friend.

Lectures on the Diseases of Women. By Charles West, M.D. London: 1858. Second Edition. 8vo, pp. 672.

This handsome volume contains a second edition of the first part of these lectures, the first edition of which appeared in 1856, together with the second part, which has been published separately. But in the present notice we shall confine our remarks to the second part, which contains twelve lectures on the diseases of the ovaries and uterine appendages.

The merit of Dr. West's contributions to obstetric literature and the subjects nearly allied to Midwifery, is too well known to need any commendation on our part; his lectures on the diseases of children, and his first volume on the diseases of women, have taken a well-deserved place among standard Medical publications; and the part before us forms no exception to the general excellence of his productions. Although we may be inclined to demur to some of his opinions on points of practical importance, we have no hesitation in saying that we greatly admire the care bestowed on the composition of these pages. The opportunities possessed by Dr. West, as Physician-Accoucheur to one of the largest hospitals in the metropolis, have enabled him to combine the advantages of a large experience with those of clear and forcible description.

This division of the lectures commences with a disquisition on the causes and symptoms of inflammation of the cellular tissue surrounding the womb,—an affection which is believed to be frequently overlooked by Practitioners, the symptoms complained of being referred to the uterus or some other pelvic organ. The disease in question, although frequently connected with the puerperal state, is by no means invariably so, and it is probably a much commoner occurrence than many of our readers may be inclined to suppose among unmarried women, in connexion with some functional or organic derangement of the sexual organs. The occurrence of suppuration is not an essential termination of the affection, although Dr. West holds that, in the majority of instances, produced by all causes, the formation of pus or sero-purulent fluid takes place. On the other hand, M. Gallard, of Paris, who has carefully studied the subject, asserts, that when the inflammation is independent of delivery, suppuration occurs seldom in proportion to the whole number of cases. In the symptomatology of the complaint Dr. West has omitted one remarkable feature, which is noticed by M. Grisolle, M. Valliex, and others, when the inflammatory tumour is situated in one or other iliac fossa,—we allude to retraction and semi-flexion of the lower extremity of the affected side upon the pelvis—it probably results from implication of the muscles and nerves which pass to the thigh out of the pelvis, as well also from the abdominal tenderness, which is an usual concomitant of pelvic cellulitis. We are disposed to think, too, that some further allusion should have been made to the importance of studying the anatomy of the pelvic fasciæ in relation to this affection. It is evident that the arrangement of the fasciæ in this locality must exert a marked influence, not only upon the extent and boundaries of the inflammatory tumour, but they must also, in many cases, modify the track of pus, which, when once formed, tends to make its way to an external outlet. We believe it as important, indeed, to consider the attachments and disposition of resisting structures internal to the pelvis, in connexion with purulent infiltration, as more externally in the perineum; and the propriety of carefully studying the latter region from this point of view will scarcely be doubted. M. Jarjavay and others have furnished ample materials for the illustration of this branch of the subject; and it is no doubt owing, in a great measure, to the arrangement of the fasciæ that pelvic abscess discharges itself more frequently into one organ than into others. Again, some of the readers of Dr. West's book will, we feel confident, be inclined to question the soundness of the opinion he holds, that when matter is once formed in an abscess of the pelvic cavity, it is, as a rule, better to leave the emptying entirely to nature, rather than attempt its evacuation by puncture. Where the cellular tissue is so lax as in the pelvis, there is some risk of diffuse infiltration, with extensive destruction of texture; and the danger is not too remote to be forgotten, that an abscess may—as it has done on previous occasions—burst into the peritoneal cavity, and occasion speedy death. Moreover, it should be borne in mind, that next to bursting through the skin externally, by far the most favourable outlet for the escape of pus is by the vagina; and if this object be attained by artificial opening through that canal, not only may the inconveniences be avoided of the bladder or bowel being perforated in the spontaneous evacuation, but a plurality of openings may possibly be avoided,—a result which frequently happens in the ordinary course of this affection. Without, therefore, insisting on such a course in doubtful and uncertain cases, we feel bound to state the result of our own experience to be that it is better to evacuate the pus as soon as its presence can be distinctly recognised by the touch. The *tactus eruditus* may be needed to detect the presence of fluctuation here; but when once determined, it can be no excuse for avoiding the necessary means to expedite recovery, that the operator, in his attempts to open the abscess, may, as Dr. West suggests, fail to enter it, and may possibly plunge his knife or trocar through the walls of an adjacent viscus.

We recommend the latter part of Lecture xxii. which treats of "Uterine Hæmatocele," to the careful perusal of Practitioners. Although the subject has attracted considerable attention on the Continent, and more especially in Paris, it is comparatively new in this country, and is replete with interest. The causes and source of the hæmorrhage in these cases are yet involved in much obscurity; and in any future instance where it is discovered on post-mortem examination, it would be especially desirable to determine, by injection or otherwise, from what set of vessels the blood has escaped.

In Lecture xxiii. we find a description of inflammation of the ovaries, and appended thereto a note on hernia of the ovary, and on serous cysts of the uterus; then follows an excellent account of the morbid anatomy and pathology of ovarian tumours and dropsy, comprised in two chapters; and the subsequent four lectures are devoted to the symptoma-

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tology and treatment of these affections. We regret that it is beyond the limits of the present article to enter into any discussion on a topic which just now is engrossing much attention—the treatment of ovarian tumours. We hope to take up the subject on some future occasion, and content ourselves in the meantime by remarking that our author has taken great pains to determine the relative value of the various methods which have been proposed for relief and cure. We cannot by any means, however, agree with him that it is unfair to compare the results of ovariotomy with those of amputation or lithotomy, and deduce therefrom the legitimacy of the operation. To weigh the results of ovariotomy simply with those of iodine injections, etc., as Dr. West proposes, is far too limited a comparison; and, moreover, has a tendency to mislead rather than further a just conclusion. Tapping and injection with iodine seem adapted to an entirely different class of cases from those in which ovariotomy is rather to be preferred; the former measures, however useful in the simpler cystic formations, are almost useless in the cases of multilocular or aveolar tumours; and seeing that in the latter, when the disease is fully developed, the average duration of life is at best but short, the disease slowly exhausting the strength of the patient, or producing more rapid death by rupture or supervening inflammation,—it becomes a matter of grave import to determine whether the results of extirpation are sufficiently encouraging to justify the operation, and give the patient a reasonable chance of recovery, in exchange for impending dissolution, with a brief interval of wretchedness and misery. The recent improvements in the operation, and the success which has lately followed it, lead one to hope that in future the mortality attending ovariotomy will be greatly diminished; and although it cannot be expected that in an operative procedure of such magnitude as this, the risk will be any other than great, still we hope that even Dr. West may somewhat modify the opinion he has formed from collected data, and one day in all candour recognise ovariotomy as a great boon to many who would otherwise speedily sink under this distressing malady.

The last three lectures are occupied with diseases of the female bladder; of the urethra and vagina; and with those of the external organs of generation. The Surgical treatment of fistulæ and other abnormal conditions of the genital passages is barely touched upon, and is considered beyond the province of the writer; but all that belongs more strictly to the Physician in connexion with these, is amply dwelt upon.

We close this notice by transcribing a paragraph terminating one of the lectures, which in these days of violent controversy, especially deserves the careful digestion of all who may be disposed to impute wrong or dishonest motives to those with whom they differ on points of theory or practice. "One remark I cannot refrain from making, in conclusion, on the grievous injury that is done, both to the advance of Medical knowledge, and to the standing of our Profession with the public, by the practice of treating some of these questions as though they were questions of moral right or wrong. It would seem from what has sometimes been said on the subject, almost as if ovariotomy could not be defended save from some sinister end, nor its expediency be doubted except from a moral obliquity rendered excusable only by hopeless dulness. Belief in each other's integrity of purpose seems to me essential to our eliciting truth by discussion; and I see no reason why I am to suspect another of being less mindful of our common duty to humanity because he tries to relieve suffering or to prolong life by some means in which I have not the same confidence. The *odium theologicum* has at least age and respectability in its favour: I fear the immortal quarrel between Dr. Slop and Susannah has gone far to render the *odium obstetricantium* simply ridiculous." —P. 175.

Popular Astronomy. By F. Arago. Translated and edited by Admiral W. H. Smyth, D.C.L. and Robert Grant, Esq. Vol. II. London: 1858. 8vo, pp. 846.

The earth, the moon, eclipses and occultations, gravitation, Mars, small planets included between the orbits of Mars and Jupiter, cosmical meteors, Jupiter, velocity of light and aberration, Saturn, Uranus, Neptune, seasons and climates, the calendar, and miscellaneous features of Uranography, are the subjects treated in the successive sections of this volume in a manner at once profound and popular.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE PAPILLÆ OF THE TONGUE.

By M. BEAU.

M. Beau remarks that in spite of so much having been written concerning these, so much vagueness and uncertainty prevail with respect to them, that he thinks some advantage may result from the following observations made from a clinical point of view:—

The papillæ should be separated into two orders, which essentially differ from each other in structure: one of these being composed of the epithelium of the mucous membrane, while the other is incorporated with the dermis of the tongue.

1. *The epidermic or inorganic papillæ* are extremely numerous, being those termed the *conical* by several authors. They constitute the covering of the greater portion of the upper surface of the tongue, and which is often, especially when fasting in the morning, rendered of a yellowish white colour by a more or less apparent paste. Examining the tongue under water, the filaments and undulations constituting this kind of epidermic pile are well seen. Under the microscope the adherent extremity of these papillæ are observed to vary much in form; but the free extremity of all of them resembles so exactly a flower about to blow that M. Sappey terms these papillæ *corolliform*. Their epidermic nature is especially shown by two circumstances: 1. In certain diseases attended with inflammation of the tongue, and especially in scarlatina, they fall off from day to day, leaving the tongue shining and glabrous, and exposing to view the dermic papillæ. These papillæ are also reproduced, attaining, in about two months, their former length. 2. In certain individuals, in whom these papillæ are very long, they may be cut with scissors, without inducing pain, loss of blood, or diminished sensibility. These papillæ are much longer in men than in women, as they are also in aged persons, being very little apparent in childhood. They are found to be long and consistent, especially along the median and posterior part of the tongue, towards the *foramen cæcum*. Sometimes their length has become so considerable as to cause their being mistaken for hairs.

2. *The organic or dermic papillæ* have been distinguished under two forms, the *caliciform* and the fungiform. The former are disposed in the V form at the base of the tongue, being twelve or fourteen in number. The latter, far more numerous, occupy the anterior four-fifths of the organ. Examined by the microscope, they are found covered by minute hemispherical papillary points. Although the epidermic papillæ only arise in the intervals of the dermic papillæ, these latter may easily become concealed by them. The caliciform papillæ indeed remain pretty visible; but the fungiform are scarcely seen anywhere than at the edges and tip of the tongue, where the epidermic papillæ are very short. In children indeed the fungiform papillæ are visible also at the middle part of the tongue, and especially when the epidermic papillæ are covered with the whitish paste seen in some diseases.

The dermic or organic papillæ, and especially the caliciform, are alone charged with the function of sensation: but although the epidermic papillæ be not sensitive, they may serve the purposes of sensation by detaining the sapid fluids by imbibition, and prolonging their contact with the true papillæ disseminated among the intervals of the epidermic pile. In some animals, as the ox and cat, the epidermic papillæ undergo transformation into rigid bodies, capable of certain mechanical functions. The epidermic papillæ also imbibe the liquids which are secreted or excreted in the mouth, such as mucus or saliva; and when such liquids become increased in consistency, as in disease, during sleep, etc. they adhere to the myriads of filaments constituting these papillæ, giving rise to the various coatings of the tongue. Such coatings are not observed at the edges or the inferior surface of the tongue, nor when this organ has become temporarily deprived of its epithelium. Inflammation of the tongue is not the sole cause of a detachment of the epidermic papillæ. In certain pyrexia, as dothinenteritis or variola, the papillæ, loaded with pasty secretion, may fall

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off together with this, leaving the tongue red and smooth, but uninflamed —*Archives Générales*, tome xii. pp. 664, 669.

EXCERPTA MINORA.

Comparison of Menstrual and other Blood spots.—M. Robin terminates a memoir upon this subject with the following conclusions:—1. Menstrual blood differs under the microscope from blood drawn from the vessels by the mixture with the sanguineous globules of epithelial cells and leucocytes termed mucous globules; the former proceeding from the epithelium of the utero-vaginal mucous membranes, and the latter from the surface of these mucous membranes. 2. The spots produced by menstrual blood contain elements not found in those caused by ordinary blood, and which are held in suspension by the mucus of the genital passages carried away by the blood, consisting principally in epithelial cells and in the leucocytes of mucus. 3. By a microscopical comparison these two descriptions of blood can therefore be distinguished. —*Annales d'Hygiene, October*, p. 443.

Solution of Sulphate of Quinine.—A correspondent suggests that the want of exactly proportioning the sulphuric acid to the quinine to be dissolved, is sometimes a source of mischief, owing to the excess of acid present: and he proposes that other acids of a more inoffensive character should be employed. Thus, citric acid will effect the solution of an equal weight of quinine.—*Rev. Med. Aug.* p. 247.

Applications in chronic eczematous and impetiginous eruptions. —Purified tar united to lard in the proportion of 1 to 3 parts in 30 of the excipient, has long been employed at the St. Louis, as the best resolvent in squamous eruptions, and as a valuable desiccative in chronic eczematous and impetiginous eruptions. Glycerine is, however, now preferred as the excipient, and the following is the formula of a valuable ointment easily applied and removable by water: glycerine, 30; purified tar, 2 parts; adding, while hot, 15 parts of starch, and mixing into a perfectly homogenous paste. This application will assuage itching which resists all other means, and it acts as an effectual astringent and resolvent, without inducing irritation. The oil of cade is another favourite application of M. Gibert, mixing 1 part with 2 of almond oil or cod-liver oil. It is a valuable resolvent and desiccative, under the influence of which are cured eczemas that have continued red and exhaling for months, in spite of treatment. It is especially useful in obstinate prurigo of the anus and genitals; and in this case M. Gibert employs with it cold sitting baths and the internal use of arsenic.—*Bulletin de Therap.* tome 55, p. 118.

Detection of the Adulteration of Citric with Tartaric Acid.— The similitude of the physical characters of these acids, when the crystals are bruised, permits of this adulteration in commerce. It is easily detected by pouring over a horizontal glass plate a thin layer of a slightly saturated solution of caustic potass, and then projecting on this a portion of the mixture of doubtful crystals. In a few seconds, the tartaric acid crystals whiten, become opaque, being covered with microscopical crystals of bitartrate of potassa. The citric acid crystals continue diaphanous, being partly dissolved in the alkaline solution. The relative quantities of the two acids may be thus easily appreciated. The same means may be applied to a powder formed by exactly mixing the two acids. The object-glass of a microscope being wetted with the solution is then powdered with some of the suspected substance. A crowd of minute acicular crystals is produced from the tartaric acid, while the diaphanous citric acid disappears in the solution.—*Ibid.* p. 258.

Dysmenorrhea and consequent sterility.—Dr. Fenner states that he has used for some years the following mixture, originally recommended by Dr. Falk, of London. Gum guiac. ʒj, bals. Canad. ʒi, ol. sassafras ʒii, corros. sublim. ℈i, spt. wine ʒviii; dissolve the guiacum and balsam in one half of the spirit, and the sublimate in the other half. Digest the two former for several days, pour off the clear liquor, mix with the solution of sublimate, and add the oil. The patient should begin with it a day or two before the expected period, and take twenty-five drops night and morning until the discharge is freely established, and then cease till next period. In bad cases it should be commenced a week or ten days before, and if pain appears, it should be taken every six hours until relieved. When the pain is excruciating, chloroform inhalations should be resorted to, or a teaspoonful of the following every hour: spt. camphor ʒiii, chlorof. ʒii, tinct. opii, ʒi ɱ. Costiveness should be relieved by aloes. When dysmenorrhea is relieved by this treatment, conception usually soon occurs. —*American Journ. Med. Soc. Oct.* p. 577.

Sulphate of cinchonia as an economical substitute for Quinine. —Dr. Porcher states that he has treated with success fifty-one cases of intermittent and remittent fever at the Marine Hospital, Charleston. His formula is sulpt. cinchoniæ gr.x. morphiæ gr.½, acid sulph. aromat. gtt. x. ter. Dr. Cain has also employed it in the hospital with favourable results.— *American Jour. of Med. Science, Oct.* p. 577.

Preservation of specimens of diseased membranes.— Dr. Arnold, of Savannah, has pursued the following plan with success during three years. The specimen is well washed, and one side is sprinkled with arsenic, but not too thickly. It is then spread on a pane of glass, and its free surface is thickly powdered with arsenic, which is revived when absorbed—the specimen being kept in the shade. When dry it is covered with a coat of white varnish, and when this has dried, by another pane of glass.—*Ibid.* p. 579.

FOREIGN CORRESPONDENCE.

FRANCE.

Paris, December 23, 1858.

At the last meeting of the "Académie des Sciences," held on the 6th of the present month, Dr. Olivier read an exceedingly interesting and curious paper, in which he endeavoured to throw quite a new light on the production of bone. The conclusions at which he arrived, if supported by future experimentalists, will not fail to produce a deep impression on the minds of physiologists; while, at the same time, they will tend to enlarge and extend the system of "anaplastie," as applied to Surgery. The experiments of Dr. Olivier were conducted entirely on rabbits of different ages, and different stages of growth, and were divided by him into three series. In the first series, long slips of periosteum were detached from the tibia throughout its entire length, one of the extremities only being left attached to the bone by a peduncle; these slips of periosteum were then pushed among the muscles and twisted around them in a variety of ways. In the course of a certain time osseous matter was produced, assuming the shapes of the twisted and contorted membrane. In the second series of experiments the slips of periosteum which had been treated in the same manner as in the first series, were, three or four days after the operation, completely detached from the bone, and, notwithstanding their isolation from their original source of life, the periosteum still continued to produce bone. In the third series of experiments the periosteal covering was completely and at once separated from the bone, and immediately inserted under the skin of the shoulder and back, and still, strange to say, the periosteum produced bone. Dr. Olivier found that age modified, to a certain extent, this peculiar property of the periosteum; advanced age, for instance, while it diminished the property, did not completely destroy it. The osseous tissue obtained in this strange manner he found to be real bone, similar to that of the rest of the body. The result of these interesting and curious experiments goes to prove that bone can be obtained in whatever part of the body the periosteum can be introduced; and, further, that a membrane may preserve its properties notwithstanding its removal from its original seat and transplantation to another part of the economy.

In the course of the last fortnight we have seen a large number of cases of a somewhat serious description. In the Hôtel Dieu, Salle Fr. Còme, we have seen no fewer than three cases of fracture of the patella, accompanied by other injuries of the knee-joint, all of which were the result of falls. In each the fracture was transverse and near the centre of the ligament. The simplicity of the treatment in these cases pursued by M. Jobert, struck us as somewhat peculiar. In one of the cases the separation, at the seat of the fracture, was sufficiently great to admit the finger; and yet, in the absence of swelling and inflammation, no effort was made to bring the extremities together, either by bandaging or by the ordinary surgical appliances had recourse to in accidents of a similar nature. The fractured limbs being fully extended were

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placed in a long grooved splint or "gouttière," as the French term it; and the foot being fixed by means of a bandage, the splint was simply elevated at the heel, and nature was charged with the rest. We could not help contrasting M. Jobert's treatment of these fractures, with that which we have seen pursued by Malgaigne, whose apparatus, which he calls "appareil à Griffes," for the retaining in apposition the extremities of a fractured patella, is not only exceedingly ingenious, but highly efficient. In the same ward is a case of serious injury of the chest. The patient was run over by a butcher's cart, and, on examination, it was found that, in addition to other bruises, he had sustained a fracture of four ribs, one of which had penetrated the pleura and the substance of the right lung: there was general emphysema of the integuments covering the chest, difficulty of breathing, cough, and expectoration, the sputa being tinged with blood. He has been bled on three or four different occasions, and is now in a fair way of recovery. In the immediate vicinity of the last-named patient is a navvy, aged 39, and apparently of good constitution, whose case presents no small amount of interest from the fact of this being his fourth visit to the hospital in consequence of the recurrence of a malady which we do not encounter every day. It consists of a salivary calculus which has formed in the substance of the sub-maxillary gland. At the present moment, the entire body of the gland, as well as Wharton's duct, is much enlarged and painful, and at one part of it the calculus can be distinctly felt. Some three years ago, a calculus, the size of a cherrystone, was extracted, and on three different occasions prior to this, other three salivary calculi were removed by operation from the same gland. We inquired of the "pharmacien" attached to the Hospital, to the care of whom the analysis of the calculi was confided, as to their nature and chemical composition; but as he had taken no note of the result of his investigation at the time, he could not give us any satisfactory answer. He, however, stated that, to the best of his recollection, the last calculus belonging to the patient in question was composed chiefly of the phosphate and carbonate of lime.

In the Salle St. Maurice is a sempstress, aged 39, married, and the mother of three children. Since the birth of these children she has had two miscarriages, the latter of which took place nine years ago. For the last eight years she has, at each monthly period, discharged from the uterus large patches of false membrane. From time to time she has suffered much from pain in the back and region of the uterus, accompanied by a sense of weight. Her catamenial discharge has usually lasted from four to five days, and almost invariably on the second or third, after a temporary interruption, and following on a pain which she describes as reminding her of the commencement of labour, a strip, and sometimes more than one, of false membrane has been passed. These patches, some of which she had preserved in spirits, we had an opportunity of examining, and found them about two and a-half inches in length, by the sixth of an inch in breadth, and to all appearance organised. Her menstruation, though painful, has always been pretty regular. On examination the other day, the speculum revealed the following conditions:—The neck of the uterus was voluminous, but smooth, and presented no signs of ulceration; the membrane of the os uteri was transparent and soft; the uterus itself, much increased in size, was retroverted, the body being directed towards the rectum, while the neck was tilted forwards in the direction of the bladder. The only treatment she is subjected to, consists in the occasional cauterisation, by means of the nitrate of silver, of the interior of the neck and cavity of the uterus. In the same ward is a woman six months advanced in pregnancy, suffering from permanent obstruction of the internal saphenous vein of the right thigh. Six days previous to admission she complained suddenly of great pain of the entire limb, accompanied by a varicose state of the superficial veins and general œdema. The internal saphenous vein along its entire course was distended and hard, and at the spot where it penetrates the sheath of the femoral vessels there was a hard irregularly-shaped tumour of considerable size, similar in feeling to what is observed in a vein that has been injected by the perchloride of iron. The pain at this point was so great that the patient could not allow it to be touched, and the weight of the bedclothes was even a source of dread to her. For some days after admission there was reason to apprehend the formation of an abscess; but by means of rest and the horizontal position this tendency has disappeared, and collateral circulation by anastomosis is being gradually established. The superficial veins of the limb are now much reduced in size, and are gradually assuming their normal condition. At "La Charité," under the care of M. Briquet, are two cases of chorea in young females, the one eleven, the other nineteen years of age. They had both been subjected to treatment by galvanism, sulphureous baths, and the iodide of iron. In the case of the younger of the two, the cure is almost complete, there being now only a slight want of power and irregularity in the movements of the right arm. In the other case there still remains considerable mobility and irregularity of movement of the whole of the left side of the body, although the patient has improved of late. The sulphur baths are to be continued, together with tonics, and she is to be subjected from time to time to the action of galvanism.

GENERAL CORRESPONDENCE.

THE MEDICAL REGISTER AND ITS "TITLE" COLUMN.

LETTER FROM DR. HINDS.

[To the Editor of the Medical Times and Gazette.]

SIR,—The last two or three numbers of your valuable journal have each contained a letter from an anonymous correspondent on the above subject; and possibly one word in reply to those letters may not be out of place.

I believe the great bulk of the Profession think that the course adopted by the Medical Council, in not filling up the fourth column, is one for which such council deserve the best thanks and even the gratitude of the Profession.

It is matter for regret that any individual members of the Profession should be so tenacious of distinctions arising out of mere conventional and popular designations as to seek to introduce contention, or to urge upon the Medical Council the adoption of invidious measures; and I must be allowed to express equal regret that any members of any College should be reduced to the unfortunate necessity of battling for any such merely popular designations for these members themselves.

Of course I shall be told that this is not the question, and be referred to the Act. Now for all useful purposes I do hope the Profession in general may be sufficiently learned to interpret the Act, on which to them so much depends. At any rate I may refer those dissatisfied correspondents, one of whom I perceive is a member of the College of Physicians, and has taken so much trouble to have a legal interpretation of Schedule (D), to one or two quotations from the able legal commentary published with the Act by Dr. Glover. Your correspondents of December 11th and 18th are much inclined to adopt the high-pressure mode of reasoning, one seeming to desire to "warn the Registrar," and would evidently have the latter to take the matter in his own hands, and out of the hands of the Council! Another observes, "It may be inconvenient to fill up the title column, but it is imperatively required by the Act that the Council should do so," etc. With a view to reduce these somewhat bold—certainly not modest, suggestions to their proper value, allow me to observe there is another view to be taken. Speaking of the retention of the column for "Titles" in Schedule (D), the commentator above alluded to observes, "This was, probably, a mistake, otherwise it might be intended that the Registrars are to fill up the blanks in the fourth column according to orders hereafter to be issued by the General Council," and also at page 42, "and in any case the Registrar will certainly be unable to do this, except under express orders of the General Council regularly made," etc.

There cannot be any doubt of the least gravity that the course the General Council have taken is the right one for the peace and honour of the Profession; and I would express a sincere wish and conviction also that such Council will be most unlikely to be so ill-advised as to re-open the subject of regulating "Medical Titles," unless it be for the purpose of procuring the entire expulsion of the said fourth column in accordance with the evident intention of the Legislature when they expunged the contents of the interpolated column.

While on the subject of titles, I may perhaps be permitted to say one word in regard to the use of the title "Surgeon"

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by members of the Profession who are only Apothecaries or Licentiates. On this subject I am afraid from the hints dropped at various times from yourself that I have the misfortune to differ from you in this matter. Now, if we look down the pages of the London Medical Directory we find few in which the names of one or more Licentiates of the Apothecaries' Company only will not be seen, and some of these are from twenty to forty years' standing. I must believe that the older of these gentlemen are not likely at their time of life to obtain new qualifications: *Prospectively*, no doubt the Medical Bill will alter this phase of the Profession, and induce a full qualification, Surgical and Medical, by all; but these old Apothecaries or Licentiates have acquired an undoubted right morally to the designation "Surgeon," which, in the popular sense, means simply a Medical Practitioner. The Bill provides, of course, that such members shall possess no legal rights surgically; but it certainly occurs to me that it would be a hardship retrospectively upon these members of the Medical body, which neither the framers of the Bill nor those who will carry out the provisions of the Act, would seek to perpetrate, to compel the Licentiate to sink a designation to use which a long prescriptive right and moral claim can be pleaded. Deprived of this customary designation, these Licentiates would be unable to describe themselves at all, so as to be fairly estimated and understood by the public; and therefore it is earnestly to be hoped that the Licentiates of the Apothecaries Company, in continuing to use their old designation, will be supported by the moral voice of the Profession. I am, &c.

W. Hinds.

December 25, 1858.

PHYSICIANS' INITIALS.

[To the Editor of the Medical Times and Gazette.]

Sir,—Can you inform me of the origin and use of such initials, and whether the same should not equally apply to Surgeons and Apothecaries, and all who are authorised by their qualifications and vocation to write a prescription for a patient? It appears to me, moreover, if there be any occasion for a prescription to be signed, now would be a good time, when the Profession is starting afresh under improved regulations, for the Medical Council to dictate or recommend upon these small yet important matters of etiquette and responsibility. Who knows anything of A. B. who is a Physician signing his initials? Why not put his name in full? Sometimes an eminent Surgeon puts neither his name nor initials, and sometimes he does. Is it because a man is called Doctor, that he should be conventionally privileged to put initials, and after all for nobody to find him out by his mere A. B.? Everything in the Profession which tends to produce invidious feeling among its members should, as much as possible, be rectified, and especially when there is no sensible reason for it. If the Profession were to be reconstructed, I see no reason why every Practitioner should not be addressed or called by his professional title. Surely, Surgeon Cooper or Abernethy would sound as well in the public ear as Dr. Baillie or Dr. Gregory. With all deference to the class M.D. permit me, while on this subject, to mention another small matter, which is sometimes of much importance. Medical prescriptions are often written so hastily and so full of abbreviation in regard to drugs and directions, that they puzzle the wits of the druggists, and especially their apprentices, to make them out; and all, be it said, are not well up in their Latin. In consequence of this, a very well-known and deservedly popular Physician I am acquainted with has adopted the plan of writing all his directions in English.

I am, &c. An Old Surgeon.

THE MEDICAL TITLE COLUMN.

[To the Editor of the Medical Times and Gazette.]

Sir,—The rumoured intention of publishing the forthcoming Medical Register in an imperfect form, and hence contrary to an express order of Parliament, excites so much discussion throughout the entire Profession, that immediate measures ought to be taken to ascertain whether the extraordinary proposal of leaving the fourth or title column in schedule D blank, is strictly legal. The observations of an eminent lawyer respecting the point at issue, which are given in a late number of your journal, would seem conclusive; but although important, they are not sufficient, without ulterior proceedings being instituted.

The question in dispute affects so materially the privileges of Medical Corporations, especially in reference to Physicians, that the governing authorities in the London, Edinburgh, and Dublin Colleges of Physicians, ought at once to procure the opinion of some distinguished counsel, learned in Parliamentary and corporation law, whereby to guide their respective Fellows or members when claiming to be registered. How any body of men, or public officer, appointed specifically to carry out the several clauses of a Legislative enactment, should ever think of setting at nought the distinct provision here mentioned, seems inexplicable.

That the Medical Council themselves felt they had no right to amputate or in any way mutilate the measure appears evident by their evasive resolution, stating it would be "inconvenient" to fill up the title-column. In fact, no responsibility was thereby assumed, it being thus left elsewhere. With this dictum, the reply made by the Executive Council of England to an application from some practitioners in Newcastle, may be instructively contrasted, when that body very properly said "they had no power to interfere with the provisions of the Medical Act." Neither does the General Council in conclave assembled; their functions being administrative and not legislative.

If any real difference of opinion prevailed respecting the true interpretation of a particular section in the Act, but particularly before determining upon the actual suppression of the fourth column in Schedule D, legal advice should have been obtained for their guidance. As they have not done so, the colleges just named ought to adopt this suggestion, in order to remove any uncertainty regarding the matter mooted, seeing the prevalent report now creates considerable conversation in various quarters.

Until the point in doubt be definitively settled, it is, therefore, not unlikely that the idea of parties who feel aggrieved postponing registration, alluded to by your correspondent "A Practitioner"—at least for some time—may become general, however inconvenient or undesirable.

I am, &c.

Dec. 27, 1858. A Physician.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, Dec. 14, 1858.

Sir C. Locock, President, in the Chair.

A paper, by John Birkett, Esq., was read

ON A CASE OF EXCISION OF THE HEAD OF THE HUMERUS, WITH ITS RESULTS.

A man, aged 57, came under the care of Mr. Birkett, in July, 1855, on account of acute disease of the right shoulder-joint. He was cachectic, much reduced, and suffering intense pain. Two years and a few months before, he had the right shoulder injured by being thrust violently against a wall. The clavicle was fractured; inflammation and suppuration of the shoulder-joint ensued, and abscesses and sinuses were developed. From local indications, it was quite clear that diseased bone existed; and Mr. Birkett, being unable to feel the dead bone with a probe, exposed the head of the humerus and sawed it off. There was a piece of necrosed bone in the head, but all the other parts and the glenoid cavity were healthy. The wound healed rapidly, although sinuses formed and remained open for some months after. The health of the patient rapidly improved, and all pain subsided. In about eighteen months after the operation the sinuses were all healed, and for very nearly the last two years he has been able to use the limb in the varied occupation of a farm labourer. The preparation of the head of the

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humerus accompanied the paper. The details of another case were given, in which Mr. Aston Key excised the head of the humerus from a healthy man, in January, 1849. The bone, especially the cancellous tissue, was affected with scrofulous degeneration. The case was highly successful, and the man has been actively engaged now for many years as a workman in an engineer's factory. The head of the bone was shown, together with a drawing illustrating the condition of the upper extremity seven years after the operation.

A paper by GEORGE MATTHEW JONES, Esq., M.R.C.S.E., was read,

ON DISARTICULATION OF THE SCAPULA FROM THE SHOULDER-JOINT,

WITH REMOVAL OF THE ACROMIAL END OF THE CLAVICLE.

The patient, a girl aged fourteen years and a half, had enjoyed good health until December, 1857, when she first felt pain at the top of the left shoulder, ascribed to the exertion of carrying a heavy child; severe inflammation about the shoulder followed, being most intense over the upper part of the humerus; an abscess formed, and burst spontaneously. The constitution suffered severely. When Mr. Jones first saw the patient, there were four large fistulous openings over the left shoulder, two communicating with the clavicle, one with the head of the humerus, one with the glenoid cavity, and one with the dorsum of the scapula, bare bone being easily felt in each. Several small fistulæ, which did not apparently lead to necrosed bone, existed in the scapular region, and yielded an offensive discharge. The textures covering the shoulder were generally thickened and puffy, and tender to the touch. The patient's health and strength were failing rapidly, and Mr. Jones deemed operative interference imperatively called for. Accordingly, on the 19th of May, 1858, the patient having been placed under chloroform, the operation was performed. An incision was first made along the whole extent of the spine of the scapula, and carried an inch beyond towards the mesial line of the back; another incision was then made to meet this along the upper border of the bone down to its angle. The integuments were raised by careful dissection, and by this process the whole bone was fairly exposed, its periosteal investment being everywhere found so thickened, pulpy, and softened, as to yield easily to pressure of the finger. The acromial end of the clavicle being found to be softened and altered by disease, an inch of the bone was removed. The posterior scapular artery was the only vessel which needed a ligature; several small ones were closed to by torsion. Sutures and strips of plaster were used bring the edges of the wound together, the deeper cavities, including the glenoid fossa, being plugged with lint. The operation occupied three quarters of an hour. On examination, the scapula was found so extensively diseased that its characters were almost destroyed. The glenoid surface and neck were entirely removed, and no vestige of the spine remained, its position being occupied by new, irregularly-deposited osseous matter, at the base of which lay a deep chasm, that extended three-fourths across the body of the bone. The inferior angle of the bone was the seat of extensive caries. The body of the bone presented two deep perforations, and all these different cavities contained sequestra of dead bone, while other portions of the scapula were in different stages of exfoliation. There was also a large amount of new osseous matter deposited in different situations about the bone. The head of the humerus was found healthy, and covered with its natural cartilage. With the exception of a very critical condition during the first two or three days, which was ascribed to the action of the chloroform, the patient made a good recovery. The wound healed entirely by granulation, the head of the humerus being exposed for some time. She was unsparingly supplied with nutritious diet and stimulants. She left her bed and walked in the garden in three weeks and as many days, and at the end of a month she could sew without pain or difficulty. At present she can raise her arm twelve inches from her side, and can support it horizontally from the body, with very slight exertion; she can raise the hand to the opposite shoulder or to the mouth with ease, but not to the top of the head; she can put her arms behind her, can lift a large and heavy hospital register book, and can scrub the floor or make her bed. There is a decided falling of the shoulder, but by no means amounting to deformity. There is no wasting of muscular substance on the chest or back, and when dressed it would not be perceived that any serious operation had been performed. The deltoid is fully developed. The head of the humerus is easily felt moving freely in its new bed, and not the slightest pain is felt on any amount of motion. Up to this present time, the range of this motion has steadily increased, and, with the exception of the movements for which the scapular origin of the deltoid is indispensable, it may be confidently expected to increase still further, and nearly to equal that of the other arm.

The author concluded his communication by observing that he considered there was much less danger from hæmorrhage in the removal of the entire bone, than, as in Mr. Liston's case, in the excision of only a portion; but he should prefer the former operation in any future case, and he trusted that the relation of this successful instance would go far to remove any prejudices now existing against this operation.

Mr. FERGUSSON said that both papers were of remarkable interest, particularly that of Mr. Jones. It was one thing to hear of an operation, and another to ascertain its results after a lapse of years. It was highly creditable to modern Surgery that the resection of the head of the humerus had proved so successful, relieving the patient from suffering, and retaining a useful limb. Such cases of resection, though familiarly known to Surgeons, were far fewer in number than any other resections heard of in the present day. There could be no doubt that the reason was, that diseases of the shoulder-joint were far less frequent than diseases in the other joints. Resection of the scapula was of still rarer occurrence, and, therefore, of greater importance. The case related by Mr. Jones was, he believed, the second authentic case that had been brought before the Profession in this country, and it appeared to be the carrying out of principles stated to the Society some short time ago by Mr. Syme. Mr. Syme then threw out the suggestion, that his paper might lead to further investigation, and to some beneficial results, and Mr. Jones' case was a realisation of the hope then expressed. The scapula had indeed been frequently removed, but not, he believed, till after the removal of the superior extremity. Mr. Jones had an advantage over Mr. Syme in the youth of his patient, which was of enormous advantage in regard to the result. The two cases differed also in other particulars. One was simply a case of necrosis, while in the other there was a tumour in the bone, supposed by some to be an aneurism of the bone, and by others, a case of medullary sarcoma of a very vascular character. The case of Mr. Jones presented, he believed, an example well worth following. Mr. Liston was said to have made a very bold proposal, when he suggested the removal of the scapula after (he believed) the removal of the superior extremity, and no one would countenance it. He (Mr. Fergusson) performed the operation about eleven years ago, after the upper extremity had been removed; but he had no doubt that if the course adopted by Mr. Jones had been then followed, the patient might still have had the use of the arm.

Mr. URE asked Mr. Birkett if he had any reason for employing a V-shaped incision in an operation of resection of the head of the humerus, instead of making a linear incision between the tubercles, and avoiding the tendon of the biceps.

Mr. HOLMES COOTE said he had performed the operation in the way mentioned by Mr. Ure. The only difficulty was, in the separation of the tendon of the sub-scapularis muscle. It was, however, an operation in which the tendon of the biceps was not to be found, except in gunshot wounds: in almost all cases of disease that he had seen, the tendon of the biceps had disappeared or become reduced to a fibrous cord adherent to the sheath. His experience was partially favourable to the operation. One cause of the rarity of the operation was the fact, that in diseases of that kind there was often osseous anchylosis of the humerus to the scapula. The idea of removing the scapula had been long entertained, and he remembered Mr. Skey performing the operation in St. Bartholomew's Hospital nearly thirty years ago.

Mr. SKEY said the two papers were instances of a very fine diagnosis, the object of all education and of all experience. The case of Mr. Birkett was highly creditable to him; but there were many precedents for it, while there were very few for that of Mr. Jones; the great merit of which was the accurate diagnosis and the skilful application of the operative art. The operation referred to by Mr. Coote was not one of

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removal of the scapula. The patient, a man forty years of age, suffered from a large fibrous tumour at the basis of the scapula, three-fourths of the size of an ordinary hat. The hæmorrhage from the operation was enormous, and the efforts of four of his colleagues were required to stop it. He (Mr. Skey) took away all but the glenoid cavity. The man so far recovered as to be able to use his arm; but the disease afterwards returned, and he died. The case of Mr. Jones was one of remarkable interest. He had seen the patient, who was able to use her arm with wonderful facility for all the ordinary, and almost the extraordinary emergencies of daily occupation. He did not think, with Mr. Jones, that she would eventually regain the power of raising her arm, seeing that all the bones forming the attachment of the muscles that elevate the arm had been removed. It might be supposed that the scapula being removed, the biceps would have lost its function; but the patient could put that muscle in action with considerable force; but as Mr. Jones had taken away three-fourths of the trapezius, four-fifths of the deltoid, and the entire of the supra-spinatus, he did not see how the patient could be expected to lift her arm. She had not the power of rotation of the arm outwards or inwards, and no power of elevation beyond an angle of about forty-five degrees from the body. The homo-hyoid had acquired a new attachment, and the act of swallowing was as perfect as before.

Mr. Luke related the case of a girl received at the London Hospital for a supposed malignant tumour. The greater portion of the scapula was removed, and the patient recovered. She had been married twice, and had several children, and retained the use of her arm to such an extent, that she was enabled to nurse them, the power of the arm being nearly equal to that of the other.

Mr. Birkett said the line of his incision was determined by the fistulous openings communicating with the dead bone. He was quite aware that a single incision might be made, and in any future case he might probably be disposed to adopt it, as it did not involve such a destruction of the attachments of the deltoid muscle, and there might be a better use of the extremity. He believed that the tendon of the biceps was so completely altered in its position, that it would hardly come in the way of danger as regards division. In his own case, he was not at all certain that he should not have had to remove a portion of the glenoid cavity. It was entirely denuded of cartilage, and there was one point which felt very rough. The mischief was kept up for some time; but probably some exfoliation took place, and the injury was thus repaired. Mr. Jones's operation, though highly creditable, ought not, he thought, to be compared with those formidable cases in which a new growth or tumour was developed about the scapula. The operation in Mr. Jones's case was probably one that any Surgeon would have undertaken (Marks of dissent). The great question was, whether in a case of malignant disease like that detailed by Mr. Syme, the operation could be performed with any hope of permanent success.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 23rd ult., viz.:—

Abbey, Walter, Wellingborough, Northamptonshire.
Aikins, Moses Henry, Toronto.
Bawbart, James, Humberstone-road, Leicester.
Bird, Curtis J. Red River Settlement, Hudson's Bay.
Fitzpatrick, Bernard, Clones, co. Monaghan, Ireland.
Gasquet, Joseph R. Westbourne-grove North, Bayswater.
Heath, William Ravenscraft, Manchester.
Hellicar, Charles Joseph, Clifton, Bristol.
Hewett, Thomas, Tipperary.
Horn, William, Shoreham, Sussex.
Ingle, Robert Nicholas, Melbourne, Derby.
Lackerstein, Henry Mark, Calcutta.
Marr, James, Tynemouth, Northumberland.
Metcalfe, Robert, Epsom.
Rogers, Joseph, Hanover-square.

Appointment.—Mr. James Ford, late of the Hospital for Consumption, Brompton, has been elected Resident Medical Officer at the North Devon Infirmary.

DEATHS.

Brownfield.—On Sept. 7, on his voyage to Moncton Bay, John Hayden Brownfield, Superintendent of the Government Emigration ship *Alfred*, aged 33.

Cowan.—On Nov. 7, at Peshawur, Thomas Cowan, M.D., Surgeon of H.M.'s 94th Regiment.

Lever.—On the 29th ult., J. C. W. Lever, M.D., of Southwark, M.R.C.S. Eng., 1834; M.D. Giessen; M.R.C.P., 1842.

Noble.—On the 26th December, at Kendal, Westmorland, James Noble, Esq., M.R.C.S. Eng., and L.S.A., 1818; Certif. Surg. under the Factories Act; Surgeon to Kendal House of Correction, etc. Aged 63.

Lithotomy in Australia.—We are happy to see by a Melbourne paper just received that Mr. Gilbee has had twelve successful cases of lithotomy at the Melbourne Hospital Hospital. He has adopted the mesial method of Mr. Lloyd, described in this journal in August, 1853.

A recent visitor to the Military Hospital of Madrid, tells us, that there is accumulated there materials sufficient to dress the wounds of 12,000 or 14,000 wounded individuals, whatever the nature of their injuries. This incredible quantity of apparatus, of machines, instruments of every kind, as well as bandages and charpie, have been amassed under the careful supervision of the Professors attached to the establishment, and especially by Dr. Santiago Rodriguez.—*Gazette des Hôpitaux.*

Salts in the Blood.—M. Robin has been experimenting on this subject, and he finds, that the proportion of salts in the blood during life varies in a notable manner; that it is augmented particularly when alkaline salts are administered for some time in doses which do not cause a purgative action; that in such doses, when they pass into the circulation without exciting purging or vomiting, those of the salts which are alkaline, neuter or slightly basic, are incapable of absorbing oxygen, act as if by diminishing combustion—they make the circulation slower, lessen animal heat, and, according to the dose, are calming and asthenic.

M. Flouren's Nœud Vital.—On this point M. Flourens gives the Academy some fresh details. From these it would seem that the *nœud vital* (that is to say, the portion of the medulla oblongata comprised between the foramen cœcum above, and the point of junction of the posterior pyramids below,) is double, being formed of two lateral parts, either of which may supply the place of the other. In fact, one of these halves may be completely isolated, and yet life remain. For the destruction of life both halves must be divided, and each for an extent of 2¼ millimetres. Some physiologists having taken the V of grey substance for the vital point, M. Flourens desires to rectify the error: he asserts that this grey substance has no part in the *nœud vital*, and may be removed without injury to the animal.

The Fatality of Diseases.—No disease kills half as many of us as consumption; only about half as many die of age. Two diseases together kill about half as many as consumption does, viz. convulsions and pneumonia. In 1855 consumption was especially fatal, and for this year bronchitis was more than half as fatal. But in this year the whole mortality was less than in 1854, there being then an excess of 19,000 deaths from cholera. In 1855 again influenza doubled its usual number of victims. Scarlatina during the three years 1854, 1855, and 1856, was becoming less fatal; typhus was slowly but certainly on the decrease. Deaths from intemperance were also rather rapidly diminishing. In 1856 there was a decided increase of deaths from poison. In 1855 and 1856 there was precisely the same number of deaths from hanging and suffocation. Bronchitis, pneumonia, and consumption kill about 100,000 every year in England and Wales, being quarter of the entire mortality from upwards of 100 other causes. The decrease of deaths from typhus, scarlatina, and drunkenness, proves that the philanthropist has not laboured in vain.

Observations with the Ozonometer in the French Camp in the Crimea.—Marshal Vaillant has just presented to the Académie des Sciences some account by Dr. Berigny

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of the ozonometrical and meteorological observations made in the Crimea, by order of the Minister of War. The general results were:—1. The deeper the ozonometrical papers were rendered by exposure to the free air, the greater were the number of admissions into the two ambulances under observation, No. 1 being situated at head-quarters at Sebastopol, and No. 2 at the southern extremity of the plateau at Inkermann. 2. At observatory No. 1, the less ozone there was observed the greater were the number of the deaths; while at observatory No. 2, the ozone and the deaths increased in the same proportion. 3. An examination of the relations between the temperature, the admissions, and the deaths, show that the curves always follow an inverse direction, *i.e.* that the higher the elevation of the temperature, the fewer were the number of admissions and deaths in each ambulance.

USE OF SANITARY SCIENCE.—In the three past years there has been a steady decrease of deaths in England and Wales. In 1854 London was more fatal to life than the country generally; but it has since been so improved, that its mortality in the last of the three years has been less than that of the country in the two previous years, being very nearly level with the average of all England and Wales. The country advanced from 1 death in 43 to 1 in 49, and London from 1 in 34 to 1 in 46—something like the saving of 1 person in every 100. "There can be no doubt," adds the journalist, "that this steady improvement in the general health of the people is due most especially to the successful exertions of the men who have been urging, against every obstacle, the main principles of sanitary reform; who have got rid of town burial-grounds, multiplied windows, analysed poisonous victuals, poured down the ears of the multitude their little streams of knowledge about drains, sewers, and good water, and taught thousands to live in accordance with the laws by which men's bodies are governed."

THE PRIZES AT THE ACADÉMIE DE MÉDICINE.—The annual meeting of the Académie took place on the 14th December, and after an opening lecture by M. Devergie on "Transitory Homicidal Insanity," the President, M. Laugier, announced the decisions on the prize essays. 1. The Academy prize for 1858 (on the applications of the microscope) which had been adjourned from 1856, in the absence of suitable memoirs (one only being sent in), is again postponed for the same reason. 2. The Portal prize, on the pathology of ovarian cysts, has been adjudged to M. Bauchet. 3. The Capuron prize on the death of the infant during labour, has not been adjudged, the ten essays sent in not being deemed worthy of it. 4. The Civrieux prize, on the differences between neuralgia and neuritis, only called forth one competitor, and he has proved insufficient. 5. The Itard triennial prize for the best work or memoir on practical medicine as applied to therapeutics, that has stood the test of at least two years' publication, has been adjudged to M. Duchenne, for his work on "Electrisation localisée;" there were fourteen works sent in, and a smaller prize was also given to M. Foucart, as author of the next best work, viz. his "Traité de la suette miliaire." 6. The Barbier prize for the cure of diseases usually regarded as incurable, has not been adjudged; but sums of money, as "encouragements," have been awarded to M. Boinet for his "Iodothérapie," and to M. Liegard, of Caen, for a work on practical medicine. 7. The celebrated Argenteuil prize for the greatest improvement in the treatment of stricture of the urethra, or other diseases of the urinary organs, during the period 1850-6, and which is 12,000 francs in value, produced twenty-five memoirs. None of the improvements indicated therein seemed to call for the entire prize, and the Academy has decided upon dividing it as follows:—As "rewards," 4000 francs to M. Mercier, 3000 to M. Gaillard, of Poitiers, and 2000 to M. Desormeaux. As "encouragements," 1000 francs to M. Marquez, of Colmar; 1000 to Dr. Arnott, of London; and 1000 to M. Charrière, the surgical instrument maker. The prizes proposed by the Academy for competition in 1859 and 1860 are as follow:—1. The Academy prize of 1000 francs for 1859, "The Therapeutical action of the Perchloride of Iron;" for 1860, "What are the means of preventing the accidents which may arise from the employment of Ether or Chloroform, and what are the means of remedying such accidents?" 2. The Portal prize of 1000 francs for 1859, "The Pathological Anatomy of Internal Strangulations;" for 1860 (600 francs), "The vascular obstructions of or sanguineous concretions obstructing the circulatory system of the lungs." 3. The Capuron prize of 1000 francs for 1859, "Retroversion of the uterus during gestation;" for 1860 two subjects, namely, "Puerperal Paralysis," and "the Physiological and Therapeutical action of mineral waters." 4. The Civrieux prize for 1859, of 1500 francs, "Nervous affections due to the Syphilitic diathesis;" for 1860 (2000 francs), "the Influence of chloroanæmia on nervous super-excitement, considered in the double relation of diagnosis and treatment." 5. The Barbier prize of 2500 francs for 1859 and 1860, for "the discovery of the cure of diseases usually reputed incurable, as hydrophobia, cancer, epilepsy, scrofula, typhus, cholera, etc." 6. The Amussat prize of 1000 francs for 1859 to the author of the most important work on "Surgical Therapeutics, based upon anatomy and experience." 7. The Lefèvre prize of 1500 francs for 1860, "The diagnosis and treatment of melancholia." 8. The Orfila prize of 2000 francs, "Poisonous mushrooms considered in a chemical, physiological, pathological, and especially in a toxicological point of view." The memoirs sent in must be written in Latin or French, and must be delivered at the Academy by the 1st of March of the respective years.

MEDICAL ASSISTANTS' RIGHT TO RECOVER.—Marylebone County Court.—Before J. L. Adolphus, Esq.—*Harper v. Lannacroft.*—This action was one of some interest to the Medical Profession and to patients, and from what was stated by the defendant's advocate, the majority of Medical men in Tyburnia consider it to be rather unprofessional practice on the part of the plaintiff. The case was heard at a previous sitting of the Court, but it being intimated a *rule nisi* would be applied for, it was considered advisable to defer the report until the matter was finally disposed of. Mr. Harper said, I claim £9 10s. of the defendant for medicines, except one item. By Mr. Keene: "I live at 30, Cambridge-street, Hyde-park. I attended the members of defendant's family in 1856 and 1857. I was and an assistant to Mr. Baker Brown, who practises at 17, Connaught-square. I have also at my residence an open Surgery. I am duly qualified to practise. I am paid by salary by Mr. Brown. My salary is £600 a-year. Mr. Brown has nothing to do with medicines sent out from my Surgery. Mr. Brown writes prescriptions for his patients, but it is not his practice to send them to my Surgery to make up unless the patients wish it. The medicines I now charge for were from Mr. Brown's prescriptions, and defendant sent them to me to make up. The defendant's wife died under Mr. Brown's treatment. When I made up the prescriptions I was in the receipt of a salary. As assistant to Mr. Brown I attended the defendant's wife, and prescribed myself for her frequently. I refuse to say if Mr. Brown has been a bankrupt several times. I believe Mr. Brown has been paid his bill." Mr. Keene, in an address of some warmth, characterised the claim as unprecedented, and which, he was instructed, no other Medical men but Mr. Brown and his assistant would have had the modesty to make. His client was a die-sinker in Warwick-street, Regent-street, and after his wife died, Mr. Baker Brown sent in his bill of £147 19s. After his client had discharged this large amount, the assistant, finding the patient to bleed pretty freely—(laughter)—thought there was a chance to put on another leech, and so sent in his precious claim. (Loud laughter.) When his client sent the prescription to Mr. Harper's surgery, he thought it was to Mr. Brown's place, and had no idea he would have to pay two Medical men. It was a new trick in the Profession, and he urged, that as Mr. Harper was servant to Mr. Brown, and Mr. Brown had been paid his very heavy bill, the assistant could not in law recover, setting aside the equity of the case. Mr. Lannacroft said Mr. Brown introduced Mr. Harper as his assistant, saying it would not be convenient for himself to attend, and Mr. Harper came mostly. He sent the prescriptions to Mr. Harper by Mr. Brown's directions. Upon receipt of Mr. Brown's heavy bill, he applied for particulars, and for items, but Mr. Brown said it would be unprofessional to give any. (Laughter.) After he paid Mr. Brown's bill, Mr. Harper sent in his account, and requested immediate payment. He (witness) had consulted Medical men of high standing, and they had informed him that it was against the practice of the Medical profession for both principal and assistant to charge for the same patient, and they had advised him to resist the claim. He had also been informed by

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Medical gentlemen of the highest repute and in extensive practice, that Mr. Brown's bill was exorbitant. The Judge said he had nothing before him to prove that the plaintiff's claim was against the practice of the Medical profession; and Mr. Keene had used some very strong language against the plaintiff which he had not brought evidence to justify. Verdict for plaintiff, with costs. Mr. Keene said his client only came to him at the last moment, or he would have convinced the court from the evidence of the highest men in the Profession, and that the plaintiff, as an assistant, had no claim, and that steps would be taken to set aside the verdict.

TO CORRESPONDENTS.

Medical Times and Gazette.

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Another Recent Trial.—We should be sorry to interfere in this case. It appears to us to be one in which Mercy may temper Justice.

A ten years' Subscriber.—If in practice as a Physician in the United Kingdom, the Council have the power of admitting you to register.

Mr. Mayes.—Mr. Fergusson is to be proposed as President of the Pathological Society at the next meeting on January 4.

A.H.—Mucilage may be kept moist by mixing a little glycerine with it. So may mustard. This is worth remembering by those who like their mustard at table to be always fresh and moist.

Mr. Strong had better consult some respectable Practitioner. He would be more likely to do himself harm than good by reading any one of the many books written upon the disease.

Mr. Mehan.—The extract from the advertisement in the *Derry Journal* is a gross fabrication. No recommendation of any patent medicine ever appeared in this Journal.

Mr. Roberts—The memorial sent to the Senate of the University of London, a counterpart to the resolution against the election of Dr. Storrar, has been signed by seventy-seven graduates. The names include men of great distinction, certainly not the "unknown section" of the University.

General Practitioner.—It is difficult to frame an unobjectionable formula for the administration of Phosphorus. It may be dissolved in ether or chloroform, and given in drops; but these solvents evaporate, and the solution becomes unequal in strength. Nor do they mix well with water. One per cent. of phosphorus dissolves in olive oil, and a dose of this phosphuretted oil may be mixed with mucilage and syrup, and given in some aromatic water, but it is still very nauseous. Would not the dilute phosphoric acid answer the purpose of our Correspondent? This is very pleasant given with syrup and water; or the biphosphate of iron, with or without phosphoric acid; or the phosphate of zinc, with the phosphoric acid, might be tried. The amorphous phosphorus is quite inert.

LARGE AND SMALL COMMITTEES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I shall be obliged if you will inform me what has been found to be the most generally successful number for the Managing Committee of Medical Societies or Institutions. I am engaged in the formation of such an institution, and my friends feel great doubt as to whether our council should be a large or small one.

I am, &c.

Dec. 27, 1858. J. H. JONES.

[It is said that the best working committee is one of three members, two of whom never attend.—ED.]

THE MORAL LAW.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—There was one paragraph in Dr. Figg's letter inserted a few weeks ago on the subject of Turning in Natural Labour, which does not appear to me to have attracted the attention it deserved; viz. in which he recommends the Practitioner, if he breaks the child's arm, to tell an untruth for the purpose of concealing it. Letters have appeared from some of the leading obstetricians of the metropolis, repudiating the Midwifery *Practice* proposed; but I regret to say that I have not noticed one line of animadversion upon the proposed breach of the moral law. To tell an untruth is considered by all honourable men, an unworthy thing—to tell it for the purpose of your own advantage, by the majority, a dishonest one. But such an unblushing proposal as that contained in Dr. Figg's paper, I never recollect to have seen and should never wish to be unnoticed. I have waited long in the hope that some abler pen than my own would take up the question; but as they have not done so, I would at least enter protest against such a line of conduct being considered my usual, justifiable, or even politic, as I believe that "Honesty is the best policy" after all. With many apologies for thus occupying your valuable columns,

I am, &c.

Dec. 21, 1858. VERITAS.

P.S. I can only hope that Dr. Figg, in the hurry of composing his paper, did not sufficiently consider the meaning which his words as they at present stand convey.

[Veritas has clearly overlooked several comments on Dr. Figg's morality.—ED.]

ON THE TREATMENT OF MALIGNANT SORE-THROAT.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—From the great number of fatal cases that are almost daily taking place from this disease, I presume that the treatment recommended in a very able paper, published in this Journal on May 29 last, by Dr. Thomas Heslop, physician to the Queen's Hospital, Birmingham, has not received the attention it ought to have done.

I think there is very little doubt that had his plan of treatment been more generally practised we should not hear of so many fatal cases from this pestilent disorder. The treatment consists in administering every second or third hour the muriated tincture of iron with dilute hydrochloric acid in a little syrup and water, in doses according to the age of the patient. The application of the diluted hydrochloric acid to the affected parts of the fauces once or twice a-day according to the severity of the case; and the frequent use of a gargle, made with a weaker solution of the same acid, also sustaining the strength of the patient with beef-tea and wine at frequent intervals. I have had a considerable number of cases under my care, and only one fatal case. In that patient the disease was far advanced before I was called in, and death took place the next day. As far as my experience goes, I can bear testimony that the treatment recommended by Dr. Heslop is by far the best and most successful for malignant sore-throat.

I am, &c. GEORGE HOTHER.

Burgess-hill, Sussex.

COMMUNICATIONS have been received from—

Dr. SIMPSON; Dr. ALFRED TAYLOR; Dr. RAMSBOTHAM; Dr. RIGBY; Dr. PRIESTLEY; Dr. PARKES; Dr. SCOTT ALISON; Dr. SOLTAU; Mr. WILLIAMS, Norwich; Dr. LEARED; Mr. BRAITHWAITE; Dr. DAVIES, Hertford; Dr. PAGAN; Mr. BOWDEN; Mr. E. LACY; Mr. J. LIDDERDALE; Mr. BUCKTON; Dr. MAHOOD; Mr. W. FEW; Mr. E. METCALFE; Mr. MACKERETH; Dr. WALLER LEWIS; Dr. SCHOLEFIELD; Dr. A. WILSON; Mr. LOBB; Mr. LUMSDEN; Mr. MEHAN; Mr. SMYTH; Mr. BRIGHT; Mr. PEARSON; Ms. SUTCLIFFE; Mr. HOREAU; REGISTRAR GENERAL; Mr. HAMMOND; Mr. FLETCHER; Mr. METFORD; Mr. FORD; Mr. DAVIES.

APPOINTMENTS FOR THE WEEK.

January 1. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. Professor Faraday "On Metalline Properties."

3. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

EPIDEMIOLOGICAL SOCIETY, 8 p.m. "On Cholera." By H. Cameron, Esq.

4. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL INSTITUTION, 3 p.m. Professor Faraday "On Metalline Properties."

PATHOLOGICAL SOCIETY, 8 p.m. General Meeting for Election of Officers.

5. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

6. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

ROYAL INSTITUTION, 3 p.m. Professor Faraday "On Metalline Properties."

KING'S COLLEGE MEDICAL SOCIETY. Clinical Meeting.

HARVEIAN SOCIETY OF LONDON, 8 p.m. Anniversary and Election of Officers.

7. Friday.

Operations, Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8 p.m. Council Meeting.

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture II.—On Vesico-Vaginal Fistula.

Gentlemen,—Before explaining to you the details of the operation for the cure of vesico-vaginal fistula, allow me to observe that you must choose a bright, clear day for it, and have the patient placed well exposed to the light. It is an operation for a sunny summer, rather than for a bleak November day, as you must have abundance of light sent along the speculum to enable you to guide your knife and needles correctly and safely. When operating on a patient some days ago, the light was sometimes so obscured by heavy passing clouds, that I was obliged at times to desist; and particularly if one of these clouds came athwart the sky after the needle had been passed, I found it quite impossible to introduce the wire into the eye until the cloud had cleared away. Then you will require three or four assistants. One is always necessary to hold the speculum *in situ*, to keep aside one of the labia pudendi, when required, with the finger or with a bent copper spatula, and be ready to hold aside some of the ends of the wires. Another will, if requisite, keep aside the other labium, and catch the ends of wires on his side; a third takes charge of instruments and sponges; and the fourth attends to the exhibition of chloroform, provided the patient is placed under its influence. The mere amount of pain endured by the patient is perhaps less than in most surgical operations, as the walls of the vesico-vaginal septum are far less sensitive than you would *à priori* imagine.

In what position will you place your patient? Formerly we were generally advised to have her placed on her back, as in the position for lithotomy. Wützer turned his patients upon the belly. Dr. Sims has effected an important improvement in teaching us to place the patient either on her elbows and knees, or simply on her left side, and to introduce a duck-bill speculum, resembling the one I now show you, with which the rectum is pulled upwards, and a flood of light thrown on the exposed fistula. The instrument I hold in my hand is one slightly modified by Dr. Bozeman, from the original pattern of Dr. Sims; and a very good and serviceable speculum it is for this operation. But it always seems to me that it might be improved by being made self-adjusting and self-supporting by means of a spring or screw, as we might then dispense with the services of an assistant, for whom it is a very irksome task to hold this heavy implement so long and so steadily in the required position.

Fig. 1.

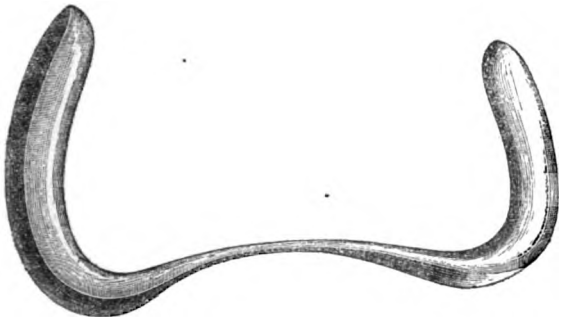

Fig. 1.—The speculum used in operating on vesico-vaginal fistulæ, with blades at either end of different sizes (quarter-size).

Having thus arranged for the position of the patient, and the exposure of the fistula, you have now to consider what instruments you are likely to require. Taking the after-treatment into consideration as part of the operation (as, indeed, it is essential to its successful issue), you will find the proceedings divisible into five stages, in each of which a particular instrument or set of instruments comes into requisition.

1. The edges have to be pared.
2. Stitches have to be introduced.
3. The raw surfaces have to be brought into apposition.
4. The threads have to be fixed or tied, and the lips of the wound kept firmly together.
5. A proper catheter must be chosen and adjusted, and an appropriate and careful after-treatment has to be pursued.

1.—Paring the Edge of the Fistula.

For denuding the margins of the fistula, you require to catch up the middle point of the edge of the lower lip of the fistula, with a long-shafted tenaculum (fig. 2), or with artery forceps, or with a small volsellum, and then the cutting is effected either with knives or scissors, or both. Sims and Bozeman use both—the scissors being employed by the latter to pare the upper border of the fistula, or to remove any small portions of mucous membrane that may chance to have been left. I find that I can succeed best with knives alone for this and for all the other purposes in which cutting is required in the operation. You may either employ the two knives of Mr. Baker Brown, the blades of which are set at an angle to the shaft, with the cutting edge of the one turned to the right, and the other to the left side (figs. 4 and 5); or you may use a straight spear-shaped knife (fig. 3), which will serve alone all your objects. In performing this part of the operation, you must be careful to have the edges bevelled off to a considerable distance from the vesical margin, so as to leave as large a surface for adhesion as possible; and to effect this with greater certainty, you will do well to enter the point of your knife into the vaginal mucous membrane at some distance from the fistula; then transfix with your knife the edge of the fistula to the extent you intend to remove it,

Fig. 2. Fig. 3. Fig. 4. Fig. 5.

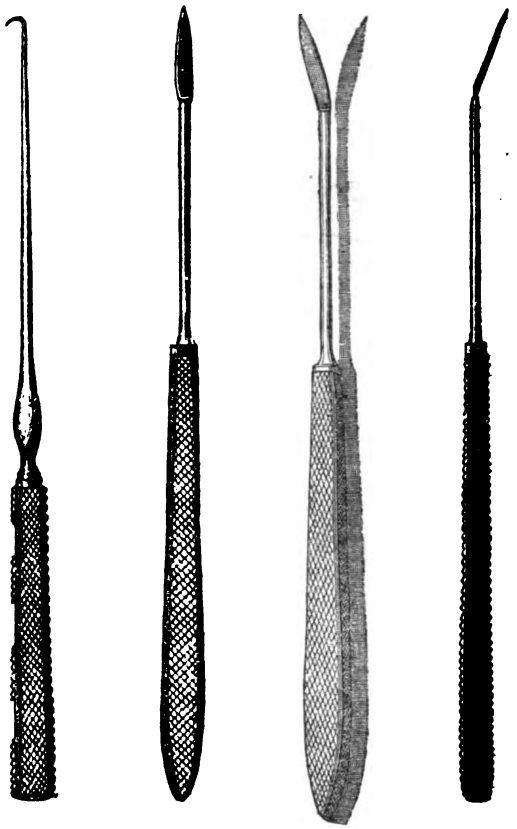

Fig. 2.—The tenaculum or sharp hook used for catching up the edge of the mucous membrane of the vagina around the fistula (half-size).
Fig. 3.—Straight knife used for paring the edges of fistulæ (half-size).
Fig. 4.—Bent knife used for paring the edges of fistulæ (half-size).
Fig. 5.—Lateral view of the same (bent) knife to show the angle at which it, the blade, is bent (half-size).

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and bringing it out at the vesical border, carry it right and left fairly round the opening, so as, if possible, to bring out a complete circle of tissue. Do this part of the operation cautiously and carefully, and I would beg to add slowly, in order that you may do it thoroughly and well. In this way you can make sure of leaving a raw surface all around the opening, and this is absolutely essential to the success of the whole operation, seeing that the least bit of mucous membrane left would prevent the much desired union by the first intention. I have here a very ingenious knife invented by Dr. Heywood Thompson, of Aigburth, furnished with a blunt protecting blade in the manner of the razors used by insane persons, and intended to prevent the knife from cutting too deeply. Naegele seems to have thought of a similar knife for the same purpose.

In certain cases Jobert, after paring the edges, dissects the cervix uteri from the bladder, close up to the peritoneum, with the object of allowing the edges of the fistula afterwards to keep better in apposition; but this proceeding seems both very unnecessary and very dangerous, and serves, perhaps, in some degree to account for the mortality of the operation which has happened from his mode of operating.

You will require a pair of long artery-forceps to seize and twist any small vessel that may bleed very profusely; or you may have ice provided to stop any hæmorrhage that occurs; but usually time and exposure to the air, or the temporary introduction and pressure of a sponge in the vagina suffices. And now you may allow your patient to rest for a little to see that all the necessary apparatus is prepared for.

2. The Introduction of the Stitches.

Till lately this has been found to be the most difficult part of the operation, and that which demanded the greatest expenditure of time, when metallic sutures were used. For the fact is, that metallic threads cannot be inserted easily into the lips of any wounds with common surgical needles. If the angle of the metallic thread passing through the eye of the needle become bent or twisted, or even displaced, the thread will not readily follow the needle. To overcome this difficulty, Drs. Sims and Bozeman have been in the habit of first passing needles armed with silk threads, to the ends of which the metallic threads were subsequently attached and so pulled through. In this way they passed always a double set of threads, first a set of silk threads, and then a set of metal threads. For passing the needle, Dr. Bozeman, like Wutzer, Jobert, and others, has invented an ingenious porte-aiguille, while Sims uses a simple notched pair of forceps, which answers the purpose admirably well. In my

Fig. 6.

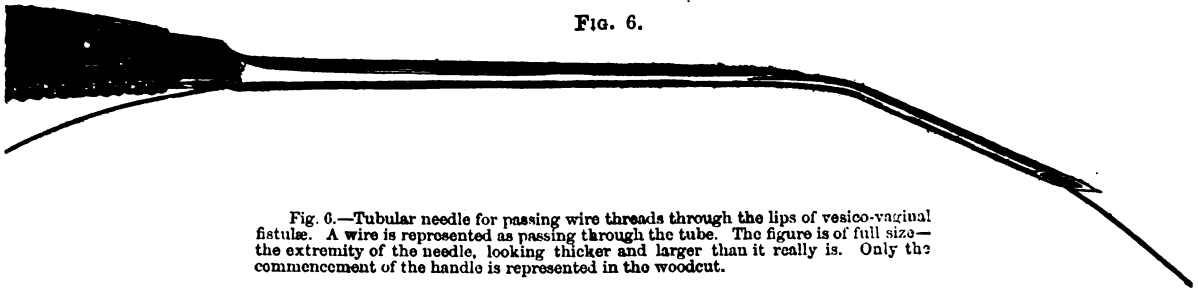
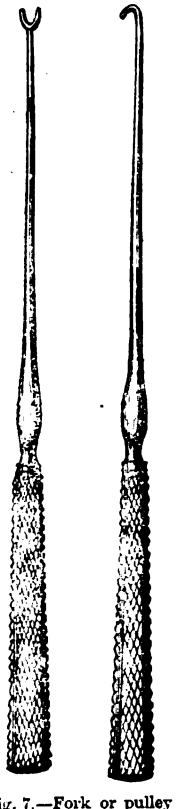


Fig. 6.—Tubular needle for passing wire threads through the lips of vesico-vaginal fistulæ. A wire is represented as passing through the tube. The figure is of full size—the extremity of the needle, looking thicker and larger than it really is. Only the commencement of the handle is represented in the woodcut.

Fig. 7. Fig. 8.



first cases I followed out the same plan for introducing the stitches, viz. silk first, and afterwards iron threads; but having found it exceedingly cumbersome and tedious, I had recourse to a long needle in a fixed handle bent towards the point at an angle and distance corresponding to the bend and length of the blade of the knives I have shown you. This I first passed through the two edges of the opening; and then having introduced the end of an iron thread into the eye, I withdrew the needle, and in this way brought the thread backwards through the fistulous margins. The introduction of the stitches was thus so far simplified, and the time spent in the previous passing of silk threads was saved; but still there remained the difficulty of passing the iron thread into the eye of a needle situated in a deep and rather dark cavity. This final difficulty was got over in the yesterday's operation by the use of the hollow needle which I here show you (fig. 6). The immediate idea for the construction of this instrument was derived from the description which my friend, Mr. Startin, of London, wrote me a few days ago of a curved needle which he is getting made. The needle which I have had made for vesico-vaginal fistula, is formed of a simple tube fitted into a metallic groove, to which the handle is fixed; one orifice is close to the point, the other is near the handle. The wire is pushed a little way into the latter of these orifices, and afterwards when the needle has been passed through the margins of the wounds, it is pushed right through, and seized with a pair of long dressing forceps. The needle being then withdrawn, the iron thread is left in its place, and may be pulled through as far as is required. In pulling it through you may make use of a fork or director (fig. 7), invented by

Fig. 7.—Fork or pulley used in drawing through the wires to prevent them from cutting the vaginal mucous membrane above the wound (half-size).

Fig. 8.—Blunt hook for directing the point of the needle (half-size).

Fig. 9.

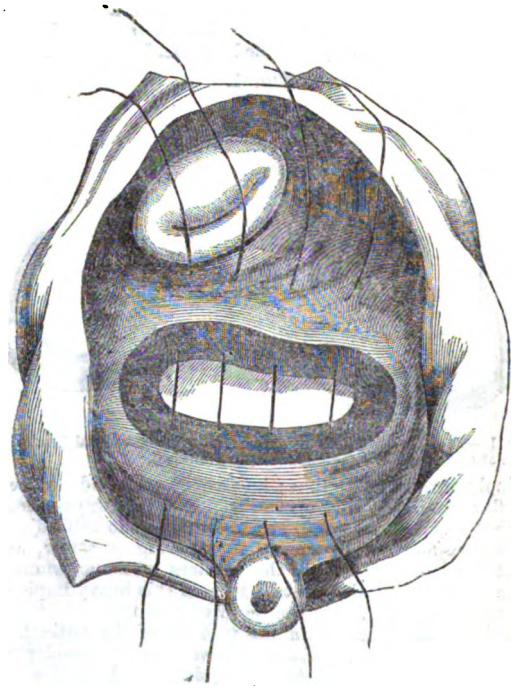


Fig. 9.—View of the anterior wall of the vagina, with the os uteri above and the orificium urethræ below; and showing a fistula with the edges pared, and the stitches passed. (Modified from a figure by Sims.)

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Dr. Bozeman, to prevent the wire from cutting the mucous membrane. The only other instrument required in this stage of the operation is a blunt hook (fig. 8), which is used to fix and support the parts through which the eye of the needle is to pass; or rather the points from which it has to emerge. In this respect you will find it of great use; and the hooked extremity holds forward, and steadies the end of the needle after it has protruded, until you have secured and pulled forward the wire. If the thread is thus drawn through sufficiently before the needle is retracted, you have no need of Dr. Bozeman's "fork." Let me make one observation more, and that a most important observation, regarding the breadth and depth of the stitches which you introduce. I have advised you to pare the edges of the fistula fully and freely; I now beg to advise you further to bring together its pared edges with stitches that will hold strongly and steadily. Enter your needle below, and make it emerge above, nearly half an inch on either side of the fistulous opening (see fig. 9), where the distance of the entrance and exit of the threads from the edges of the fistula is represented perhaps as too narrow. When the iron threads are at last pulled together, this distance will appear greatly diminished. And pass your needle down near to the mucous membrane of the bladder, or down near to the vesical side of the wound, without however allowing it to perforate through the vesical-mucous membrane itself. If it does happen to pass either thus too deep, or not deep enough, withdraw it and reintroduce it properly. It is a thousand times better to do this and other steps of the operation well, than to do them quickly.

3. Coaptation of the edges of the Fistula or Wound.

Dr. Bozeman recommends the edges of the wound to be brought closely together by passing the ends of each pair of threads through the perforation of this, his "suture-adjustor" (fig. 10), and sliding the adjustor along them down to the wound, when by pulling tightly on the extremities of the sutures the raw surfaces may be brought into apposition. The stiffness of the wire suture prevents the re-opening which would ensue on the removal of the adjustor from the elasticity of the tissues, if sutures of silk or hemp were employed. But perhaps the best form of "adjustor" consists of your own fingers, applied to the wires passed through the lower lip of the wound. For if you merely pull tight each separate pair of threads, and then the whole together, and press up below the lower layer of them the inferior lip of the fistula so as to press it against the upper, you will usually get the lips into more perfect apposition than by other means. In this and the next part of the operation, as the ends of the different wires are liable to become entangled with each other, you will require to be provided with a sort of rake or small steel rod, bent near the point at a right angle, with which you will be enabled to separate the extremities of the several stitches. To facilitate the apposition and adaptation of the lips of the wound, Dieffenbach proposed to make incisions through the mucous membrane at short distances on either side; but these, I believe, will rarely, if ever, be found necessary.

Fig. 10.

Fig. 10.—Bozeman's suture-adjustor. The long figure gives a face view of the instrument, the short figure gives a lateral view of its extremity (half-size).

4. The Securing of the Threads and the Consolidation of the Parts.

After the margins of the fistula have been pared, the stitches properly introduced, and the raw surfaces brought fairly into apposition, the next point is to tie and fix the threads in such a manner as to favour a speedy union, and provide against the reformation of the fistula. It is in the manner in which this object is sought to be attained that we find at present the chief differences in the modes of operating pursued by the various Surgeons and Accoucheurs who have lately been giving their attention to this subject.

Dr. Sims now contents himself with introducing a series of simple silver sutures, inserted closely together, and fixed by being twisted at the extremity. He adjusts the edges by pulling the ends of the wires with a pair of forceps steadily through a sort of adjustor held in the left hand, and afterwards used as a fulcrum of support whilst the wire is twisted by making a rotatory motion with the forceps, as shown in Fig. 11. But it

Fig. 11.

Figure 11 shows the manner in which Sims adjusts and fixes the silver sutures (after Sims.)

is a grave objection to this plan of procedure, especially in large fistulæ, that it makes no provision against the movements which are produced in the surrounding parts and lips of the fistula by the spasmodic workings of the muscular wall of the bladder, and of which we have an evidence in the frequent twistings and occasional expulsion of the catheter. The simple twisted wire stitches offer no check to this muscular action, and afford little or no support to the yielding margins of the wound either transversely or longitudinally; and the consequence is that the urine is liable to be allowed to pass into the wound at some temporarily gaping point, and thus prevents adhesion.

As it is essential to the success of the operation that this spasmodic action of the bladder be restrained, or its effect at the seat of the wound counteracted, one or two important additions have been made to the simple suture. Dr. Sims used at one time what he called a "clamp-suture," the essential part of which consisted of two longitudinal metallic bars to be placed on each side of the wound, and with perforations in each corresponding to the number of stitches introduced. Through these the ends of the threads were fixed by means of split shot, compressed tightly upon them. The ulceration produced by the pressure of the clamps has induced him, however, to lay them aside, and to use solely, as I have said, the simple metallic sutures, as was done several years before, by his countryman Dr. Mettauer.

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An important improvement was effected by Dr. Bozeman in the introduction of what he has called the "button-suture." The "button" or shield consists of an oval piece of flexible lead, rendered concave on the surface which is to lie next the wound, and perforated along the ridge with a row of holes corresponding to the number of stitches used. The ends of the threads having been brought through these holes, the button is pushed down along them and adapted to the part by

FIG. 12.

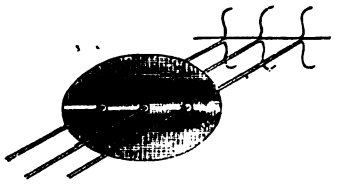

Fig. 12.—Bozeman's "button" as it is being passed along the threads down to the wound (from Bozeman.)

FIG. 13.

Fig. 13. — Bozeman's "button-suture" finally applied and fixed with perforated shot (from Bozeman.)

means of a special instrument—the "button-adjustor." A small perforated "crotchet" or pellet of lead is then passed over the ends of each suture, and afterwards pushed down close to the button, and tightly compressed by means of a pair of strong forceps—the so-called "crotchet adjustor." By this excellent and original contrivance the parts are settled and consolidated in one direction, at least; for all motion is prevented longitudinally, or lengthways in the direction of the wound; but it may still be produced crosswise, or transversely to the course of the wound, as you may satisfy yourselves by handling this piece of soft leather on which Bozeman's suture-apparatus has been fixed. I operated on one patient according to this plan, but the operation did not succeed, and I should not be inclined to repeat it. I used five stitches in this case, and the failure was due, I believe, to the circumstance that in attempting to adjust and compress the third or middle "crotchet," I accidentally crushed it obliquely, so that it was not accurately fitted to the corresponding perforation in the "button." I observed this at the time; but as I could not remedy it without removing three of the stitches and introducing others in their place, I thought it better to finish the operation and trust to the other four sutures keeping the edges sufficiently in apposition. On the second day, however, urine began to escape through the wound, and when the apparatus was removed on the tenth day, a small opening was left at the site of the central thread. This unfortunate result was, perhaps, owing to my own awkwardness; but where the consequences of a slight mistake are so important, it would be well to simplify as much as possible the plan of the operation, and so obviate more effectually all risk of failure. On the next occasion where I had an opportunity of operating for vesico-vaginal fistula, I was under rather unfavourable circumstances—in the country, and with imperfect instruments—so that I had not the means of applying the button according to Bozeman's method. I therefore made two parallel rows of holes along the leaden plate, and bringing the respective ends of each suture through opposite perforations, I simply tied them across the intervening ridge or bar. No doubt tying or twisting the threads in this way is simpler and easier, and less complex, than fixing them with a leaden shot. In this case the patient had had the fistula for twenty nine years; but now she can retain and make her water as comfortably and freely as she ever did in her younger days. In removing the button on the tenth day after the operation, however, it struck me that it had very nearly proved unsuccessful from the amount of transverse motion that had been going on, and that had prevented the edges of the button from constantly resting on the surface of the vagina.

To consolidate the lips of the fistula and surrounding parts, therefore, still more, and to keep them perfectly at rest in all directions, I have used an iron-wire splint, (such as the one already shown you) in the last three cases in which I have operated for vesico-vaginal fistula. It is made by twisting with the fingers 10 to 15 strands of the iron thread into a cord, the ends of which are then doubled over each other and plaited round into the form of a circle. This is very light and flexible, and may be compressed into an ovoid or other shape, according to the necessities of the case. A sharp-pointed instrument or borer is used for passing among the wires to make a corresponding number of openings along each side to admit the ends of the several sutures.

FIG. 14.

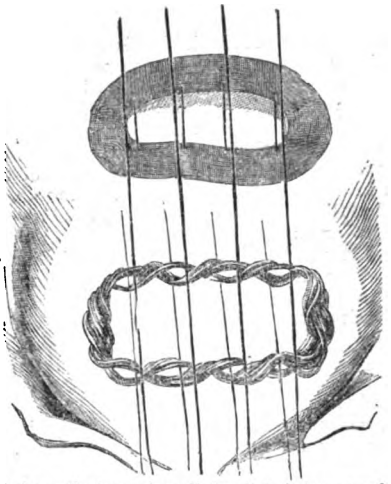

Figure 14 shows the iron-wire splint as it is being passed along the threads down to the pared wound. A fistula of this size would require more stitches than are represented in the woodcut.

Those coming from the lower margin of the wound may be first passed, in their order, through the perforations on one side of the splint, and then those from the upper margin through the respective opposing holes on the other side. With the fingers or a pair of dressing forceps the splint may now be passed down to the wound and there carefully and accurately adjusted, and adapted. An instrument, of which the original idea was derived from my late assistant, Dr. Coghill (see figs. 15 and 16), and which consists essentially of two extremely short and very fine tubes fixed on the end of a steel rod, is then used for finally tightening and fixing the sutures. One end of a wire having been brought through one of the small tubes of this twister, and the other end through the other, the instrument is pushed down close to the lower bar of the splint; and then both ends of the suture having been drawn quite tight, so as to make the splint compress and consolidate the parts, a turn of the twister suffices to fix them there. To make sure you may give a turn or two more, and then clip through the threads close to the point of the twister with a pair of stout sharp scissors. If the fistula is low down, you may, as I have once or twice done, tie the threads with the fingers, by a common double surgical knot. The open wire splint allows you to see all that is going on while adjusting the wires and fixing them, and afterwards it keeps the parts around the wound firm and motionless in every direction. In fact, when this splint is used, and properly fixed, all the lips of the fistula or wound included within the circle of the splint are held, as it were, in a consolidated state, and the included portion of vesico-vaginal septum can neither be moved longitudinally nor transversely. It solidifies, if I may so speak, for the time being, that portion of the mobile vesico-vaginal septum, and thus promotes greatly the chances of union. A portion of fine wire-cloth or gauze, of the same shape, and strengthened

FIG. 15.

Fig. 15.—The instrument for adjusting and twisting the ends of the wires after the splint has been applied (half-size).

FIG. 16.

Fig. 16.—The end of the same instrument represented of full size, and as in the act of twisting the wire passed through its two terminal eyes.

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by having its margin turned in and doubled, will fulfil the same important indication, and can be made also readily into a splint of Dr. Bozeman's button form, but much lighter than lead.

Fig. 17.

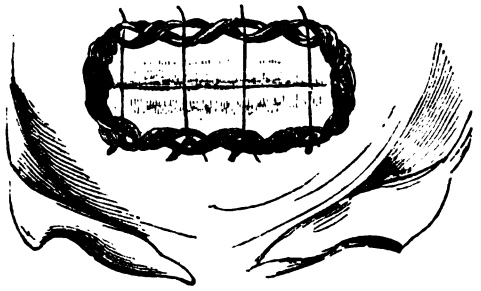

Fig. 17 shows the iron-wire splint finally adjusted and the ends of the stitches twisted and secured across the lower bar of the splint.

5. The After-Treatment.

When the operation has been thus far completed, the case still demands an amount of careful attention and treatment which is as important as the performance of the operation itself.

Immediately after the operation, and before the patient has been removed from the table, the water which may have been accumulating in the bladder is to be drawn off, and means must be taken to prevent its re-accumulation in any degree during the whole period that the apparatus is allowed to remain. The collection of the smallest quantity of water would have a distending action on the bladder, and would tend to separate the lips of the wound, between and into which the urine would immediately pass, and lead to disastrous consequences. To avert these, the short sigmoid catheter—made of some flexible metal, with a quadruple row of holes at the inner, and a runlet or gutter at the outer extremity, of a thickness suited to the peculiar case, and of just sufficient length to allow the gutter to project beyond the labia—is to be at once introduced into the bladder, and left there to drain away the constantly secreted urine. It must, particularly at first, be looked at every ten or fifteen minutes in order to see that the water is dropping freely from it; and whenever the flow is seen to be checked, and is not restored by passing a probe along the tube, it must be taken out and cleaned. It ought, moreover, to be taken out and thoroughly cleaned twice a-day. The vagina has to be very gently washed out with some tepid water two or three times daily.

On the eighth, ninth, or tenth day, the splint may be removed. This is easily effected by clipping through with a pair of sharp-pointed scissors the stitches just below the twist and close upon the lower side of the splint, which is thus loosened, and may be now removed by being cautiously lifted upwards, taking great care in doing so not to stretch and tear open again the lips of the closed fistula. When simple stitches are used without any button or splint, in the manner now recommended by Dr. Sims, great care is needed to cut through the wire in the loop, as represented in fig. 18, for each suture is usually sunk deep into the tissues, and if the projecting twisted portion be removed, the part that remains will get more imbedded, and its removal will be rendered more difficult.

The patient must still wear the catheter for a day or two, and afterwards be habituated gradually to retain the water first for an hour, then for two hours, and then for any longer period; and you will be astonished to find how soon the bladder seems to regain its normal size and capacity.

A most important feature in the after-treatment is the constant administration of such doses of opium or morphia as shall suffice to keep the patient fully under the influence of the drug. It fulfils the three imperative indications of subduing the movements of the bladder, of locking up the bowels, and of enabling the patient to maintain for a long period the supine position which would otherwise soon become intolerable. From two to eight grains or more of opium may be given in the course of the twenty-four hours; and the success which attends the use of the agent in this case leads one to wonder that it is not adopted by Surgeons in the after-treatment of all capital operations. It does not interfere in any degree with the healing process, but dispels the

Fig. 18.

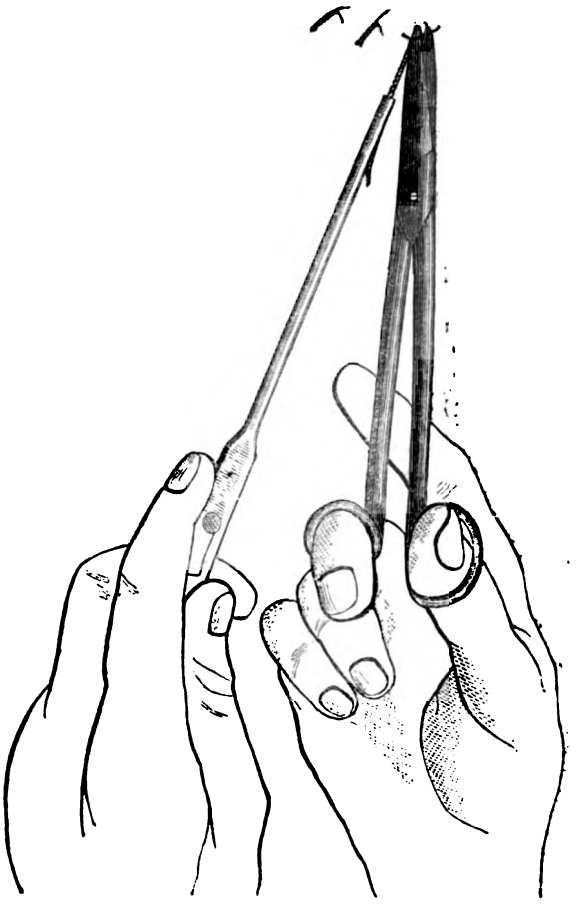

Fig. 18 shows the manner in which Sims removes his single silver sutures. (After Sims.)

ennui which the sufferer, deprived of all power of action and all source of enjoyment, must always feel; and would make him forget to brood over his aches and miseries; and fill his mind instead with cheerful thoughts and bright anticipations.

There are, I believe, almost no cases of vesico-vaginal fistula which you will not succeed in curing in one, two, or more operations, by adopting such a procedure as that which I have just explained to you, and that procedure will, no doubt, betimes come to be simplified and improved. This is truly an astonishing degree of success to have attained in the treatment of an ailment, which till lately was looked upon so hopelessly; and if you inquire into the cause of the advance so rapidly made, I believe you will find it, as I have already said, to be owing mainly to the use of the metallic sutures. Dr. Sims, indeed, to whom, as you know, is due the merit of resuscitating this improvement at the present time, has declared the application of silver sutures to the cure of vesico-vaginal fistulæ and other wounds to be the greatest triumph of Surgery in the present century, and has pronounced all such discoveries as the use of anæsthetics to be but frivolous in comparison! Dr. Sims further modified and improved the operation as far as regards the position of the patient, and the use of the catheter afterwards; and he and others have claimed for America and American obstetricians and surgeons, nearly all the honour of the success which attends the performance of the operation. But in the *Lancet* of November 29, 1834, you will find an account of an operation performed and recorded by Mr. Gossett, formerly Surgeon to Newgate, London, and who, I believe, is now dead, resembling in almost every detail the operation as now carried out by Dr. Sims. The fistula resulted from an operation undertaken for the removal of a vesical calculus; and the case has been always

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overlooked, probably from the circumstance that it is entered in the index as a case of "calculus in the bladder." I take the liberty of reading to you, from page 346 of Vol. I. of the *Lancet* for 1834-35, Mr. Gossett's description of the proceeding which he adopted to cure his patient of vesico-vaginal fistula by the "gilt wire suture." "Having placed her on a firm table of convenient height, covered with a folded blanket, and resting on her elbows and knees, the external parts being separated as much as possible by a couple of assistants, so as to bring the fistula, which was immediately above the neck of the bladder, into view, I seized the upper part of the thickened edge of the bladder, which surrounded the opening, with a hook, and proceeded with a spear-shaped knife to remove an elliptical portion, which included the whole of the callous lip surrounding the fistula, the long axis of the ellipsis being transversely. This was readily effected; but, in consequence of the very contracted state of the parts, the next steps of the operation were with difficulty executed; and I should not have succeeded in passing the sutures, had I not used needles very much curved, and a needle-holder which I could disengage at pleasure, the needles being withdrawn with a pair of dissecting forceps after the holder was removed. In this way three sutures were passed; and afterwards, by twisting the wire, the incised edges were brought into contact, and retained in complete apposition until they had firmly united. One of the sutures was removed at the end of nine days, the second at the end of twelve days, and the third was allowed to remain until three weeks had elapsed, before it was withdrawn. After the operation she was put to bed, and desired to lie on her face, an elastic gum catheter, having a bladder secured to its extremity for the reception of the urine, being introduced and retained by means of tapes. She had not the slightest discharge of urine through the vagina after the operation, which has completely succeeded in restoring the healthy function of the parts." Here you have the position, the wire sutures, the mode of introducing the sutures, the mode of fixing them, and the after-treatment,—in short, the whole operation in all its details, successfully carried out in England more than twenty years ago in the very same way in which it has lately been proposed to carry it out in America. And it is quite clear, from what follows, that Gossett was perfectly well aware of the advantages which sutures of wire possessed over those of thread. "The advantages of the gilt-wire suture," says he, "are these: It excites but little irritation, and does not appear to induce ulceration with the same rapidity as silk, or any other material with which I am acquainted; indeed, it has scarcely any effect of the kind, except when the parts brought together are put much upon the stretch; you can, therefore, keep the edges of a wound in close contact for an indefinite length of time, by which the chance of union is greatly increased. I have used it now in very many operations, as after extirpation of the breast, tumours of various kinds, and for bringing the lips together after the removal of a cancerous growth, in all of which cases it answered extremely well. In the larger operations above mentioned, I do not, however, particularly recommend it, as there is more difficulty in applying it than the common suture. It is in minute and delicate operations, such as hare-lip, staphyloraphia, and for the closure of fistulous openings, where success mainly depends upon a speedy union of the parts, that the advantages of the gilt-wire suture are most manifest." This is certainly a most extraordinary foreatalling of all that is now being done and said in the matter of metallic sutures.

To give you an idea of the pride, the just pride, with which our American brethren talk of their achievements in this department of Obstetric Surgery, let me read to you, in conclusion, what Dr Francis, the learned and respected father of medicine in New York, has publicly said with regard to vesico-vaginal fistula, and the application of silver sutures for its cure by Dr. Sims. "Prior to the discovery, Surgery could do nothing for this formidable class of affections. In Germany, Dieffenbach, Jaeger, Wutzer, and others, had exhausted all their resources in vain. Prolific Germany seems, in this instance, to have been barren. In France, Desault, Dupuytren, Lallemand; and more recently, Jobert, Vidal, and their contemporaries, had been equally unsuccessful, although Jobert claims a success that has never been demonstrated; and I fear that this eminent man, like the late Lisfranc, had scarcely that devotion to practical results which the written annals of Medical science demand from all who give publicity to their cogitations and the issues of their practice. In England, their greatest men, their Coopers, their Abernethys, their Lawrences, their Guthries, could do nothing. Nor have I learned that there has emanated from that practical school of Medical and Surgical learning, which sheds so much glory over Ireland, a single practical idea that can be truly said to have favoured this improvement;" and then he goes on to speak of the shortcomings of Scotland, and in terms too flattering for me to read here, he speaks of myself, as if in this matter I represented Scotland; averring that here, too, nothing had been done to promote the cure of vesico-vaginal fistula. But, perhaps, Dr. Francis may be induced to recall this observation when he comes to know the advantages which the iron thread sutures, the hollow needle, and the splint of wire present in facilitating the performance of the operation, and in ensuring for it a successful result.

ORIGINAL COMMUNICATIONS.

CASE OF
COMPLETE DISORGANISATION OF BOTH SUPRA-RENAL CAPSULES,
WITHOUT DISCOLORATION OF THE SKIN.

By NORRIS F. DAVEY, M.R.C.S.

On the 30th of December, 1857, I was requested by my friend, Mr. Clarkson, of Romford, to assist him in the post-mortem examination of a young woman who died under somewhat suspicious circumstances. The examination was made by order of the coroner.

As the result of the inspection is particularly interesting in connexion with the case of "Pigment Deposit in the Skin," narrated by Dr. Parkes in your last number, I send it for insertion.

R. A. aged 18½ years, a servant-girl, reputed to be healthy, was confined Dec. 22, 1857, of a child at the full period, and died rather unexpectedly two days afterwards.

Sectio Cadaveris, Dec. 30.—Body fat, of uniform marble whiteness; no putrefaction. Legs œdematous. Three-quarters of an-inch of subcutaneous fat. *Thorax.*—Four ounces of serum in pericardium. Heart enlarged, pale, fatty degeneration of muscular substance. Both ventricles dilated and hypertrophied, the left very much so; both full of fibrinous clots. Valves healthy. Auricles: right dilated; left natural. Pleural cavities containing each about a pint of serum. Lungs pale, collapsed, grey; posterior lobes infiltrated with serum, otherwise healthy. Abdomen containing three or four pints of serum. Omentum, etc. very fat. Stomach quite healthy. Liver enlarged, pale; its convexity indented by the enlarged heart, fatty, containing much serum. Small intestines and colon healthy. Pancreas and spleen natural. Kidneys: left much enlarged, fatty; right less so. *Supra-renal Capsules.*—Left: large, dark grey in colour externally; no trace of natural structure on section; its contents consisted wholly of dark reddish-brown soft matter, mixed with yellowish cheesy masses. Right: very small, pink, semi-transparent, and gelatinous in appearance, both without and within. They were preserved for microscopic examination. Uterus pale, firm, natural in appearance on section; point of attachment of placenta seen at fundus. Ovaries and bladder healthy. Head not examined.

Upon examining the supra-renal capsules under the microscope with a good ¼, and also with a Ross's ⅛, I could find no trace of the normal cell structure, the left consisting of dark amorphous matter mixed with abundant oil globules; the right almost entirely of fatty matter.

Dr. Parkes's case proves distinctly that there may be very great bronzing of the skin without any disease of the capsules; the present case proves that there may be complete destruction of the capsules, and yet the skin remain of marble whiteness: it must therefore be conceded that the remarkable coincidence of darkened skin and diseased capsules discovered by Dr. Addison, though very frequent, is not necessary.

Romford.

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TWO CASES OF

RADICAL CURE OF HERNIA.

By EDWARD LISTER, M.R.C.S. and L.A.C.
Surgeon to the West Derby Hospital.

John Welsh, aged 56, dock labourer, was admitted under my care into the West Derby Union Hospital on the 18th September, suffering under diseased liver and jaundice, from which affection he had suffered for a period of eighteen months. He has gradually improved, although at the present time, October 25, there are some traces left of his former malady.

He has an oblique inguinal hernia of the right side of eight years' standing, and states that falling into a ship's hold was the cause of the tumour which he noticed about four weeks after the accident. He has always worn a truss; but for the last two years the rupture has increased in size, and it has given him a great deal of inconvenience and pain; also prevented his being engaged in any laborious occupation, the truss being insufficient to retain the hernia in the abdomen when reduced.

The external abdominal ring was relaxed, and the inguinal canal very much shortened from approximation of the inguinal openings, so much so that it was at first very much doubted whether the hernia was oblique or direct.

The operation was performed for the radical cure on the 28th October by Wütrzer's method, according to the description given by Mr. Spencer Wells in Vol. xxxvii. *Med.-Chir. Transactions*, and Rothmund's instrument being used of the medium size.

October 29.—There is a slight blush of redness around the exit of the needle; has had neuralgic pain in the testicle and spermatic cord; bowels confined. Ordered Ol. Ricini et haust. opii. h.s. There was no urgent symptom demanding the administration of an opiate.

30th.—Has had some pain during the night, but limited in extent to half an inch round the exit of the needle. I find the patient sitting upon the edge of the bed, as that position gives him most relief. The pain has somewhat diminished in the testicle and spermatic cord. No discharge perceptible from the wound of the needle. Ordered haust. opii. This was given on account of his irritable and restless disposition.

31st.—Feels very comfortable; increased tenderness and redness around the exit of the needle; also tumefaction of the scrotum; complaining of the instrument being tight, which I attribute to the needle being too short; bowels confined; ordered Ol. ricini.

November 2.—I find the needle has slipped in consequence of being much too short, thereby requiring reapplication of the instrument with a longer needle; the swelling is greater around the puncture than has been observed in former cases by my friend, Mr. R. Jones, of the Workhouse Hospital.

3rd.—Increased swelling, and more diffused inflammation around the puncture with some small amount of discharge; but the patient does not complain of any serious pain: constitutional disturbance very slight.

4th.—Feels himself very comfortable; increased discharge from the exit of the needle; no exudation from the plug, in consequence of which I applied a small quantity of emp. lyttæ, with a small spatula, into the duplicature of the scrotum.

7th.—Copious discharge from the puncture, as well as from the parts surrounding the plug; swelling still continues around the needle; does not complain of any pains. The bowels have a strong tendency to be confined, which are ordered to be regulated when necessary.

8th.—Remove the instrument, and find by gentle traction the adhesions to be strong; the slough was about half an inch in diameter. A linseed poultice was ordered, and a T bandage to support the scrotum and testicle.

16th.—The slough has separated a day or two, and the granulations are healthy—the discharge at the same time being very copious.

28th.—Granulations almost healed, and discharge very small.

Since the operation was done he feels perfectly comfortable, and there does not appear the slightest disposition to a return of the hernia. He has always suffered more or less from a chronic cough, which caused the hernia to descend even when a strong truss was applied: supination or flexion of the body produced the same effects.

During the last few days the cough has been very troublesome. He was ordered ipecac. c morphia ter die. He states that in the place of the hernia descending he feels a kind of jerk at the point where it formerly used to come down; and the only inconvenience which he experiences is that of being kept in the recumbent position for such a long time.

I was rather reluctant to perform an operation, however trifling in its nature, on an individual so far advanced in years and possessing comparatively inferior physical and reparative powers. However, my apprehensions were dispelled by seeing the success of other cases safely operated upon under more unfavourable circumstances at the Liverpool Workhouse Hospital. The consequences generally attending this operation have been greatly exaggerated, and are at variance with the result of sixteen cases which I have had the opportunity of witnessing both at the Liverpool Workhouse Hospital and that of West Derby.

I have not seen the slightest indication of danger or peritonitis in a single case. Some anomalous symptoms might easily be misinterpreted by a superficial examination: for instance, abdominal tenderness might, and has been, referred to peritoneal inflammation, even in the absence of any positive symptoms of peritonitis. Such a misconstruction of the concomitant symptoms has been a great drawback to the more general adoption of the Radical Cure.

Wm. Allen, aged 49, labourer, was admitted into the West Derby Hospital on the 19th August, 1858, suffering from chronic bronchitis. He has a bubonocele of the right side of twenty-four years' standing, which was caused by over-exertion in lifting a bar of pig iron. He has frequently suffered great inconvenience and pain when attempting to use great physical force. The hernia always remained quite reducible, but would descend on assuming the erect posture or lying on the right side. He was wishful to have an operation performed for a radical cure.

The same proceeding was adopted as in the former case.

15th.—Cannot say that he has suffered any pain or inconvenience except of a very trifling nature. There is a slight discharge from the point of the exit of the needle, as well as from the plug. A circumscribed blush of inflammation is well defined around the needle, and of very limited extent. The tumefaction in this case is not so much as it was in the former one.

18th.—Increased discharge from the exit of the needle with a strong tendency to slough, which is about half an inch in diameter: the greater size of the slough is owing to the skin of this patient being of much more delicate structure than was the case in the last patient; also the pressure exerted on this part by the plate was greater than in the cases I had previously seen. The discharge from the involuted scrotum diminished, in consequence of which I thought it necessary to introduce a little emp. lyttæ. As in the former case, it was requisite to pay strict attention to the bowels: keep them in a free condition, and avoid constipation, as it is very liable to follow indolence in patients accustomed to active exertion.

Discontinue the instrumental treatment, which was maintained for ten days; the discharge from the puncture appears earlier than is generally the case, in consequence of the delicate skin of this patient.

When suffering from cough, the bubonocele used to protrude very much, so much so that he was frequently afraid it would come down into the scrotum.

The patient has never worn a truss; he does not feel the same symptoms when the cough comes on, as he formerly did; he can only compare it to a slight pressure against the aperture where the hernia formerly protruded.

The after-treatment consisted, as in the former case, of linseed poultice, suspensary T bandage, and perfect rest. The time requisite for perfect organisation and identification of the plug with the adjacent parts will be proportionate to the age and condition of the patients. The removal of the instrument before the adhesions were sufficiently organised has been the cause of relapse in some senile cases; and, as Mr. Richard

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Jones observes in his paper in the *Medical Times*, "if the upper plate is relaxed there is no danger in prolonging the instrumental treatment even to sixteen days."

There are several points in the performance of this simple operation which require great consideration.

1. The needles in present use appear to be much too short, and are apt to slip, as occurred in the case of Welsh. They should be at least six inches long.

2. The bowels should be strictly attended to, and kept regularly and freely open, so as to do away with all physical force.

3. The instrument should not be withdrawn at an earlier period than eight days, and not later than fourteen days; and the time should be proportionate to the age and condition of the patient, and other incidental circumstances; the older the patient the longer should be the time of instrumental treatment.

4. The greatest care should be observed in getting the instrument within the external abdominal ring before transfixing the needle; and when it is properly adapted, it will require some pressure to prevent it slipping above the tendon of the external oblique.

5. To get the intestines completely out of the way of the needle.

6. To keep the patient in the recumbent position, so as to allow of the least possible motion.

7. If no discharge of epithelium, fat, or serum appears from the invaginated scrotum within five to seven days, it will be necessary to introduce some preparation of cantharides, as the emp. or acet. lyttæ.

I may here mention that I think the instrument might be made of much lighter material than that in present use—as light wood (the plug being made of different sizes), malacca, or bamboo cane: or metallic cylinders, with a central tube for the needle.

13, Low Hill, Liverpool.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL ANALYSIS OF 186 LITHOTOMY OPERATIONS.

In the subjoined analysis, all the cases of lithotomy are included which occurred between January, 1854, and July, 1857, at the following Hospitals, viz.:—

Addenbrooke's (Cambridge), the Bristol General, the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Glasgow Royal, the Gloucester, the Hull, the Leeds, the Leicester General, the Liverpool Royal, the Liverpool Southern and Toxteth, the Queen's, Birmingham, the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the Sussex County (Brighton), the West Norfolk and Lynn (Lynn), the York County.

During the three years and a-half over which our statistical Reports extended, 186 cases of lithotomy were recorded as occurring in the different metropolitan Hospitals. It thus appears that an average of 40 patients a-year are operated on for stone in the bladder, or in other terms, not quite one a week. This number, seeing that our list comprises thirteen Hospitals, several of them large ones, is certainly smaller than might have been expected. The modern practice of crushing has no doubt rendered this number somewhat smaller than it would otherwise have been; but that it has not greatly diminished it, we shall have to show in a subsequent analysis of the lithotrity operations performed during the same period.

Of the 186 cases, 146 resulted in recovery, and 40 ended in death. Of the whole number, 137 were under the age of 20, and of these 123 recovered and only 14 died; while of the 49 in which the patients were adults, we find but 23 recovered, and no fewer than 26 died. These figures show in a very strong light the influence of the age of the patient upon the prospects of a lithotomy operation. We shall now proceed to exhibit the extent of this influence in greater detail, and then to examine as to the several causes of the fatality of this operation, and their relative importance.

Influence of the Patient's Age on the Prospect of Recovery.

In the subjoined table the cases have been classified according to the patient's age:—

Age.	No.	Recovered.	Died.	Per Cent. of Deaths.			
1	1	1	0	0			
2	8	7	1	12·5	1 in 8		
3	24	20	4	16·6		Under 10 years of age.	8 deaths in 109 cases, or 1 in every 13·6.
4	15	15	0	0			
5 to 8	43	40	3	7	1 in 14		
8 to 10	18	18	0	0			
10 to 15	21	15	6	28·5	1 in 3·5	Between 10 and 25 years of age.	7 deaths in 36, or 19·4 per cent. or 1 in every 5.
15 to 20	7	7	0	0			
20 to 25	8	7	1	12·5	1 in 8		
25 to 30	3	2	1	33·3	1 in 3		
30 to 35	3	1	2	66·6	2 in 3	Between 25 and 45.	4 deaths in 8, or 50 per cent. or 1 in every 2.
35 to 40	2	1	1	50·0	1 in 2		
40 to 45	0	0	0	0			
45 to 50	3	1	2	66·6	2 in 3		
50 to 55	5	3	2	40·	1 in 2·5	Between 45 and 60.	9 deaths in 17, or 52·8 per cent. or more than half.
55 to 60	9	4	5	55·5	1 in 1·8		
60 to 65	7	1	6	85·6	6 in 7		
65 to 70	7	3	4	57·0	4 in 7	Between 60 and 75	12 deaths in 16, or 75 per cent. or 3 in every 4.
70 to 75	1	0	1	100·			
75 to 80	1	0	1	100·			
Total ..	186	146	40				

Thus it would appear that between the ages of 8 and 10 is the period in which the lowest death-rate after lithotomy prevails. Of 18 operations performed on patients between these ages all resulted in recovery. If we group together all between 5 and 10 we shall have 61 cases, out of which only 1 in 20 ended fatally. Children under the age of 5 appear to bear the operation not so well as those a little older, since of 48 operations 1 case in 9 ended in death. If we pass by the fact that no death appears to have occurred out of the 7 cases between the ages of 15 and 20 as probably (on account of the smallness of the number) a coincidence, we may allege that amongst adults the rate of mortality rises with the age of the patient. Of those under 10 only 1 death in 13·6 cases occurred; in those between 10 and 25 the rate has risen to 1 in 5; in those between 25 and 45 it has reached 1 in 2; between 45 and 60, it is actually more than half; while subsequent to the age of 60 it attains the frightful proportion of 3 in every 4. There can be no doubt that this appalling mortality in patients of advanced age is in part produced by the fact that of late years the best subjects have been treated by lithotrity, and that, in the hands of many Surgeons, only those patients not considered to be in sufficiently good health to bear the latter have been submitted to lithotomy. Still we regret to know that this circumstance has but a very limited application, since lithotrity has been practised to a very small extent.

The explanation of the comparative freedom from risk in young patients, is to be found in the fact that disease of the kidneys is a very common concomitant of vesical calculus in grown-up persons, and a very rare one in children. The tables about to be adduced, exhibiting the cause of death at the several ages, will show that of all the various evil influences, renal disease is by far the most important. In the list of 14, however, in which death was referable to it, we find only 3 cases in which the patients were under 20, and only 1 in which the child was under 10. On the contrary, of the four who died of sthenic peritonitis, all were under 20, and 2 under 10. Peritonitis, hæmorrhage, and shock of the operation, rank as the chief causes of death in childhood.

Much importance has been attached by some writers to the weight of the stone as a means by which to estimate the risk incurred. The heavier the stone, the greater the danger. To Mr. Crosse, of Norwich, we owe a valuable collection of data on this point. Quoting Mr. Crosse's tables, Mr. Coulson, in his work on diseases of the bladder, actually goes so far as to assert—"The chance which a patient has for recovery can, therefore, be calculated beforehand, and, independent of every other consideration, from the ascertained dimensions and weight of the stone." The statistical fallacy here involved is transparent. Of course children have, as a general rule, much smaller calculi than adults; and, as we have seen above, they are, by very far, the best subjects for lithotomy. The cause of the freedom from risk in children is not, however, to be found in the fact that their calculi are

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lighter, which is little more than a coincidence; but in their usual freedom from renal disease. Of course no one will deny that the large size of a stone is a circumstance of some prejudice to a patient's prospects. A Surgeon would, however, commit an absurd error if he should imagine that a boy of ten, from whom he had removed a mulberry calculus weighing several ounces, had only an eighth part of the chance of recovery which was possessed by a man of sixty from a phosphatic one of not as many drachms in weight had been removed. In all probability the reverse estimate would be nearer the truth. The fallacy to which we have referred, viz. that difference in weight of the stone is, as a rule, coincident with difference in age of patient, appears to us to make any statistical calculations of weights quite valueless for purposes of prognosis. All that can be said is that of patients of equal age and similar degree of health, those who have large calculi have a somewhat worse chance of recovery than the others, and even this rule must be allowed to receive constant modifications, from consideration of the composition of the stone in each individual case. Leaving what we have to adduce, as to the influence of the previous health of the patient upon his chances of recovery after lithotomy to another part of the report, we will now pass to

Causes of Death after Lithotomy.

In the following list we have endeavoured to classify the cases according to the accident or lesion which appeared to have exerted the most efficient influence in bringing about the fatal event. In many cases, of course, more than one had been at work at the same time. Thus some cases in which the main lesion appeared to be disease of the kidneys had also inflammation of the bladder and of the pelvic cellular tissue; while in others, which died ultimately of some distinct visceral disease, hæmorrhage occurring during or after the operation, might be reasonably supposed to have diminished the patient's chance and predisposed him to the attack. The classification is therefore only an approximation to the truth, and must be so considered. Proceeding on this plan, we find that of the forty cases ending fatally, death was referred to

Renal disease	in	14 instances.
Hæmorrhage	,,	4 ,,
Pyæmia	,,	4 ,,
Peritonitis	,,	4 ,,
Shock of operation	,,	2 ,,
Extravasation of urine	,,	2 ,,
Abscesses about the bladder	,,	2 ,,
Wound of the fundus of the bladder by the knife	,,	2 ,,
Exhaustion	,,	1 ,,
Convulsions	,,	1 ,,
Cystitis	,,	1 ,,
Bronchitis	,,	1 ,,

In the remaining two cases we do not possess sufficient detail to allow of our assigning them to any class without risk of error.

Renal Disease as a Cause of Death.

In the following table we have arranged the fourteen cases in which disease of the kidneys was the lesion to which death was attributable:—

No. (a)	Age	State of Health.	Date of Death.	Remarks.
126	10	Delicate... ...	11th day	Stone weighed 2 dr. Both kidneys disorganised.
41	14	Bad...	11th day	Much bleeding; protracted operation; peritonitis.
81	14	Moderate ...	4th week	Abscesses in the right kidney.
12	21	Good	10th day	Stone large: acute inflammation of kidneys and ureters.
103	37	Bad...	3rd day	The subject of diabetes insipidus.
53	54	Very bad ...	6th day	
171	56	,,	2nd day	Stone large; he sank from the shock.
73	58	,,	15th day	Had suffered from stone for ten years.
140	59	Hopelessly ill	2nd day	Stone large; extensive disease of liver, kidneys, and bladder.
147	63	Bad...	6th day	Calculi in the kidney; acute inflammation.
109	64	Good	19th day	Two large phosphatic stones; abscess behind the bladder, as well as diseased kindeys.
66	68	Very bad ...	3rd day	Stricture of the urethra.
94	68	,,	4th day	He was paralytic; acute inflammation of bladder; cystic disease of both kidneys.
116	68	Feeble	12th day	Calculi in the kidney; small stone.

(a) The numbers given in this column refer to the registry of the cases in the writer's note-book, and are retained only for the convenience of reference.—J. H.

We have not included in the above list those cases in which acute disease of the kidneys appeared to be secondary to a general pyæmic state. In most of those included there was reason to believe that renal disease existed prior to the operation. It will be seen that in two instances the patient sank on the second day, no doubt directly from the shock of the operation, while in five others death occurred within a week. In two cases the operation was done at the patient's urgent request in the hope of mitigating his sufferings, but under circumstauces which almost precluded the hope of recovery.

Hæmorrhage as a Cause of Death.
(Five Cases.)

In the following five cases, so much blood was lost either at the time or afterwards, that it seemed fair to attribute the patients' ill progress to the debility induced.

No.	Age	State of Health.	Date of Death.	Remarks.
20	5	Good	8th day	Five or six attacks of secondary hæmorrhage.
41	14	Bad...	11th day	Free bleeding at the time, none afterwards.
157	26	Poor	6th day	Severe hæmorrhage on same day (venous).
4	45	Fair	40 hours	The bleeding was venous, and at the time. There was a growth of cancer in the bladder.
131	79	Good	7 days	Secondary hæmorrhage on the 3rd day.

In only the first and third of these was the fatal event directly and unmistakeably induced by the loss of blood. In the others the hæmorrhage acted rather as a predisponent. It is interesting here to remark that the two cases in which of all in our list most blood was lost, both recovered. In one of these there was little doubt that the internal pudic had been cut, and the hæmorrhage was most alarming. Case, number 41, is one in which the cause of death was very complicated. It has already been mentioned among the deaths from renal disease.

Pyæmia as a Cause of Death.
(Four Cases.)

No.	Age	State of Health.	Date of Death.	Remarks.
159	18	Delicate... ...	19th day	Diseased kidneys.
15	31	Very bad ...	8th day	
121	60	Very stout ...	6th day	
158	60	Good	2nd week	

Pyæmia has hitherto not been much considered as a cause of lithotomy fatality. There can be little doubt that it has prevailed of late years much more extensively than it formerly did. The four cases in the above group were examples of the disease in its typical form. The first we have already published in full detail: in it purulent depôts were found in several organs. In the second, a man in miserably ill health, worn out with suffering, had lithotomy performed at his own request, and died on the eighth day, having had rigors and other symptoms of pyæmia. The kidneys were found disorganised, there were small deposits in the apices of the lungs (tubercular?) and in one knee-joint was a collection of pus amounting to four ounces. The third is a very remarkable case, on account of the early period at which the disease set in. The patient, a man of 60, appeared in good health, but was very stout. The stone was a large one, but was got away without unusual difficulty. A severe rigor occurred within twenty-four hours of the operation, and pain was complained of in one shoulder-joint. Profuse sweatings, and an intermittent pulse soon followed, and he rapidly sank. At the autopsy both knees and both shoulder-joints contained pus; but the lungs, liver, and other internal viscera were healthy. In the fourth case purulent depôts had formed in the cellular tissue of both arms.

It is very possible that in certain other of the cases a dyscrasia closely allied to the pyæmic was connected with the cause of death. In those, for instance, in which acute disorganising inflammation of the kidneys was found, such a suspicion might fairly be entertained. We have preferred, however, only to include under this heading those cases in which the nature of the disease was well marked. As being

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the direct cause of death in one-tenth of the fatal cases, it is evident that pyæmia must henceforth assume an important positionin the rôle of dangers to be encountered in lithotomy practice.

It will be for additional observation to confirm or alter the impression; but we cannot help thinking that the occurrence of external suppurations, either in joints or cellular tissue, is more common when pyæmia follows operations on the bladder or urethra than when it is consequent on those in other parts. Also that deposits in the internal viscera are proportionately less frequent after the former. This impression is formed on the observation of several instances of fatal pyæmia after the external division of stricture, and after lithotomy, etc.

PELVIC SUPPURATION AS A CAUSE OF DEATH.
(Four Cases.)

No.	Age	State of Health.	Date of Death.	Remarks.
72	50	Fair...	1 month	Extensive suppuration between bladder and rectum.
117	61	Good	10 days	The stone weighed nearly four ounces.
109	64	,,	19th day	Inflammation of bladder and abscess behind it.
94	68	Very bad ...	5th day	Paralytic; stone small, but lodged in a pouch.

Of the above 4, two cases (94 and 109) are given also under the head of Renal disease, as in both, there was extensive disease of the kidneys, as well as abscesses about the bladder.

SHOCK OF THE OPERATION.
(Two Cases.)

In seven cases the patients died within forty-eight hours of the operation. In five out of these there were other ostensible lesions to which death was referred, so that in two only did it appear attributable to mere shock. In one of the latter the patient was a delicate boy, aged 3; the operator had withdrawn the staff before it had entered the bladder, and much difficulty had been encountered in completing the operation. There was no doubt but that in addition to the prolonged operation much more than the ordinary amount of injury was inflicted on the parts. The child sank and died on the third day. In the second case, a heavy corpulent man, aged 62, sank into low delirium soon after the operation, and so continued until the third day, when death occurred.

OTHER CAUSES OF DEATH.
(Eight Cases.)

The eight cases which yet remain to be accounted for may be classed as follow:—In two men, one aged 56 and the other 70, both in fair health, death appeared to result from extravasation of urine into the cellular tissue of the scrotum and perineum. In both the scrotum sloughed most extensively. In one of these death took place on the seventh, and in the other on the fourteenth day. It is not a little remarkable, the extravasation of urine, to which formerly a very large proportion of deaths after lithotomy used to be ascribed, should have come to be regarded as one of the least frequent sources of danger. In one other case (No. 90) a child, aged , previously in good health, died in convulsions, thirty-six hours after the operation. In another (No. 77) a child, of two years old, also in good health, sank within forty hours from acute bronchitis. This case was one of so much interest that we recorded it at the time in full detail. In one (No. 53) we ought perhaps scarcely to class the case as a lithotomy fatality, since the child had so far recovered, as to have been discharged from the hospital. It was that of a very delicate child, aged 3, admitted with a perineal abscess and fistula, communicating with the urethra. After the operation all did well, but at the time of discharge the wound was not quite healed. The child was re-admitted in a much exhausted state, and finally sank six weeks after the operation. In two cases death was directly referable to wound of the fundus of the bladder by the operator's knife. Both the patients in whom this accident happened were adults. In each extravasation of urine into the peritoneum of course followed. The last remaining case is one in which, in an elderly man with enlarged prostate, not only was the stone extracted, but the projecting middle-lobe of the prostate was cut away. Death from inflammation of the bladder followed three weeks afterwards.

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Medical Times & Gazette.

SATURDAY, JANUARY 8.

THE RELATION OF MEDICINE TO HOMŒOQUACKERY.

WE have again had occasion to call the attention of our readers to the subject of Homœoquackery, on account of proceedings which lately occurred at the Medical Society of Liverpool. A large majority of the members of that Society are desirous of ridding themselves and purging the Society of certain Practitioners of the Globulistic subtilty, and consequently attempted the passing of a law to exclude all such individuals *in esse* or *possente*. Their resolution, however, was not carried, though supported by a large majority, because two-thirds of the votes of the Meeting were requisite for its adoption. We have already freely expressed our opinion that the majority were perfectly right in their attempts to relieve themselves of the incubus in question; but our sentiments were of course not participated in by the minority, and one of them, Mr. Fletcher, remonstrated with us in a letter which we published. We endeavoured to allay some of his scruples; but only partially succeeded, for he still thinks us very unjust to the profession of Homœoquackery.

We are afraid that our Correspondent is not likely to be converted to our views on the subject of the relationship in which Medicine should stand to Homœoquackery. He argues, however, so calmly and conscientiously that we feel called upon to give his reasonings free scope, and the more so, as probably his sentiments on this subject may be the sentiments of many other honourable members of our Profession. We would gladly see the opinions of such men rectified; and shall therefore once again plainly state what seem to us the unanswerable arguments which prescribe for our guidance the course we have recommended, and the position which Medicine should occupy in the face of this Tragic Farce.

Our Correspondent seems to think that we are acting the part of persecutors in refusing to have any Professional intercourse with homœoquacks; but herein he manifestly lies under a complete misconception. It is not we who persecute the quack, it is the quack who persecutes us. The world is wide, and the majority of its occupants lovers of deception, and in this part of it, at least, those who please may fatten at pleasure in the fine pasture. We hinder no one in the doing of it; and most certainly from us the globulistic farce would never meet with opposition or reprobation, if it only kept itself free from our Profession; for experience has long ago taught us that argument and opposition only confirm the credulous in their credulity. It will come to us, and, spite of ourselves, will make us exclaim against it. Mr. Fletcher tells us that we ought to face this fallacy, like all other fallacies, and conjure it away by argument; but how can there be any arguing or fair reasoning with such a thing as this? The

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whole of it is one unadulterated lump of extreme credulity—unreasoning belief. Those who really believe in its truth, never got at the belief by any process of reasoning.] This is perfectly clear from the kind of stuff their belief deals with. To attempt to argue on Homœoquackery with one of its defenders, is about as hopeless a task as to attempt to fill a bucket with a hole in the bottom of it.

Besides, we surely are not bound to waste our time and patience by endeavouring to argue out of his delusions every silly honest creature who runs against us full butt with his vain imaginings. So long as they affect only himself, we may leave him to be the victim of his delusions. We are bound to interfere, however, when honest folks have to pay the penalty of them. Men are surely not to be called persecutors, because they refuse to entertain and discuss the *convictions* of deluded intelligence, when they know, from the very nature of such convictions, that all argument in such discussion is utterly useless. There have been individuals who have indulged during many a past age, and there are still individuals in the present age, who indulge in visions of perpetual motion, of the transmutation of metals, of the quadrature of the circle, of universal panacea, and such like; but these are innocent visions; they trouble only those who are their exponents. And in so far as Homœoquackery resembles these, we pass it by unnoticed—that is to say, we refuse to discuss its merits with its professors. Its doctrines are so ridiculous as to be utterly unworthy of discussion. But there is a marked distinction between the Hahnemannic and these other mild delusions. Homœoquackery, unless Medicine be a living falsehood, *is a practical injury to suffering humanity*. It deals with diseases to the positive detriment of those who are the subjects of them. So far then, from being persecutors, we are bound—especially bound as Medical men—to discourage by every means in our power the spread of this *malignant* delusion. But in our view, they manifestly neglect to perform this duty who consort, *as Medical men*, with those who are its Practitioners. What are the public—the victims of it—to think, when they see Medical men accepting it as a matter deserving of their discussion, and admitting into their body, as worthy sons and Practitioners of Medicine, those who are spreading what Medicine knows for certain to be a bane and injury to humanity? Let the Heads of our Profession shake hands with the Homœoquack over the bed of a patient, and farewell to honour and honesty in the practice of Medicine; it becomes nothing more than a dishonest trade, in exercising which men get money at any price.

When our Correspondent tells us that we ought to meet the Homœoquack with argument, instead of silence and refusal, surely he must be ignorant of the nature of the Hahnemannic doctrines. He would not, we are sure, call us illiberal if we refused to argue, in the negative, with a man who asserted that the moon was made of green cheese; but most assuredly—speaking in all seriousness—there is not one tittle less of absurdity in such a proposition, than in the fundamental principles (as they are called) of Herr Hahnemann. We certainly cannot *prove* that the moon is not a conglomerate of "lively" caseine, nor can we *prove* that the quadrillionth of a grain of oyster-shell may not produce some diabolic disturbance among the elementary constituents of the human body; but surely Mr. Fletcher should not call us bigots if we refuse to discuss the probabilities of such affirmations. The above comparison he may, perhaps, think ridiculous and unjust. If so, let him reflect on the following specimen of Hahnemannic teachings, and then tell us whether it be more hard of digestion than the other lunatic assertion concerning the moon's composition:—

"The 30th or last of these attenuations or dilutions is, according to Hahnemann, the most appropriate dose of every drug in every disease. For we have already found him strongly declaring: That it holds good, and will continue to hold good as a Homœopathic therapeutic maxim, not to be refuted by any experience in the world, that the best dose of the properly-selected remedy is *always* the very smallest one in one of the high dynamisations X (or 30 dilution) as well for chronic as acute diseases. Now this 30th dilution consists of a decillionth of a grain of the drug used; or, in other words, it consists of *a minute globule of sugar, moistened by being simply dipped in a drop out of an ocean of fluid one hundred and forty billions (or* 140,000,000,000,000*) times as large as our whole planetary system, and which enormous ocean has been medicated for the purposes of Homœopathy, by having dissolved and mixed through it one single grain of the appropriate drug.*" (Professor Simpson.) Now let Mr. Fletcher say candidly: are we "to meet to inquire and investigate" such stuff as this? Seriously, does he say that Medical men are "putting on the defensive armour of restrictive enactments" when they refuse to discuss, or to have any Professional dealings with men who propagate such abominable nonsense as this—who tell us that the nearer the dose of a drug is reduced to nothing the more effective it is?

Moreover, the united opinion of our Profession, as declared through all its authorised representatives, is clear enough on this point, and we think is at all events worthy of Mr. Fletcher's consideration. We assert that there is not a Medical College, Hall, University, or scientific society in the United Kingdom, which would permit the discussion of Hahnemannic doctrines in its presence; it would feel its intelligence insulted and degraded by such serious trifling. There is not a Medical Examining Board in the United Kingdom which would not, so far from condescending to discuss with him, instantly reject a candidate who professed these doctrines. Surely Mr. Fletcher will hesitate before he accuses all the illustrious members of our Profession, who represent us at those Boards, of being guilty of illiberality and bigotry for so doing. Their conduct in this matter should, we venture to suggest, lead him to reflect that there must be some fallacy in his own method of viewing it.

Whether Homœoquacks are or are not Medical men, is a question which of course can only be answered when the meaning of the term Medical man is satisfactorily settled. In our acceptation of the term a Homœoquack undoubtedly is not a Medical man, any more than he can continue to be a Christian who has quitted Christianity and embraced Islamism. We need not tell Mr. Fletcher what Medical Science is; he knows as well as we; and we will put it to him, whether there is one jot less of distinction between it and Homœoquackery, than between Christianity and Islamism.

Few, we trust, of our readers will agree in the doctrine, that a man does not either "*de jure* or *de facto* forfeit his membership of the body from which he obtained his degree, because he throws off his belief in the doctrines which his examiners held."

Homœoquackery brings with it no kind of claim to the tender consideration which Mr. Fletcher would give it. We again repeat the fact, that it stands on exactly the same level as all other quackeries. It has neither Colleges, Professors, nor vestige of an establishment. Not one single one of its practitioners has ever done (at least as Homœoquack) the smallest deed to raise a name for himself in the world of Science. Is there one of them known beyond the street in which he dwells? The thing has now had its thousands of cultivators, and its years of grace, but what have they done? and let Mr. Fletcher tell us, if it has not blighted the energies of every soul that has touched it. There is no compartment of Science in which the Sons of Medicine have not shone brightly as illustrations; but where is the follower of Hahnemann to be seen and admired? The doctrines he has adopted have benumbed his intellect; as ever happens to the propagator of the false and deceitful.

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One word more on the matter of the *honesty* of those who practise Homœoquackery. We admit that we have no right to impute motives; but we would be glad to hear how our Correspondent explains the fact—the undeniable fact—that none of these men discover their vocation for this business *until after they have taken their degrees.* Most certainly if any of them were converted to it beforehand they have obtained their degrees under false pretences. And we should be glad to hear how our Correspondent would deal with a not uncommon class of Practitioners—of course honest Practitioners—who offer to treat their patients either homœopathically or allopathically—would he argue liberally with them too, and endeavour to convince them of their errors? Would he also give them full credit for conscientious motives and an honest belief?

THE WEEK.

The following important note from the Registrar arrived too late for insertion last week:—

"Dr. Francis Hawkins would be greatly obliged if the Editor of the *Medical Times and Gazette* would have the kindness to make known that the number of applications for registration is now so exceedingly large, that some time must necessarily elapse before they can be acknowledged, and a much longer time before they can be examined and entered, and receipts returned.

"18, Bolton-street, December 29, 1858."

We trust that while there may be no unnecessary delay in acknowledging the receipt of money and applications, full time will be taken to examine the diplomas, or to compare the qualifications of all seeking to register with the certified tests of the licensing bodies, so that no attempt to impose upon the Registrar by any unqualified person may prove successful. Great good may be done by registration associations, or any legal practitioner, warning the Registrar of any probable attempt to register by unqualified persons.

We have again to thank the "Chemists and their Boys" for two more deaths in London this week. On Thursday last, a child 18 months old had administered to it first, two teaspoonfuls, and then one teaspoonful of syrup of poppies, and in an hour or so was dead. The mother, it appeared at the inquest, sent a little girl to the chemist for two-pennyworth of syrup of poppies; which was at once supplied without any caution given with it. Again, last week, a mother sent to the shop of Mr. Jones, a chemist, for a pennyworth of antimonial wine for her son, 9 years old, who was suffering from diarrhœa. A youth in the shop, contrary, it is said, to strict injunctions given him to serve no one in his master's absence, made up a bottle of the wine, as he thought, but in reality of colchicum wine. The child died next day, and the discovery was made of the mistake. In both cases the juries blamed the druggists. Surely there have been deaths enough to justify legislation on this subject. Our practical Government never proceeds except on "proofs;" but here are daily proofs; and there stands the grand Hecatomb of Bradford poisonings—a glaring proof, notwithstanding that the eye of presiding judicial wisdom saw in it, that the chemist took every precaution that a man could take; he saw this, and must have been the only person in the kingdom who saw it in this light.

Should not our naval authorities hold inquests on irregularly lost arms and legs? Surely there ought to be some explanation of an occurrence like the following. Men may be practised, one would think, at midnight gunnery without blowing off their own limbs. "On board the *Cæsar*, 91, on Wednesday, November 22nd, at eleven at night, there was a general 'call to quarters,' and a great crash of artillery, One poor fellow, Burrows, of Milton Abbott, near Tavistock, had his right hand shot off accidentally, and another lost his left hand. The maimed arms of both were amputated immediately." The cause of this accident is very simple. The captains of the guns will persist in using their thumbs instead of the vent plugs with which they are provided. We have seen many of these accidents, and this has been the invariable cause. Naval officers are not sufficiently strict in enforcing the use of the plugs at gunnery exercise.

An interesting correspondence has taken place in the *Times* between Dr. Mayo and Dr. Forbes Winslow, respecting the mental condition and proper treatment of individuals of the class to which James Atkinson, the murderer of Mary Scaife, belong. Dr. Mayo looks upon them as "brutes that can be influenced by motives, and can be restrained by fears." Now, it would be dangerous to public liberty if such individuals—with minds so constituted—were shut up in anticipation of their likelihood to commit murder; but yet the public must be protected against them, and Dr. Mayo considers, though they are mere brutes, that they have "the capacity of appreciating the risks attendant on crime, and thus of being influenced by fear of punishment"—in which important particular they differ from the insane; and that, consequently, they must suffer like other brutes the penalty of their crimes. "There is," he adds,

"I imagine, no doubt that he was not insane in that sense of the word in which he would have been consigned to a lunatic asylum previously to having qualified himself for such detention by a criminal act. The argument of Dr. Forbes Winslow would not, I imagine, have satisfied the Commissioners in Lunacy that vice, cruelty, intemperate passionateness, defective memory, feeble moral qualities, and limited intellect, inadequate notions of the nature of the Deity, even accompanied by a goitre, would warrant their depriving Atkinson of his liberty."

Dr. Winslow's views are very different. This question suggested by Dr. Mayo he readily answers. He, himself, put it to the Doctors at York, before the trial—

"'Is this a case,' he asked, 'supposing we had known James Atkinson's antecedents, but were ignorant of the fact that he had committed murder, in which we could conscientiously have certified to his mental unsoundness?'

"The answer to that question was an emphatic 'Yes.' We arrived at this conclusion, not because Atkinson had exhibited in the course of his life 'a disposition to vice,' not on account of his alleged acts of 'cruelty,' 'his intemperate passionateness,' 'his defective memory,' 'feeble moral qualities,' 'limited intellect,' 'inadequate notion of the Deity,' as Dr. Mayo assumes; but principally on account of the prisoner's obvious and palpable condition of imbecile mind at the time of our interview."

Dr. Winslow also appears to us to cut the ground away from under Dr. Mayo on the other point. Dr. Mayo's test of distinction between brutes and "unquestionable lunatics," so far from proving the difference, shows a close relation between them, for it is admitted by him that the latter sort can be influenced by motives, as well as "brutes" of the Atkinson species; and the conclusion therefore is manifest, that we ought to hang "unquestionable lunatics" just as well as the brutes. As Dr. Winslow says:—

"Would it not be perfectly monstrous to consider the 'unquestionable lunatic' as responsible as a man in full possession of his reason, merely because he is, when under conditions of moral restraint and control, 'influenced by motives,' and 'restrained by fear?'

"If this doctrine were to be acquiesced in by our judges and juries, we should soon have a general lunatic asylum delivery, and Dr. Mayo, and those who agree with him in opinion, would be able with impunity to indulge their fancy and

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gratify their taste by witnessing many a poor irresponsible lunatic strangled publicly to death upon the gallows! God forbid that such a demoralising, degrading, and brutalising spectacle should ever be witnessed in a civilised and Christian country!"

We like Dr. Winslow's arguing of this matter; and very much rejoice to find that the influence of the crotchety doctors (as the governor of the York gaol had the impudence and ignorance to call them) sufficed to deliver this man from the gallows.

We observed two *Cards* in the *Daily News* of Wednesday December 29th, the contents of which may be of use to our brethren—

Mr. Andrew Henderson delivers himself "*On Diphtheria.*" It is a dreadful disease, and baffles medical science, at least it has hitherto done so; but now it need do so no more. Mr. Henderson has had several cases, and cured them all. *Jubilate!* The remedy is most simple; every soul may use it. "It is the external application of water to the throat, at degrees of temperature alternating from the highest that the human skin will bear to zero." This simplest of remedies is thus *ingeniously* recommended. Does any one of our readers understand from the above its mode of application? Simple folks will, we take it, have to apply to Mr. Henderson, to teach them how to use his simple remedy. This of course was not his object.

The second Card is a longish epistle from Dr. Kidd, of chloroform ingenuity. It appears to be a bit of wisdom culled from his book, and thus presented to the public. Our readers will excuse us saying more of it, as we have already and recently lengthily reviewed his *Anæsthetic* acquirements and 11,000 cases.

As an appropriate addendum to the above, we cannot refrain from inserting a third card, culled from the *John Bull*. Dr. Epps writing on the alarm relative to scarlet fever says, "All these suggestions are needless, since every one who is acquainted with the medical literature of the age must be aware, that a globule of belladonna, taken night and morning, is as perfect a preventive against the attack of scarlet fever as is vaccination against the attack of small-pox. All that is required is, that when scarlet fever is prevalent, the individuals in the families in that neighbourhood should take a globule of belladonna once or twice a-day. I write this as a fact established by the experience of multitudes, and also by the experience of myself." We have no doubt that Dr. Epps will be happy to supply globules to the aforesaid neighbourhood on the usual terms. Those of our brethren who are ambitious of distinguishing themselves by administering advice gratis through the public press, have a fine opening made for them in a letter published in the *Times*, from "An Afflicted Father." He wants to know what to do, when he, or any of his, catch diphtheria, in case he or they cannot find a doctor to help them.

We brought under the notice of our readers, at the time of its publication, the Report of the Commission upon the sanitary condition of the Army, and we have kept them informed of the steps taken, in accordance with its recommendations, to improve the condition of the Army Medical Officers. Of these the most important were the appointment of Mr. Alexander to be Director-General, in the room of Dr. Smith, and the promulgation of the Royal Warrant of the 1st October. The *Gazette* of the 31st December, gave proof of the intention of the authorities to carry out the principles laid down in that warrant, and also of some of the practical benefits conferred by it on the Department. It announced the promotion of no fewer than six officers to the rank of Inspector-General, and of seventeen to be Deputy-Inspectors-General of Hospitals. Of the former, four, and of latter two were to fill vacancies created by the retirement of officers placed on half-pay, in consequence of having passed the age of 65. Of the Deputy-Inspectors ten have been promoted without any vacancies, and, it may be presumed, for the purpose of replacing such First-class Staff Surgeons as, before the warrant, were employed in administrative duties. But these promotions deserve notice also as being the first made on the principle of selection under the new warrant. The 7th clause provides, that "all promotion from the rank of Surgeon to that of Deputy-Inspector, and from the rank of Deputy-Inspector to that of Inspector, shall be given by selection for ability and merit; and the grounds of such selection shall be stated to us in writing, and recorded in the office of our Commander-in-Chief, the selection being made from the whole rank of Surgeons, whether styled Surgeons or Surgeons-Major." Mr. Alexander has availed himself of the permission involved in the latter clause, and has recommended four Surgeons. In making these promotions he has had a most difficult and unenviable task to perform, and, as a matter of course, must have given offence to gentlemen who were not selected, and to their friends. But from all we have been able to learn, the selection made has met with the approval of the Army Medical officers generally. The officers promoted are known to be able and efficient: and, although it is possible that among those passed over are some who might have proved equally competent, yet the general feeling will show that the Director General acted on good grounds, and in thorough honesty. He must expect remonstrances—perhaps something stronger—but if his future promotions are as honest and as judicious as the present, the Medical Department will have good cause to congratulate itself on being placed under the direction of an officer who has sufficient penetration to discover merit, and sufficient courage to reward it.

The next meeting of the Hunterian Society (Wednesday, 12th) is to be devoted to a discussion of the views recently propounded by Mr. Hutchinson as to the influence of hereditary syphilis in modifying the teeth. We understand that a number of patients are to be brought forward, so that those present will have a good opportunity of seeing for themselves the peculiarities described, and forming their own conclusions as to their importance. Casts and photographs are all very well, but are poor substitutes for the actual thing. The subject is an interesting one, and we are glad Mr. Hutchinson intends to submit his views to such thorough scrutiny.

The President of the Poor-Law Board has communicated to each Board of Guardians, and to every Poor-Law Medical officer, a copy of a memorandum containing some heads of a scheme for a suggested new arrangement of Medical relief. This memorandum, which we have printed elsewhere, is not to be regarded as a plan officially decided upon by the Board, but rather as a series of suggestions made with a view of inviting the opinions of those who are interested in the subject of Medical relief. With this view, the President of the Poor-Law Board requests that he may be favoured with the opinions both of Guardians and Medical officers upon the proposed scheme, before the end of the present month; but Mr. Griffin, who is always on the watch in every movement connected with the interests of his Poor-Law brethren, has requested them, in a letter which we also publish, to abstain from replying to the letter of the President until they have had time to hear Mr. Griffin's views. It is no doubt the most prudent course for the Poor-Law Medical officers to follow Mr. Griffin's advice,

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and not to commit themselves at once either to an approval or disapproval of the plan emanating from the Poor-Law Board, for although many parts of the plan seem very fair and just, others are perhaps liable to serious objection. One of the great novelties of the plan now proposed, is the appointment of *two* Poor-Law Medical officers in each district, the patients to have the option of employing the one whom they prefer, and each Medical officer being remunerated according to the number of cases attended annually. We abstain at present from offering any decided opinion upon the new scheme, although we cannot refrain from expressing our gratification that the whole subject of Poor-Law Medical relief has at length attracted the attention of the Government. We have received several communications on this subject, and suggestions for a revised scheme from Mr. Griffin; but we must defer their consideration until next week.

While writing we have received from Mr. Griffin the copy of a printed letter which he has addressed to the Poor-Law Medical officers of England and Wales. In this letter he proposes some important amendments to the scheme which emanates from the Poor-Law Board, although he approves its general features. Mr. Griffin again urges the necessity of subscriptions on the part of the Poor-Law Medical officers, especially at the present time, when very material alterations in their favour are in progress; and he announces to those who have not contributed to the Poor-Law Medical Fund that they cannot expect to receive any further account of the proceedings, as the expenses of printing and postage are too heavy to be defrayed without the co-operation of the parties chiefly interested. We should notice that the chief objectionable feature in the plan proposed by the President of the Poor-Law Board, is an invidious attempt to make the Poor-Law Medical officers removeable every three years, whereas under the present defective system, the appointments are permanent. The Poor-Law Medical officers must narrowly watch this clause.

A case in which the invariable possibility of detecting a fracture a few weeks after its occurrence became the question in a civil action, was tried lately at the Faringdon Petty Sessions. Mr. Wollaston, of Shrivenham, was called to a case of transverse fracture of the humerus, just above the condyles, in a boy. He set it with great care, and had the satisfaction of seeing union take place without the formation of callus. When the account was sent in, the boy's father refused to pay on the ground that the bone had never been broken. At the trial, three Surgeons, none of whom had seen the boy within seven weeks of the accident, stated their belief that the bone had not been broken because they could not detect callus. As this is a question which has been raised before, and may be raised again, it should be understood that the more perfectly a fracture is set and the more immoveable the ends of the bone are maintained, the less likely is there to be any considerable amount of callus. In this case we quite agree with the remarks of the Judge, who said, "he felt that if actions like the present were countenanced, no surgical assistance could be expected to be rendered in certain cases without previous payment of the Surgeon's fees."

The recent Medical Act having enacted that every person registered shall be entitled to demand and recover, in any court of law, with full costs of suit, reasonable charges for professional aid, advice, and visits, with the costs of any medicines, or other Medical or Surgical appliances, rendered or supplied by himto his patients, we have received many inquiries as to who are the Medical Practitioners that will be benefited by this enactment. Now it is quite apparent that the practitioner seeking to sue must not only be registered under the late Act, but should also possess a qualification which entitles him to practise "Medicine or Surgery, or Medicine and Surgery;" consequently, the question now arises, what are the qualifications which will enable a Practitioner to practise these specific arts and mysteries? An apothecary, it would appear, is not so entitled. The duty of an apothecary has been clearly declared by Parliament to be, "to prepare with exactness, and to dispense such medicines as may be directed for the sick, by any physician lawfully licensed to practise physic by the President and Commonalty of the Faculty of Physic in London, or by either of the two Universities of Oxford and Cambridge;" and, for the discharge of these duties, the apothecary is allowed to recover, in a court of law, any charges claimed by him, if he "shall prove on the trial that he has obtained a certificate to practise as an apothecary from the Society of Apothecaries." These privileges, however, seem to be limited to charges for medicines prepared and dispensed; the decisions of English courts of law being in accordance with this view. Prior to the recent enactment, surgeons were entitled to recover payment for attendance on their patients; and if they were also certificated apothecaries, they could likewise charge for medicines supplied. As to surgeons, we therefore consider that the new Act has not in any manner altered their rights as to the recovery of charges. If they have the double qualification of surgeon and apothecary, they may then sue and recover for medicines supplied, or visits made; but unless they hold a certificate from the Society of Apothecaries, they cannot recover their charges for medicines, not being empowered to prepare and dispense medicines, even in surgical cases. With regard to physicians, as they are all entitled to practise Medicine, and some likewise, both Medicine and Surgery, they will, of course, be benefited by the new Act; unless hereafter deprived of this privilege by the particular corporation of which they are members passing a Bye-Law to the effect that no physician shall be enabled to sue for his fees. In the College of Physicians of London it is generally believed a regulation to such an effect formerly existed; and we presume, should the practice of suing for professional fees be found generally to prevail, that this Bye-Law would be again re-enacted. From the foregoing remarks,—which, however, are here put forward with some diffidence,—medical readers will perceive that the late enactment has, except with regard to physicians, made very little real alteration in the laws relating to the recovery of charges for professional attendance and visits. When the new Act shall come to be discussed in courts of law, it will then be clearly ascertained, what are the several rights of physicians, surgeons, and apothecaries respectively, and what are the specific qualifications which the practitioner is now required to possess to enable him to practise Medicine or Surgery, or Medicine and Surgery.

The following letter, respecting the Registration of Poor Law Medical Officers, should be attended to immediately by all gentlemen holding Union appointments:—

"Poor Law Board, Whitehall, S.W.
"23rd December, 1858.

"Sir,—I am directed by the Poor-Law Board to inform the Guardians that, by the Statute of the last session of Parliament, 21 & 22 Vict., c. 90, sec. 34, it was enacted that after the 1st of January next, no person shall hold any appointment as a Physician, Surgeon, or other Medical Officer in any house of industry, parochial or union workhouse or poor-house, parish union, or other public establishment, body, or institution, unless he be registered under that Act.

"By the 33rd clause it is provided, that no person, who on

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the 1st of October last was acting as Medical Officer under an order of the Poor-Law Commissioners or Poor-Law Board, shall be disqualified to hold such office by reason of his not being registered, as therein required, unless he shall have failed to be registered within six months from the passing of that Act.

"The Act was passed on the 2nd day of August last, so that the term specified in this clause will expire on the 2nd day of February next.

"The Board find that the Medical Council, constituted by this Act, have appointed Dr. Francis Hawkins to be Registrar; and in the *London Gazette* of the 17th instant, notice has been published by him, stating that all persons, requiring to be registered, may apply personally, or by letter to the Registrar at No. 18, Bolton-row, Piccadilly, London, W., between the hours of 11 a.m. and 4 p.m. Those who apply by letter must state their names, places of residence, and the qualification in respect of which they desire to be registered, and transmit to the Registrar the fee of £2; and those who do not produce or send their diplomas or licences must furnish clear statement of their qualifications, and of the times at which they were granted, in order that they may be compared with the certified Lists.

"The Board request the Guardians to bring this communication under the immediate notice of all their Medical Officers and for this purpose the Board enclose six copies of this circular for distribution.

"As the period for Registration is now very short, the Board recommend that the Medical Officers should use the utmost promptitude in their application to the Registrar, to prevent the occurrence of any disqualification.

"I am, &c.

"W. G. Lumley,

"Assistant Secretary."

MEMOIR OF DR. LEVER.

The career of Dr. Lever affords a striking instance of the success in professional life which may be achieved by indefatigable industry, combined with moderate opportunities, although unaided by the gifts of fortune.

Dr. Lever was of comparatively humble origin. His parents were residents at Woolwich, where Dr. Lever was born. At the usual age he was apprenticed to Mr. Butler, a gentleman in extensive practice at Woolwich, and in course of time young Lever entered as a student at Guy's Hospital So great were his physical powers and his application to study at this period, that he actually walked daily from Woolwich to Guy's Hospital and back during his pupilage; while his close attention to study not only attracted the favourable notice of the medical officers of the Hospital, but gained him many honorary distinctions at the annual competitive examinations of the students.

At the end of his Hospital studies, in 1834, he became a Member of the Royal College of Surgeons of London, and commenced general practice in the Borough, and while residing in this locality he took an active part in organising the Obstretrical Department of Guy's Hospital, and there laid the foundation of the flourishing school of Midwifery which is now established, and which is one of the best of its kind in the kingdom. About the same period Dr. Lever obtained the degree of Doctor of Medicine in the University of Giessen; and in 1842, he was admitted a Licentiate of the Royal College of Physicians of London. He was married on the 23rd of June, 1836, to Miss Jane Pettigrew, of Woolwich, who died in 1849, and by whom he had six children. In 1851 he married a second time, Mary Anne, seventh daughter of the late Alderman Charles Farebrother, who survives him, together with one daughter, and one son, now in her Majesty's 52nd Regiment.

Having previously held the post of Physician's assistant to the Lying-in Charity under Dr. Ashwell, he was appointed joint lecturer with Dr. Oldham in the year 1842; and in the next year, he and Dr. Oldham were appointed conjointly Obstetric Physicians and Lecturers on Midwifery, the obstetric department of the Hospital having now become large and important.

In 1849, Dr. Lever and Dr. Oldham were admitted together upon the staff of the Hospital, a position which had not previously been granted to any Obstetric Physician; and up to the period of Dr. Lever's death, these two Physicians acted together with an equal division of duties. During the first twenty-one years of the existence of the Lying-in Charity, no less than 22,498 cases were attended by the pupils under the superintendence of the Obstetrical teachers.

Dr. Lever was in his usual health up to within a short period of his death; and he was present at the recent meeting held for the formation of the Obstetrical Society of London. Very soon after that meeting, however, he was seized with symptoms of very severe illness, for which he was attended by Dr. Addison. Pericarditis and anasarca both manifested themselves, and threatened the most serious consequences: death took place quite suddenly on the 29th of December last.

Dr. Lever's contributions to Medical literature were not very numerous; but he published an essay on the "Organic Diseases of the Uterus," for which the Fothergillian gold medal had been awarded by the Medical Society of London; and he contributed to the Guy's Hospital Reports a valuable series of researches upon the presence of albumen in the urine in cases of puerperal convulsions.

Dr. Lever's practice was extensive and lucrative, and by the possession of great physical powers he was able to bear an extraordinary amount of fatigue. His emoluments are said to have reached, for several years, the annual sum of £4000.

HEADS OF A SCHEME FOR A SUGGESTED NEW ARRANGEMENT OF MEDICAL RELIEF.

1. Existing contracts and appointments, and existing division of unions and parishes into Medical districts, shall cease at a given period.

2. The qualification of Medical Officers shall remain the same as at present, except in regard to residence; but registration under the new Medical Act will be required in addition.

3. Guardians shall appoint (if possible) two Medical Officers for each parish in their union, between whom the poor, when sick, shall be allowed to make choice, subject to this condition,—that a poor person who has been attended by one of the Medical Officers of the parish shall not change to another for a period of twelve months after any such attendance.

4. The appointment and contract with a Medical Officer shall be made for a period of three years, renewable if both parties are willing.

5. The contract with each Medical Officer shall be to this effect: that he will attend, when applied to, any poor person in the parish for which the contract is made, viz.:

Without an order, in the class of

1. Those who are on the permanent relief list.
2. Those who are in receipt of temporary relief, either for the head of the family, or any member of it.
3. Urgent cases, whether of resident or casual poor.

With an order—

4. Any poor person named in such order.

6. Orders for Medical relief may be given by each guardian of the parish, as well as the relieving officer and overseer, in urgent cases.

7. If in any of the three first-named classes, the Medical Officer has grounds for doubting whether the applicant has not sufficient means to provide Medical attendance at his own cost, he may require such applicant to produce an order before he gives his attendance.

8. If the Medical Officer shall have attended a case, and the guardians shall afterwards determine that the further attendance of the Medical Officer, at the charge of the parish, ought not to be given; such case shall notwithstanding be reckoned as one case in the yearly total.

9. Each Medical Officer shall make a weekly report to the guardians, of the cases under his care, and shall attend the Board when summoned, as at present.

10. Medical Officers shall discontinue a practice which

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exists in many unions, of ordering a specific quantity of nourishing food or drink. They shall order the kind of treatment or nourishment which in their opinion the case requires, but not the quantity, except in special cases.

REMUNERATION.

11. *For Workhouses:*—A salary shall be fixed, as at present, and it shall be revised every three years, and a fresh contract made.

12. *For Parishes:*—A salary shall be fixed by the guardians, with the sanction of the Poor Law Board, for a period of three years, upon the following basis:—

1. Not less than one shilling and sixpence per head upon the average number of persons in the parish in receipt of relief, in the first week of January and the first week of July in each year.
2. Not less than one shilling and sixpence per case upon the number of cases attended in the parish upon an average of the last three years.
3. An additional sum per case to be fixed by the guardians, with the sanction of the Poor Law Board, as a remuneration in respect of the distance which the Medical Officer may have to travel in attending the sick poor, or in respect of other local circumstances.

13. When two Medical Officers shall have been appointed to attend any parish, the salary computed upon the foregoing three elements, and which shall be fixed in the contract, shall be divided between them, in proportion to the number of cases attended by each during the last twelve months.

14. A table of fees for Midwifery and Surgical operations, and a list of more expensive drugs and appliances, shall be drawn up by the Poor Law Board, with the advice of the Medical Council appointed under the new Medical Act. Every Medical officer appointed to attend any workhouse, town or country parish, shall, in addition to his salary or other remuneration, be entitled to his fee according to such table, after attending a case included in it; and any such Medical officer shall be at liberty to direct any drug or surgical appliance included in such list to be made up and supplied by some Chemist approved by the guardians, or at their own dispensary, if they shall have established one.

15. The clerk of the union shall keep a record of the number of cases reported weekly in the journal of each Medical officer, and his share of the salary shall be determined according to such record.

16. In cases of attendance upon continuous sickness extending beyond three months, and not being on the permanent relief list, each of such cases shall be considered, after every three months' attendance, as a fresh case.

T. SOTHERON ESTCOURT, President.

Poor Law Board, November 30th, 1858.

REVIEWS.

On Chloroform and its safe Administration. By W. MARTIN COATES, M.R.C.S. Surgeon to the Salisbury Infirmary. London: 1858. Pp. 36.

BY the use of Snow's inhaler and the addition of a small silver moveable funnel, introduced into one of the holes through which the air enters the chamber containing the chloroform, Mr. Coates is enabled to administer the anæsthetic in precise doses. He finds 15 minims every minute the safest and most effectual dose. Sometimes one dose is enough, but generally from four to six doses, making in all from one drachm to one drachm and a-half produce the necessary insensibility to pain. Mr. Coates acts upon the principle, which might be more generally followed with advantage, of employing "the smallest dose capable of producing the desired result." When the patient is weak or alarmed, he gives a little undiluted brandy a few minutes before commencing the inhalation. With regard to the comparative mortality before and since the introduction of chloroform, Mr. Coates shows that, at the Salisbury Infirmary, for six years previous to, and six years after the introduction of this anæsthetic, the diminution of mortality has been equal to 16 per cent. He says:—

"The difference between the mortality in the Londo Hospitals, and the Salisbury Infirmary previous to the use of chloroform, was not great; the deaths being rather more in our Infirmary, as will be seen by reference to the tables. They lost twenty-one per cent.; we, twenty-two and a fraction. The question immediately presents itself; whence this difference, first in the mortality at the Salisbury Infirmary, before and since the employment of the anæsthetic; secondly, in that of the latter institution, and the London Hospitals; a difference the result of which is, that in the great London Hospitals, they have lost since the introduction of chloroform thirteen lives for every hundred of the larger amputations, above that they did before; whereas we have saved under the same circumstances, at least fourteen lives per cent.! There seems but answer, viz.—that whereas in the London Hospitals one or two drachm-doses have been the rule; fifteen minim-doses have been generally adopted by us. Thirdly, that in London generally, the towel, sponge, handkerchief, lint, or an instrument by which the chloroform is brought close to the mouth and nose, have been employed; whereas we have used Snow's inhaler, in which the chloroform becomes mixed with air in due proportions.

"It will perhaps be said, that some of the success is due with us to sanitary improvement. I admit willingly that there has been a gradual improvement in this respect; but so I know there has been in one at least of the London Hospitals quoted: yet according to Dr. Arnott's tables the mortality in that hospital has rapidly increased notwithstanding."

Mr. Coates has produced a really valuable practical pamphlet, which we cordially recommend to our readers, though it is a little hard to find him calling attention to the claims of the discoverer of the anæsthetic property of chloroform, and stating that not "one voice has been raised calling upon the public or the Medical Profession to express their gratitude for this brilliant and beneficial discovery." If Mr. Coates will refer to a leading article in this Journal in July, 1853, he will probably confess that he has been anticipated in his desire to obtain a national recognition of the value of a discovery which has conferred an incalculable benefit upon the human race.

The Physician's, Surgeon's, and General Practitioner's Visiting List, Diary, Almanack, and Book of Engagements for 1859. THIS well-known diary appears this year in a more portable form than before, as the tabular matter has been arranged separately, we are informed, as a companion to the List. It also has a neater appearance, and is now a most useful pocket-book for Medical men.

Familiar Letters on Chemistry, in its relations to Physiology, Dietetics, Agriculture, Commerce, and Political Economy. By JUSTUS VON LIEBIG. Fourth edition, revised and enlarged. Edited by JOHN BLYTH, M.D. London: 1859. 8vo, pp. 536.

THIS edition contains letters on the study of the natural sciences, on the correlation of the forces of inorganic nature, on the alteration of properties in bodies, and on materialism in connexion with natural inquiries, which have not appeared in any former edition. The important agricultural questions discussed in the former editions are now treated much more fully, and the results of recent experiments on cultivation have led to new views regarding the nutrition of plants, and the mode in which they absorb food. Recent discoveries in chemistry and physics have also led to a general revision of these celebrated letters, so that the present edition may be almost regarded as a new work.

The Book of Prescriptions, containing 3000 *prescriptions, collected from the practice of the most eminent Physicians and Surgeons, English and Foreign, comprising also a compendious history of the Materia Medica, lists of the doses of all officinal or established preparations, and an Index of Diseases and Remedies.* By HENRY BEASLEY. Second Edition. London, 1857. 8vo, pp. 548.

WE have given this long title unabridged, because it really supplies the reader with a good notion of what the book contains. It is so well known that we need only add that the present edition contains one hundred additional prescriptions selected from recent publications.

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Mayne's Expository Lexicon. Part VIII. London: 1858. 8vo, pp. 1065—1216.

This part includes the terms from Rabies to Strobiliferus. As the work is so nearly approaching to completion, we may express a confident opinion that it will prove of most essential service to the Medical Profession, and superior to any similar work.

Address to the Gentlemen attending the Lectures on Surgery, of A. M. Edwards, F.R.C.S. Edinburgh. 1858.

Introductory discourses so generally resemble one another, almost of necessity, that they demand little beyond a passing notice at our hands. There is, however, in the address of Mr. Edwards, something so different from anything we have lately heard or read, that it requires a special notice. The author is one who is evidently imbued with a deep sense of the high requirements for a surgeon in the present day, and he has pointed out the mode of obtaining them most truthfully and forcibly. There is a good and concise sketch of the improvements in modern Surgery in this address, which, original, instructive, and amusing withal, is the most readable we have seen for many a day.

A Manual of Qualitative Chemical Analysis. By A. B. Northcote, F.C.S. and A. H. Church, F.C.S. London; 1858. 8vo, pp. 428.

The one as Demonstrator to the Professor of Chemistry at Oxford, the other as Assistant to Professor Brodie, Mr. Northcote and Mr. Church have had ample experience of the wants of laboratory students. They have produced a very useful work, which may be regarded as a very complete guide to qualitative analysis.

Outlines of Human Osteology. By F. O. Ward. Second Edition. London: 1858. 12mo, pp. 440.

We are very glad to see a second edition of Mr. Ward's Outlines of Human Osteology, inasmuch as there is no book extant from which so accurate a knowledge of the human bones can be obtained, both as regards their anatomical forms and their functions in motion and at rest. The author, who was, in early life, a most hard-working student at King's College, and who has since rendered himself celebrated by his advocacy of philosophical views on drainage, and various branches of social science, contented himself with no compilation from the labours of others, but described each bone from inspection of numerous specimens, and thoroughly analysed their functions by experiment. We can only say that this is the book for the hard-working student, who desires a practical, in contradistinction to a book, knowledge of osteology.

A Handbook of Chemical Analysis (adapted to the Unitary Notation,) based on the fourth edition of Dr. H. Wilks, Anleitung zur Chemischen Analyse. By F. T. Conington, M.A. F.C.S. London: 1858. 8vo, pp. 290.

As a text book of moderate size, comprising the latest and best methods of analysis, and adopting the unitary system of notation, which has been gaining ground of late with our most eminent Chemists, this work may be very strongly recommended to students of Chemistry.

Pauper Lunatics and Idiots.—The average proportion of these unfortunate people in each county is about 1 in 700 of the total population. The proportion chargeable in Gloucestershire is almost three times larger than it is in Durham, where there is but 1 to every 1200 or 1300. There is also an excessive number chargeable on Berks, Wilts, Oxon, Leicestershire, Hereford, Hertford, Salop, and Somerset, here named in the order of excess; and next to Durham a disproportionately small number chargeable on Staffordshire, the West Riding of York, Cheshire, Lancashire, Cornwall, and Northumberland, here named in the order of deficiency; whence we may infer that it is not activity, but torpidity of mind, by which an increase of idiocy or lunacy is favoured.—*Household Words.*

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON ENURESIS IN CHILDREN.

By Dr. HEWSON.

Dr. Hewson recently read a paper upon this subject to the Philadelphia College of Physicians, founded on close observation of a great many cases occurring among the children of the House of Refuge. At the time he was consulted by the managers 78 boys out of a population of 292 were the victims of the habit; but of these, 15 remained but a short time under observation, leaving 63 cases, all the particulars of which were most elaborately inquired into, and registered during the five months they remained under the author's observation and control.

The house contained a white and black division, and the affection was found to prevail in the proportion of 1 in 7 among the white, and 1 in 2·7 among the black boys—it being also most obstinate and inveterate among these last. The average age of those affected was 12½ years, the oldest boy being 18, and the youngest 7. The general appearance of the health was good in 34; 7 boys were very strumous, and 15 were thin and pallid. In 4 of the 6 worst cases the boys were stout and hearty. Of the 63 cases, 24 suffered from ascarides, and this was the case in 5 out of the 6 worst cases: in 26 there was but one alvine dejection *per diem*, and 20 boys suffered from constipation: 27 of the boys passed urine two or three times a-day, as well as on rising and on going to bed; 28 passed it more frequently in the day, and 4 had no control over the bladder in the day. In all the cases the urine was acid, and its specific gravity was 1016 among the whites, 1020 among the blacks. The prepuce was elongated either from pulling to relieve irritation or from masturbation in 36. There were 18 who confessed to masturbation, and in 33 others there were good reasons for suspecting the practice—there being only 12 out of the 63 to whom no such suspicion attached. The influence of diet was observed by the enuresis especially occurring on certain nights; and atmospheric vicissitudes seemed to exert some influence, as a sudden fall in the barometer or thermometer during the night always seemed to increase the number of cases. Dr. Hewson publishes a curious table exhibiting the influence of these variations during a period of 49 days.

For the treatment of the disease, the bromide of potassium was first tried in doses of 2½ to 3 grains ter. in die in all the cases; and that on account of its anaphrodisiac effect, seeing that so many of the cases seemed connected with masturbation.

In nine cases of the sixty-three, a complete cure was effected within a week, but in three of these there was no reason to suspect masturbation. In four other cases material benefits resulted; but in the remaining fifty cases none whatever attended its use. The chloride of iron, together with the cold douche to the back, was next tried, but in vain; and cantharides was resorted to with as little success. Finally, to each boy who had constipation was given magnesia, and turpentine and carbonate of soda were ordered for those suffering from worms; and to all tinct. belladonnæ was administered. A dry supper of bread alone was allowed, and the cold douche was applied. Each boy was made to rise and pass urine an hour after retiring for the night. Under this plan the number of cases diminished with astonishing rapidity.

While the affection had been so prevalent among the boys of the institution, only two of about eighty girls suffered from it, and only seldom. Their average age was somewhat greater than that of the boys; and their general health and condition far better. Their diet was the same as the boys, and their *morale* no better.

Dr. Condie observed that the conclusions arrived at by Dr. Hewson were very similar to those which resulted from an investigation he himself had made into the subject, but under circumstances less favourable for accurate observation. Contrary to what he had anticipated he found that incontinence was much more common in boys than in girls; and as far as his observation went, it was less frequent among children at

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home than among those congregated in public institutions, boarding schools, etc. In some cases he had found the incontinence continuing during the twenty-four hours. It occurs more commonly in children badly brought up, who had been neglected in both their hygienic and moral training. In some cases it appears to be the result of a careless, lazy, filthy, habit, calling for cautious discipline; but in the majority of cases it is the result of causes entirely beyond the control of parents or children. Dr. Condie had found belladonna the best remedy; and frequently combines it with chalybeates, as the enuresis seems frequently to be connected with a cachectic condition, or with symptoms indicative of an impoverished condition of the blood. When the incontinence occurs in the day also he has employed nux vomica or strychnia. In one point his observations differed from those of Dr. Hewson, viz. the state of the urine; for in thirty-two cases in which this had been carefully examined, the urates and uric acid were found deficient, and there was an excess of the watery portion.—*American Journal of Medical Sciences*, October, pp. 379—394.

EXCERPTA MINORA.

The Electric Cautery in Obliteration of the Nasal Canal.—Dr. Restelli states that he has found cauterisation by electrical heat an effectual remedy in several cases of obstruction of the nasal canal which had resisted various modes of treatment, the cure being both rapid and durable.—*Annales d'Occulistique*, t. xl. p. 91.

Bleeding from the Ear in Fracture of the Glenoid Cavity of the Temporal Bone.—M. Morvan adduces several cases to show that the bleeding from the ear which takes place after a violent blow on the chin, has its origin in a fracture of the glenoid process of the temporal bone. Such bleeding is distinguishable from that which ensues upon fracture of the base, by the fact that the membrana tympani continues unruptured.—*Archives Generales*, Sept. p. 278.

Dental Neuralgia.—Acetate of morphia 1½ grains, acetic acid 2 drops, and eau-de-Cologne ʒij. M. Balloy states that a little of this mixture placed in the ear in cotton on the ear of the same side as that in which the dental neuralgia prevails is of remarkable efficacy.—*Ibid.* P. 416.

Croton Oil as an Epispastic.—M. Von Bastelaer, of the Antwerp Military Hospital, has contrived the following formula:—Recent lard 22, white wax 2, and croton oil 6 parts by weight. Melt the wax and lard by a gentle heat, and rub up in a heated mortar until the mass becomes cool, and then mix in the oil intimately. This pomade proves very useful when the influence of cantharides upon the urinary passages is feared.—*Bulletin de Therapeutique, Tome 55*, p. 415.

Tannate of Lead for the Prevention of Bed Sores.—M. Leclerc recommends the following preparation as highly useful:—Add 250 parts of water to 32 of bruised oak-bark, and boil until reduced to 125 parts; next add to the strained liquor extract of lead as long as any precipitate takes place. Collect the precipitate on a filter, and spread it by means of the finger in a thick layer over the parts threatened with gangrene, and cover them with some fine linen. If used in good time it will almost always prevent the formation of an eschar; and even when this does form, the parts should be dressed, when it begins to be detached, with the tannate, to which turpentine has been added.—*Gaz. des Hôp.* No. 133.

Treatment of Gunpowder Burns.—When a charge of powder is fired near an exposed part of the body, a portion of the unburnt powder is deposited in the skin, proportionately to the imperfection of the combustion and the coarseness of the granules. The inflammation which results is not sufficient to procure the elimination of the grains, and the person remains tattooed for life. Hitherto, the only means of preventing such a deformity has consisted in the picking out by the fine point of a knife or needle each separate granule. This, though a very tedious and painful process, answers well enough in burns of a limited size; but in a recent case in which the whole side of the face was completely blackened, Professor Busch resolved to try a plan he had seen Hebra adopt for the removal of freckles, viz. exciting an eczematous inflammation by means of a solution (5 gr. ad 8 oz.) of corrosive sublimate. This was kept applied during several hours for five days, with the effect of exciting a smart eczema, and detaching the granules. The burn was quite recent, and whether the means used is applicable to burns of an older date, remains to be tried.—*Virchow Archiv.* b. xiv. p. 379.

GENERAL CORRESPONDENCE.

TURNING IN NATURAL LABOUR.

Letter from Dr. Figg.

[To the Editor of the Medical Times and Gazette.]

Sir,—In reply to Dr. Peddie's insinuation of my want of candour, I solicit a pardon for the egotistical declaration,—that the spirit of veracity pervading my article has exhibited every evil concomitant with the practice of turning, as far as my observation went.

Dr. Peddie reflects on my morality for deceiving my patient. If there be a case when it is lawful "to do evil that good may come," it is in the occasional deceit of a patient.

He inquires how many of the infants, alive previous to the operation, died in the act? Not one.

How many perished in convulsions a few hours after? Not one.

How many mothers made a slow recovery? Three, of which one suffered from milk abscess, the invariable sequel of her labour; one rose on the third day and went out, she was attacked with dysentery, regaining convalescence in a week. The third was driven a distance of three miles on the fourth day, and was confined with a sabacute inflammatory attack for the subsequent fortnight.

The partial removal of the placenta during the operation does not entail a greater loss of blood than that experienced when the natural uterine contraction detaches it. The danger consists in allowing it to remain in a state of semi-attachment.

Dr. Simpson always inculcates the propriety of an hour's supervision of a puerperal patient; and during my medical career I always insisted on a copious supply of hot and cold water as a precautionary measure.

Requesting the publication of this letter,

I am, &c. E. G. Figg.

Borrowstonness, Dec. 31, 1858.

HOMŒOPATHY AT LIVERPOOL.

Letter from Mr. Fletcher.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have to thank you for the courtesy of your reply to my letter, and still more for the admission (which I must say still appears to me opposed to the assertion of your original article), that there are some Homœopaths "who really believe what they profess, and who therefore go to work conscientiously." This being once granted, the argument that a Homœopath is necessary ineligible for membership in a medical society, on account of his character, falls to the ground.

I will now answer the two questions which you ask. How can I consort "as a medical man" with those whose creed I believe to be utterly wrong? I reply, that my meeting and debating with any one at an exclusively Medical Association, commits me to a recognition of him as a legally-qualified medical man, and nothing more; it does not directly or indirectly commit me to the doctrines which he holds. We meet to inquire, to investigate, to learn from each other, not to practise. I see no anomaly in discussing with persons with whom it would be impossible to act in concert. If a man be honest, I believe it is best for the cause of Science that his errors should be brought face to face with the truth; feeling assured that truth does not need the defensive armour of restrictive enactments to keep off its enemies, but requires simply a fair field and no favour, and it must come off victorious. For these reasons I feel that I may meet in a medical society those whose creed I hold to be utterly erroneous. But nextly, are Homœopaths Medical men, and can they honestly use diplomas granted by examining boards who held Homœopathy to be heresy? That they are Medical men seems to me not a question of opinion, but of fact. A man does not cease to be a man because his conduct may be unmanly; and a Medical man does not cease to be such because his practice may be unmedical, unscientific, and unsafe. He

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does not, either *de facto* or *de jure*, forfeit his membership of the body from which he obtained his degree because he throws off his belief in the doctrines which his examiners held. The function of an examining board is (as I understand it) to ascertain the amount of a candidate's knowledge, not to restrict him to any line of practice. I do not know even that they have the legal right to refuse a diploma to a man who proves himself to possess the full amount of knowledge necessary to render him capable of practising Medicine, while the legal right to retain all the advantages gained by the possession of a Medical degree, in spite of any change of theory or practice on the part of the holder of it, is distinctly recognised by the new Medical bill. For these reasons I hold that a Homœopath may honestly use his diploma, and that we have no right to refuse to him the title of a Medical man, however ill we may think his practice becomes it.

I am, &c.

F. D. Fletcher.

13, Mornington Terrace, Liverpool.

ARSENICAL PAPER HANGINGS.

Letter from W. B. Kesteven.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the article by Dr. Taylor, published in your Journal of this week, there occur these words: "there may have been numerous instances of a disturbance of health, depending on arsenical paper, which from absence of suspicion has been assigned to other causes."

The following case appears to me so closely illustrative of Dr. Taylor's remark, that I would beg its insertion at your convenience.

A lady of my acquaintance, for the last ten or eleven years, suffered frequently from very severe attacks of intestinal derangement. These attacks have entirely subsided within the last six months. The sitting-room which this lady has constantly inhabited, has for twelve years past, saving the last six months, been papered with green paper. Within the last six months the room has been papered with a different colour. Attention having recently been directed to the subject of poisoning by arsenical paper hangings, it occurred to me that the coincidences above mentioned stood in the relationship of cause and effect. Some of the green paper happening to have been left behind book-shelves, I scraped off some of the pigment, and procured from it an abundance of crystals of arsenious acid, and of metallic arsenic by Rheinsch's test, and by the method proposed by Dr. Guy.

I think the attacks spoken of above are now explained by the poisonous character of the green pigment on the paper-hangings, although no suspicion of their true character was previously entertained.

I am, &c.

W. B. Kesteven.

Upper Holloway, Jan. 1st, 1859.

ASSISTANTS AND EMPLOYERS.

Letter from Mr. Harper.

[To the Editor of the Medical Times and Gazette.]

Sir,—Since you have considered an ex parte statement of some County Court proceedings of sufficient importance to merit a report and editorial notice, I trust you will allow me to offer to the notice of the Profession a few additional facts which were brought forward in evidence there, and which do not appear in your report. 1st. The only trial of the case took place November 25th. The judge's order was for the money to be paid on December 2. It was paid, and was in my pocket on December 3. The only intimation I have ever had of a new trial, or of any intention to set the verdict aside, is contained in your journal of the first instant. 2nd. In your leading article you say, "After her death Mr. Brown sent in an account amounting to £147 9s. which was paid. Then Mr. Harper, who it appears, is Mr. Brown's assistant, sent in an account amounting to £9 10s." It was proved at the trial that my account was sent in December, 1856; in June, 1857; in December, 1857; and again in 1858. On no one of these occasions did the defendant dispute his liability, but made promises to discharge it. Furthermore, a letter from the defendant, dated August 25th, 1858, was put in as evidence, which began with the following: "I am sorry to say I cannot conveniently send you the money as requested," and goes on apologising for the delay.

This fact very effectually disposes of the imputation that I sent in my bill after Mr. Baker Brown's account had been discharged.

3rd. I was asked by the patient herself to make up the prescriptions. These prescriptions, however, form only a portion of the account; the remainder of which was for various members of the defendant's family, including himself. He frequently sent them to my surgery, when ill, in order that I might prescribe for them, and thus save the expense of applying to Mr. Brown. Upon examination of the various items, it further appears that not one-twelfth part of the amount was for medicines made up from Mr. Brown's prescriptions. I need hardly add, that never upon any occasion have I charged for anything, when, either directly or indirectly I was acting as Mr. Brown's assistant. I beg further to say that, having by examination become a Fellow of the College of Surgeons, I have ceased to make up Mr. Brown's prescriptions, or those of anybody else.

I am, &c.

Philip H. Harper.

30, Cambridge-street, Hyde-park, W.
January 3, 1859.

Letter from Mr. Brown.

[To the Editor of the Medical Times and Gazette.]

Sir,—In reply to your observations, and to a report of a trial, Harper *v.* Lamercraft, in the County Court, I beg to state,—

"That I never did tell Mr. Lamercraft, the defendant, to take my prescriptions to Mr. Harper."

That I had attended the wife of the defendant twenty-five years, and during the last eleven years he, the defendant, had invariably had my prescriptions made up by different chemists at his own cost. That my account was not exorbitant, inasmuch as it included attendance in 1853—7, and beginning of 1858; and in the years 1856 and 1857 I tapped for ovarian dropsy nine times. This account was sent in every half year, and not after her death, for the first time. That I did not refuse to give items because it was unprofessional; but, as I stated, because if I did give items, my account would be fourfold the amount actually sent in. That the defendant only paid in cash, in six years, one sum of £10 up to the month of August 1858, that he then set off £35 17s. for printing, paper, &c., and finally begged off another £30 on the plea of poverty (which plea I then believed to be true), so that in every way he only paid about £117 instead of £147, which it will be seen was for six years' attendance. That Mr. Harper is my assistant whenever I require his services, but that he is at perfect liberty to practise for himself in any way he pleases. The Profession will now be able to judge of the case.

I am, &c.

I. B. Brown.

17, Connaught-square, Hyde-park,
January, 1859.

POOR-LAW MEDICAL REFORM ASSOCIATION.

Letter from Richard Griffin, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—I shall feel obliged by your allowing me through the medium of your journal, to beg the Poor-Law Medical officers to refrain from replying to the "Heads of a Scheme for a suggested new arrangement of Medical relief," issued by the President of the Poor-Law Board, until I have time to address them more fully on the subject, I having only this day received a copy of the draft. There are some points in it exceedingly good, and others that will require amendment. The salary is made up of three different items, and not of a single 1s. 6d. as some gentlemen have on a cursory glance imagined.

I am, &c. Richard Griffin.

12, Royal-terrace, Weymouth.

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REPORTS OF SOCIETIES.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, DECEMBER 6, 1858.

DR. BABINGTON, President, in the Chair.

A paper, by DR. DRAPER MCKINDER, of Gainsborough, was read by DR. MCWILLIAM,

ON EPIDEMIC THROAT AFFECTION, OR DIPHTHERIA,

AS IT APPEARED AT GAINSBOROUGH IN 1857-8.

DR. MCKINDER commenced by observing, that in the epidemic throat affection, diphtheria, in the majority of cases, no pain is experienced until the disease is fully developed, and consequently it has to be sought for in order to treat it in its primary stages. When first observed, the cases might be mistaken for ordinary faucitis and stomatitis, with occasional enlargement of the tonsils; but on a narrower inspection, it will be perceived that the inflammatory blush is less vivid, more rubeolated and mottled, more diffused, and less abruptly marginated. If the disease be not arrested at this stage, small points of lymph or lymph-like material are deposited on the inflamed membrane (a). These points, then, seem to enlarge circumferentially, until in some cases the fauces, uvula and soft palate become enveloped; small patches are also found on the tongue and about the mouth. In some cases exacerbation of the mucous surface seems to pervade the deposition of the new matter; and in others no such destruction of the tissue was observed until the false membrane had been removed; and in most cases the integrity of the surface is preserved throughout. Generally there is troublesome cough with irritation, and nearly always considerable depression, and sometimes absolute prostration of the vital powers. When seen early the application of the nitrate of silver mitigated, and often arrested the diphtheritic condition, the chlorate of potassa being at the same time given internally. Whatever may be the nature of the disease, whether it be an exudation of organisable or inorganisable material, or the deposition of a parasitic cell which the microscope may hereafter reveal (b), is of an adynamic type, and tolerates, if not demands, the liberal use of stimulants. Dr. McKinder gives a succinct account of the meteorology of each quarter of the period during which the disease came under his observation; but observes that the vicissitudes of season exercised but little influence on the epidemic. Comparing his daily register of sickness with that of the weather, he could find no meteorological condition operating as an excitant, nor did the absence or presence of ozone appear to exert any influence on the disease. The disorder, indeed, seemed to develope itself rapidly, to extend itself through all grades of society, and as strongly to make its exit. Dr. McKinder alludes to the coincidence of throat disease affecting horses, while diphtheria prevailed among mankind; and states that the disorder among horses, though generally amenable to treatment, in some cases proved fatal from supervenient pleurisy. The successful treatment of horses, as of men, in throat disease, was stimulant. Of 400 cases that came under Dr. McKinder's observation, one only proved fatal. His treatment consisted mainly of the local application of the nitrate of silver; with the internal administration of chlorates of potassa and soda, hydrochloric acid, the preparations of iron and quinine, with a most liberal diet and the free use of wine. Dr. McKinder attaches great importance to the necessity of carefully noting the disease in its different stages. In the first stage the disease must be sought for, since there is no pain, and often no feeling of indisposition; but this is the time for treatment: we attack, says Dr. McKinder, the premonitory symptoms in cholera; we do not wait for effusion in pleuritis; and why should we delay our assistance in an awful throat disease merely because it has got an unfortunate name? "I have verified my opinion," concludes Dr. McKinder, "over and over again; and have had good reason to be satisfied with the result of my treatment."

Dr. MURCHISON considered that the members of the Society were under great obligations to Dr. McKinder for bringing this complaint under their notice. But for various reasons, among others, the infinitesimal mortality in Dr. McKinder's cases, compared with the results elsewhere, he was disposed to think that many of Dr. McKinder's cases were not in reality such as might be classed under the term diphtheria. In investigating the nature of this throat disease, among others, two points deserved attention; whether the patient has been exposed to scarlatina poison; and whether he has previously been the subject of scarlatina. With regard to the immediate cause of death in diphtheria, he was of opinion that while asphyxia from the local disease sometimes led to a fatal termination, syncope from blood poisoning without local lesion of any importance was the more common cause. Scarlatina had been more prevalent during the present year, than for ten previous years. Tonsilitis and inflammatory affections of the glandular system generally, had been much more common, as sequelæ of the disease, than usual. Dr. Murchison thought that an eruption of the skin threw great doubt upon the existence of diphtheria.

Dr. MCWILLIAM, with reference to the possible alliance of diphtheria to scarlatina, said he was at present attending a certain House officer with diphtheria, who had no skin eruption; but whose family, consisting of several children, were laid down with scarlatina. He had been informed by Dr. Ryegate, a gentleman in extensive practice in the Eastern district of London, that several cases, more especially among children, had come under his observation, in which the throat affection appeared comparatively slight, but which had proved fatal by syncope from blood poisoning. Dr. McWilliam considered that the presence of the *oidium albicans* on the tonsils and fauces should be further investigated.

Dr. CAMPS said that he was of opinion that Dr. McKinder's cases were not all cases of diphtheria. He had seen many cases of diphtheria prove rapidly fatal.

Mr. RADCLIFFE had not seen diphtheria, but it seemed to him desirable that the various stages of the disease should be watched and marked. He pointed out the necessity of observing the course of all epidemics, and noting how far the courses of various epidemics coincided. The investigation of the coexistence of epidemic diseases on the lower animals with the same class of diseases prevailing among mankind was also a question of much importance.

Dr. BABINGTON had seen but few cases of diphtheria; but so far as his observation went, it did not bear out the rapid course towards death which had occurred elsewhere. He had seen three children in whom the complaint lasted five or six days. In a case which proved fatal there was a deposit of false membrane; and in another case which recovered the membranous deposit was brought up. Dr. Babington suggested the formation of a committee to investigate the subject of "Diphtheria." Dr. Bird and Dr. Seaton spoke to the same effect, and the meeting adjourned at 10 o'clock.

(a) The fibrinous exudation is not, according to Dr. McKinder, a *sine qua non* of diphtheria; in other words, the disease called diphtheria may and does exist without that pathological condition which furnishes the name, as in an epidemic of scarlatina, cases occur without the characteristic eruption.

(b) Professor Berg, of Stockholm, discovered a fungus, the *Oidium Albicans*, in thrush, and Dr. John Lowe, of Lynn, has frequently seen the *Oidium Albicans* under vitiated conditions of the body—in aphtha and croup. According to Dr. Lowe, the *Oidium Albicans* is but an imperfectly developed *Arphagyllus glaucus*; Dr. McKinder does not consider this fungus as the cause of diphtheria; but that the vitiated condition of the system furnishes a pabulum for the propagation of the fungus.

OBSTETRICAL SOCIETY OF LONDON.

THE first meeting of this Society was held on Wednesday evening, in the library of the Royal Medical and Chirurgical Society. A large number of Fellows and visitors attended. The meeting assumed more the character of a friendly *conversazione* than of a strictly scientific gathering, and was chiefly devoted to an address from the President.

Dr. RIGBY, having taken the chair, and some formal business having been gone through, first alluded "more especially to that numerous body of our brethren extensively engaged as General Practitioners, who spend long and active lives in the practice of midwifery, and who will, undoubtedly, be able, through the medium of a Society like this, to contribute inexhaustible stores of obstetric experience of the highest

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interest and value. I believe, therefore, that I am not only expressing my own opinion, but that of the gentlemen who have promoted the formation of this Society, in saying that we shall look with special interest to the General Practitioners for the results of their obstetric experience, which must necessarily be of deep interest as well as of great value." Dr. Rigby then proceeded to take a retrospective review of the obstetric literature of this country and the Continent, alluding particularly to the valuable collection of cases made by Mauriceau between the years 1669 and 1704, to the smaller collection by Paul Portal, published in 1685, and to the writings generally of La Motte, Deventer, Giffard, and Smellie. After making some interesting and extended remarks on the great value of a number of well-recorded cases, the President continued:—

"There is still another point which I must not omit—viz. the effects it will produce on our social position. In the first place it brings together the members of this department of Medical practice—it enables us to know each other—it binds us together with a social bond which must ever be, not only a source of sincere satisfaction, but of mutual improvement and advantage. The friction together of different minds earnestly engaged in similar pursuits is peculiarly valuable, for it is scarcely possible for any man who has felt the responsibilities, and experienced the hours of painful anxiety, which are ever connected with the management of difficult and dangerous cases in midwifery, not to have meditated so deeply on these subjects as to have gained some original thoughts which he may communicate with benefit to his professional brethren. Then, again, it raises us in our public position; for to be a member of it cannot but be an honourable distinction, as well as a positive recommendation in practice, since it shows that as such he is in close and immediate connexion with the great body of his brother practitioners in this department of the healing art, and that he also has at his command those accumulated stores of experience which will place him on a par with the most distinguished ornaments of his profession, and rank him amongst that great band of fellow-workers who are earnestly devoting the best years of their existence to the noble cause of allaying suffering and preserving life amongst that class of patients who must ever hold the first and foremost claim upon our interest, our sympathies, and our affections."

After a few more general observations, Dr. Rigby concluded a very eloquent address by wishing the Society a long and prosperous career. We trust that it may continue to be the great centre of collected English knowledge and experience in all that relates to obstetrics, and that it may extend its beneficial influence wherever our language is read.

MEDICAL NEWS.

DEATHS.

DOWSON.—At Norwich, Mr. Alfred Dowson, aged 22. He was doing duty at the Norwich Dispensary, and took some tincture of aconite instead of tincture of orange-peel, the labels *Tinct. Aconit.* and *Tinct. Aurant.* on the two bottles leading to the mistake whtch proved fatal in a few hours.

GREEN.—On December 22, at Newton-in-Makerfield, Lancashire, John Green, M.D. Glasgow, 1826; aged 56.

HUNTER.—On the 3rd instant, at Greenhithe, Kent (late of Islington), James Hunter, M.D. Erl. 1855; F.R.C.S. Eng. 1846; M.R.C.S. 1837; aged 43.

MUIR.—On December 8, at Milnholm, Strathaven, Henry Muir, M.D. formerly Superintendent of Health in the Ionian Islands.

NOBLE.—On the 26th instant, at Stricklandgate, Kendal, James Noble, M.R.C.S. Eng. and L.S.A. 1818; aged 64.

REYNOLDS.—On Christmas-day, at Staplegrove-house, Somersetshire, Michael Reynolds, late Surgeon of H.M.'s 59th Regiment, and formerly of the 33rd Regiment, under the Duke of Wellington in India. R.I.P. Aged 88.

ROBARTS.—On December 27, at Burnham, Bucks, William Robarts, M.D. St. And. 1856; M.R.C.S. Eng. 1810; aged 71.

DR. WILLIAM CRUICKSHANK, Deputy Inspector-General of Hospitals, died at Simla on the 5th ult. from the effects of illness brought on by excessive fatigue in the zealous discharge of his professional duties, particularly before and at Lucknow. He suffered severely in health, but it was thought repose and change of air would recruit his health, and that before a few months had elapsed he would be able to resume the arduous calls on his professional attention. His death will be deeply regretted by a wide circle in the army who had the pleasure of his friendship and acquaintance. He was appointed hospital assistant in November, 1827, and in November, 1829, obtained the rank of assistant-surgeon. In October the following year he was appointed junior assistant-surgeon to the 79th Highlanders, and after some years' service with that regiment exchanged to the 93rd Highlanders, and served with that regiment in Canada. At the outbreak of the late war he accompanied the Eastern army to Turkey. He served in the campaign of 1854-55 in Bulgaria and the Crimea in Medical charge of the Second Division of the army, including the battles of the Alma, Balaklava, and Inkermann, the siege of Sebastopol, and the repulse of the principal sorties on the 26th of October, 1854. The late Lord Raglan bore testimony to his ability and exertions in his despatch of the 11th of November, 1854, "as deserving to be most honourably mentioned." After a brief sojourn in his native country he was ordered to Calcutta, to attend on the Queen's forces in that country. Like many other distinguished and gallant men he has fallen a victim to over-exertion and the climate. He obtained the rank of regimental surgeon on the 6th of January, 1843, staff-surgeon on the 28th of March, 1854, and Deputy Inspector-General on the 1st of February, 1855.

THE LATE DR. COTTON OF LYNN.—In common with every one to whom Dr. Cotton was known personally or by reputation, we feel the greatest regret in having to number him with those who are gone from us; and we feel that the only just tribute which we can pay to his memory is to record here, though briefly and inefficiently, the few facts that have come to our knowledge as to his most useful public career. The deceased, Charles Cotton, was born in Lynn in 1811, and was articled to Mr. Morris, a Surgeon in Lincolnshire. After passing his examinations, and obtaining the diploma of M.R.C.S. in 1833, and L.S.A. in 1834, he returned to Lynn, and was elected House-Surgeon to the Lynn Dispensary, in which office he continued till the institution was dissolved. He then entered into partnership with Mr. Ingle, and upon that gentleman's retirement, succeeded to the whole of his practice. He had previously been elected Surgeon to the West Norfolk and Lynn Hospital, succeeding Mr. Ingle on his resignation of the appointment. He held that responsible position for several years, until compelled, by failing health, increased by the sad loss of his son, to resign it, together with his general practice, and limit his attention to that of a Physician and consulting Surgeon. He had obtained his degree of M.D. at St. Andrew's in 1845, and of F.R.C.S. Eng. by examination in the previous year. On the occasion of his retirement from the Surgeoncy of the Hospital he received from the governors a silver inkstand as a slight testimonial of their genuine esteem towards himself and appreciation of his valuable aid. On the death of Mr. Sayle—the then senior Surgeon to the Hospital—in 1857, Dr. Cotton, upon the earnest solicitation of several friends of the institution, was induced to renew his services in that capacity, which he continued until within a few weeks of his death, and then resigned from conviction of the fatal character of the illness by which he was attacked. Unfortunately that impression proved too well founded, and he died on Friday morning. A correspondent adds—"Of the professional ability of the deceased, it is impossible for us to speak too highly. As an operator he was particularly skillful, and attained to a deserved eminence in that respect among his Professional brethren, by whom he was held in the highest esteem. One of his earliest performances was the successful excision of a knee-joint—a case which was among the first of the kind on record in this country. He contributed some articles to the literature of Practical Surgery, chiefly descriptive of important complicated cases which he had treated. He was an ardent

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lover of his Profession, and in every way in his power demonstrated his well-founded belief in its importane to, and claim upon the respect of, the community. He was also a most zealous and efficient supporter of the Medical Benevolent College, of which he was for some length of time local honorary secretary, but resigned that appointment with others which he held. He served the municipality for six years, as an alderman; and also for several years as a borough magistrate; of both of which offices he discharged the duties actively and honestly, with a strong desire to promote the public welfare."

A number of the inhabitants of Lyons have opened a subscription for the purpose of erecting a worthy monument to the memory of Dr. Bonnet.

IN VARIOLA, SCARLATINA AND MEASLES, says M. Trousseau, we may receive it as a law, that the prognostic of the disease stands in direct relation to the severity of the eruption.

YANKEE ENTERPRISE.—An American physician, named Bates, from Ashfield, Massachusetts, has established himself in practice at Kakocandi, Japan.

FACULTY OF MEDICINE OF PARIS.—M. Jarjavy is definitively appointed Professor of Anatomy, and M. Gosselin of Surgical Pathology.

RETIREMENT OF MM. ANDRAL AND RAYER.—These two distinguished Physicians have just retired from the posts of Physicians to La Charité, which they have so long held with such distinguished honour.

ELECTRICAL ANÆSTHESIA has been experimented by M. Fossangrives. His results leave no doubt on his mind, that in unimportant operations, such as cutting off fingers, perfect anæsthesia may be thus obtained. The minor operations of Surgery are the proper field for this local method of averting pain.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At a meeting of the College, held on Saturday, the 1st instant, Drs. Neligan, Wm. Barker, and Aquilla Smith, were appointed a committee to co-operate with the Pharmacopœial Committee of the General Medical Council.

HEREFORDSHIRE MEDICAL ASSOCIATION.—A meeting of Medical practitioners of this county was held here on the 28th December, Dr. Bleeck Lye in the chair, when a Registration Association was formed with the above title, and the usual resolutions were passed. Dr. Bleeck Lye was elected president of the Association.

SUICIDE WITH PRUSSIC ACID.—On Friday evening an inquest was held at the Bush Hotel, Portsea, before Mr. J. Cooper, respecting the death of Dr. Engledue, a well-known Medical practitioner there. The evidence proved that the deceased had poisoned himself with prussic acid, and the jury returned a verdict that he had done so while in a state of unsound mind.

DOCTORS' FEES IN ROME.—In the Roman States it can scarcely be said that there is a career of any kind open to laymen of the better classes of society. There is a total want of occupation for young men of the aristocracy and *bourgeoise* of respectable families and education. The native army is small, and by no means a desirable service; navy there is none; physic and law are immensely overstocked, and of the advantages afforded by the former profession you may judge from the fact that two pauls, or about 10d., is a common physician's fee.—*Times' Correspondent.*

MEDICAL BENEVOLENT COLLEGE.—Monday last was a joyous day at Epsom; the honoured founder invited the pensioners to dinner, and truly hospitable fare did his liberality provide. It was a touching sight to see with their wives, and in some instances with their daughters, our aged brethren, who had adversely maintained the battle of life, enjoying cheerfully and gratefully the friendly intercourse of the meeting. Mr. and the Misses Propert gracefully exerted themselves to add to the hilarity of the day, and several friends accepted the founder's invitation, and accompanied him from London.

It appears that there has existed in Bologna, since the year 1844, an institution destined to help broken-down Medical men; but the calls upon it have increased quicker than its means. A petition was therefore presented to his Holiness the Pope in June 1857, requesting him to found a "Retreat for Doctors." His Holiness received the said petition very graciously; but, of course, there his interference in the matter ended. This little anecdote will sound strange in the ears of men who are accustomed to help themselves, as we do in this country; and gives us a sorry idea of the independence of mind of persons who thus seek assistance.

HOMICIDAL MONOMANIA was a few years ago looked upon as an invention of crotchety doctors. M. Dupin, the facetious, called it in 1826 a new resource in medicine. It has, however, been accepted at length as a solemn fact by the law of the country. M. Devergie now claims an exactly similar irresponsibility for a class of men possessed with *transitory homicidal madness*. He tells us, indeed, that magistrates and juries in this country already recognise and admit the facts.

LIFE PEERS.—If as many as ten Life Peers were annually created by address and solemn commendation of the Commons, not only would this keep up a steady sympathy in the Upper House with all the newer sentiments of the nation, but it would constitute the highest sort of recognition which a meritorious citizen can receive—far superior to those honours which are shared by the sycophants of a court, or the convenient tools of a ministry.—*Westminster Review*, January 1859.

GENIUS AND FOLLY.—"Seneca said, Nullum magnum ingenium sine mixturâ dementiæ," and Seneca went too far; but Napoleon spoke the truth, when he advanced the proposition that between a man of genius and a fool there was scarcely the difference of the thickness of a six-liard piece. Antiquity offers us an exact proof of this assertion in Socrates, Pythagoras, Democritus; and of the great men in modern days, Tasso, Pascal, and Rousseau, justify it in many respects."—*Devergie.*

PISCICULTURE.—A remarkable result has been obtained in the Department of Meurthe (France), where from a small stream the enormous weight of 25,000 kilogrammes of bleak —about 54,000 lbs.—was taken during the late season. The scales of this fish are used for making artificial pearls. By an ingenious process they are reduced to a kind of lustrous paste called essence d' orient, and the French artificial pearls are simply small hollow glass balls coated inside with this paste and filled with white wax.

FISSURE OF THE ANUS, we are told by M. Robert, never requires division of the sphincter. Recamier introduced the only operation which should be used in the majority of cases. When a muscle is violently contracted, its contractions may be overcome by forcible distension, without rupture of it. Recamier consequently operated thus:—He introduced the index of his right, and then of his left hand into the anus, and forcibly separated the sphincter, until the contraction of it had ceased. The operation is rapidly performed, and, under chloroform, painless. "I have performed it," adds M. Robert, "a great number of times, and have never known it to fail. The sphincter is thereby lengthened, and the fissure, which is probably seated in a less distensible tissue, is probably torn, and so transformed into a simple wound. I have never known an accident follow this operation; nor does the disease return. The consequences of it are very simple, and no kind of dressing is required after it." —*L' Union Médicale.*

METEOROLOGY.—M. Babinet, of the Institute, who has been for some time past in the habit of publishing his meteorological prognostics every now and then, has just written to the *Débats* to explain why he lately foretold a severe winter commencing from the 22nd inst. The following is the substance of his letter:—Although meteorology, he observes, is still in its infancy, there is one fact established beyond a doubt—viz., that the dominant wind of France, and of the greater part of Europe, is the south-west, which carries the warm air of France to Russia. The dominant wind being ascertained, it is an acknowledged fact in meteorology that the next strongest, or the subdominant wind, is the opposite one—viz., the north-east, so that after the Franco-Russian current we may expect the Russo-French one, which will

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bring the cold of Russia over here. It generally blows at uncertain intervals between November and March, and seldom continues longer than three or four weeks without interruption. This change from the warmer to the colder current is owing to the sun being now in the opposite hemisphere. No doubt, we have been several years without this counter current, owing probably to the strength of the south-western one, which in our latitudes carried all before it in 1856. But since last year the counter-current has given signs of re-appearance, and, being unable to force the dominant current, it has made its way by a circuitous route through the whole of southern Europe, and been accordingly severely felt at Constantinople. Hence he declares that there is every reason to believe that it will also visit France.

FATAL CASES OF ANÆSTHESIA.—There are in London 15 hospitals where surgical operations are being frequently performed. Some of these are small; we will, therefore, confine ourattention to the 10 largest metropolitan hospitals. St. Bartholomew's is immensely large; at the lesser Hospital of University College 4,440, and at Charing-Cross Hospital 1,600 operations have been performed under chloroform during the last 10 years. St. George's, though larger than University College, is probably of medium size, and may therefore be fairly taken as representing the average number of operations which are performed in each of the other nine. In this hospital 3,000 operations are said to have been performed within the period just mentioned. If we multiply this number by 10, which is the number of the principal hospitals in London, it appears that at least 30,000 operations have been performed in the metropolis during the 10 years in which chloroform has been used. We are aware that, according to the statistical statements respecting the surgical operations performed in London which have been published in the *Medical Times and Gazette* during the last four years, and which we have carefully examined, not more than 10,000 operations have been performed in London during the last ten years. But those statements only comprise the "principal operations," and must exclude, as indeed we know they do, and as is proved by the *data* obtained from St. George's University College, and Charing-cross, an immense number of cases in which chloroform is given. Now, if, without considering the upper classes, who do not resort to hospitals, we regard the hospitals of London as affording surgical aid to all who require it out of a population of, say 3,000,000; if we suppose that the rest of the population of the United Kingdom, and the population of France, Germany, and the United States, demand surgical aid in the same numerical proportion, as the people in and around London seem to do; and if we estimate the total population of these countries at 120,000,000, we arrive at the conclusion, that during the last ten years the number of surgical operations which have been performed in the United Kingdom, the United States, France, and Germany collectively is 1,200,000. We have confined ourselves to these countries, because it is from them mainly, though not exclusively, that that the reports of deaths from anæsthetic agents have been collected. Among the deaths ascribed to chloroform there are seven, the cause of which is uncertain. Assuming four of these to be due to chloroform, the following is a statement of all the deaths which we have been able to learn of as having occured either in Europe or America from the inhalation of anæsthetic vapours:—Deaths from chloroform, 68; from æther, 2; from mixture of chloroform and æther, 1; from mixture of chloroform and alchohol, 1; from amylene, 2. Total, 74.—*Westminster Review* for January.

AN ANECDOTE OF LOCKE.—Locke continued through life greatly addicted to Medical and Chemical researches. He kept the first regular journal of the weather, and published it from time to time in the "Philosophical Transactions," and in Boyle's "History of the Air." He used, in his observations, a barometer, a thermometer, and a hygrometer. His letters to Boyle are full of experiments and speculations about chemistry and medicine; and in a journal kept by him when travelling in France, is this remarkable entry; "M. Toinard produced a large bottle of mussat; it was clear when he set it on the table; but when the stopper was drawn a multitude of little bubbles arose. It comes from this: query, whether this be air new generated? Take a bottle of fermenting liquor, and tie a bladder over its mouth, how much new air will this produce, and has this the quality of common air?" We need hardly add, that about a hundred years after this, Dr. Black answered this capital query, and in doing so, transformed the whole face of chemistry.—*Locke and Sydenham.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, January 1, 1859.

BIRTHS.

Births of Boys, 981; Girls, 1013; Total, 1994.
Average of 10 corresponding weeks, 1848-57, 1541.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	760	734	1494
Average of the ten years 1848-57	676·8	638·1	1314·9
Average corrected to increased population	...	...	1446
Deaths of people above 90	1	3	4
Deaths in 15 General Hospitals	39	21	60

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	2	13	2	1	5
North....	490,396	4	16	35	14	3	9
Central ..	393,256	1	18	17	10	1	3
East	485,522	6	9	26	18	6	20
South	616,635	2	8	39	17	4	15
Total..	2,362,236	13	53	135	61	15	52

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·744 in.
Mean temperature	41·4
Highest point of thermometer	49·3
Lowest point of thermometer	31·9
Mean dew-point temperature	38·4
General direction of wind	S.W.
Whole amount of rain in the week	0·22 in.
Amount of horizontal movement of air in the week ...	565 miles.

BOOKS RECEIVED.

Wrongs which cry for redress. By T. Hopley, F.S.S. London: 1859.

Mayne's Expository Lexicon. Part 8. London: 1859.

Half-yearly Abstract of the Medical Sciences. July to December, 1858.

Electro-Dentistry. By J. Snape. London: 1859.

On Stricture of the Urethra. By S. G. Wilmot. Dublin: 1858.

Medicines: their Uses and Mode of Administration. By J. M. Neligan, M.D. 5th Edition. Dublin: 1859.

The History of Prostitution. By W. W. Sanger, M.D. London and New York. 1858.

Who's Who in 1859?

The Sanitary Condition of the Strand District. By Conway Evans, M.D. London: 1858.

Systematic Philosophy. By G. F. Harrington. London: 1857.

Statistical Report of the Health of the Royal Navy for 1856. London: 1858.

Braithwaite's Retrospect. July to December, 1858.

The Book of Prescriptions. By Henry Beasley. 2nd Edition. London: 1859.

Liebig's Familiar Letters on Chemistry. 4th Edition. Edited by John Blyth, M.D. London: 1859.

A Manual of Qualitative Chemical Analysis. By A. B. Northcote and A. H. Church. London: 1858.

Observations and Notes on the Arteries of the Limbs. By T. W. Nunn, F.R.C.S. London: 1858.

The Topography and Climate of Aspley Guise. 2nd Edition. By James Williams, M.D. London: 1858.

Handbook of Chemical Analysis. By F. T. Conington, M.A. London: 1858.

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TO CORRESPONDENTS.

Mr. Gardner.—Next week.

Dr. Young, Edinburgh.—We shall be glad to insert the account of the case.

Myope had better wear glasses. He can obtain them from any respectable optician.

Honestas.—This appears to be a case in which the patient should exercise a right of selection.

Mr. Waters's note respecting the Liverpool Registration arrived too late for insertion last week.

Dr. Stone's cases of acute Necrosis followed by Pyæmia shall appear in an early number.

Doctor Nunn's (Savannah, Georgia) paper on the electro-chemical bath has not been received.

T.D. Peckham, should send his name and address in confidence, when an answer would be returned by a private note.

Mr. E. Jones—No decided answer can be given to the questions. The operation of the Act upon unqualified Assistants is not clearly defined.

The first part of *Dr. Althaus's* paper on the action of the electric current upon the motor nerves and muscles shall appear next week, if possible.

A Retired Surgeon. Purified tar can be procured from any of the leading Druggists—as ma the *oil of cade* or pyroligneous oil of juniper.

P.—A Licentiate of the College of Physicians, who has not a University . egree, cannot register as a Doctor of Medicine.

Dr. Munro.—We shall be happy to insert any original contribution of interest; but we never reprint papers which have been published elsewhere.

Dr. H. Watson.—A Practitioner who does not register is liable to all the penalties and disabilities imposed by the Act; but the registration fee is not increased by delay.

No. 101 need be under no apprehension. The evils depicted in the filthy books advertised are invented by the authors to bring victims to their net.

A.B. should furnish us with further particulars of the cases of suspected poisoning. No opinion can be given upon a meagre outline of facts.

Mr. Bell of Gateshead informs us that he has found Tincture of Sumbul of great use in hooping-cough. The tincture is made in the proportion of a drachm of the root to an ounce of spirit, and from 20 minims to ½ a drachm of this tincture is the dose for an adult every four hours.

L.A.—Published evidence is the only valid evidence of priority in discoveries or inventions. Passages in old authors, or mere general anticipations in science, are admirably characterised by Biot as "billets de loterie dont ou ne sait la valeur qu' après le tirage."

M.D.—It will altogether depend upon whether our Correspondent wishes to maintain the right of *charging for the medicines* supplied to his patients. If he only charge for attendance, he is not amenable to any existing law.

One registered and an Old Contributor is assured that we have opened our columns with perfect impartiality to letters on both sides of the question which interests our Correspondent. If we inserted all we received, the Journal would be filled with them, so we usually select one on either side, as we did last week.

Stethoscope.—We have on another occasion expressed our opinion of the impropriety of excising the knee-joint as an *operation de convenance.* We do not think it is justifiable to perform an operation highly dangerous to life, merely for the purpose of straightening a crooked limb. In the two cases alluded to, there was extensive internal disease, in one case of kidneys, spleen, and heart, and in the other of the lungs, which any Physician would have detected had he been consulted, and which clearly contraindicated any important operation.

Subscriber.—The so-called "Scotch Diploma," is not a diploma. It is merely a certificate of attendance on Midwifery Lectures and at labours. We are surprised that any "Subscriber" can suppose that such a document can give him any claim to register. He is neither a Doctor, Bachelor, nor Licentiate of Medicine, nor Master in Surgery of any University in the United Kingdom so specified. Accordingly he is not possessed of any of the qualifications described in Schedule A. of the recent Medical Act. He is therefore, by that sheet of parchment, however formal in appearance, in no way a duly-qualified Practitioner, and consequently not entitled to be registered. Hence, if the party pretends to be, should take, or ever use any of the names or titles specified in Clause 40 of the Act referred to, he will render himself cerainly liable to the penalty inflicted by that section.

Practitioners before 1815.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will you inform me as to the title and privileges under the New Act, of those in practice before 1815. They are spoken of in Clause 17 as "persons practising Medicine," and in Schedule B, as "Medical Practitioners." Will they be able, therefore, legally to practise both Medicine and Surgery, and to recover charges for such attendance?

I am, &c. An Inquirer.

[The 55th George 3rd, chap. 194 (which requires all Apothecaries in England and Wales to be licensed by the Apothecaries' Company) made an exception in favour of persons who were in practice as Apothecaries on the 1st August, 1815, and such persons are by Section 17 of the recent Medical Act, entitled to be registered upon complying with the requirements specified in that clause: But as registration under the new Medical Act does not confer any additional professional privileges or qualifications, persons who register by virtue of this provision of the Act, will not thereby be authorised legally to practise either Medicine or Surgery; and consequently they will not be entitled to recover any charges for Medical attendance. To recover charges for professional aid, advice, and visits, and the costs of any Medicines supplied to patients, the practitioner must be possessed of a qualification which entitles him to practise Medicine or Surgery, or Medicine and Surgery. They may still, however, sue for drugs supplied as heretofore; but will not by registration acquire a right to assume any Medical title. Their privileges are entirely exceptional, and, therefore, cannot be enlarged, except by clear words contained in some legislative enactment.]

The National Pharmacopœia.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As our Pharmacopœias are now in process of reformation, permit me to direct the attention of the Profession to another very desirable improvement, viz. the equalisation, so far as practicable, of the doses of medicines. I allude especially to our pills, tinctures, and spirits, etc.

A large number of Practitioners confine their prescribing to a very limited circle of drugs, and chiefly, I believe, in consequence of the almost impossibility of remembering on the spur of the moment the exact and proper dose of the rarer and less-used drugs.

I see nothing in the vast majority of instances to prevent so desirable a consummation; it is merely a question of dilution to a uniform strength.

Trusting that something may be done in this matter,

I am, &c.

One whom such a Reform would greatly assist.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Owing to a misapprehension of an advertisement in your Journal, in which my name is used as a reference, a report has become current that I am about giving up practice. May I ask the insertion of this note in order to contradict an unfounded and prejudicial report?

I am, &c. Samuel Griffith, M.D.

11, St. Thomas's-street, Southwark, December 28, 1858.

Medical Titles.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—It may not surprise us that "Medical Titles" constitute a difficult and ungracious question for the Medical Council to decide upon. The Profession of late years, for want of an equitable legislative adjustment, has certainly more and more become disorganised. The Apothecaries' Act raised the status and efficiency of the General Practitioner, and was a great boon to the public; but how much has it been set at nought and violated by men taking single degrees as Dr. or Surgeon, dispensing their medicines and usurping the functions of the General Practitioners, who have commonly the double qualification. The time was when almost every man who became an M.D. practised legitimately as such, but now everything is jumbled together, except some leading men who are really Physicians and Surgeons. Could we institute new grades, every man might be called Doctor of Medicine or Surgery, since it has been such an ambition among men intending only to practise as General Practitioners to hunt up a Doctorate at St. Andrew's, at Giessen, or anywhere else. I admit it would be a hard thing to interfere now with a large class who have long acted as General Practitioners without the Apothecaries' licence, but I would object as a General Practitioner to see these gentlemen figure in the lists on an equality with purely Consulting Physicians or Surgeons.

I am, &c. A General Practitioner.

Electricity in Hysterical Muscular Hyperæsthesia.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—My attention has been directed to a valuable article by M. Briquet on Hysteria, a late number of the *Medical Times,* in which that gentleman says, "But the means (of cure) par excellence is the Faradisation of the skin as performed by M. Duchenne." . . . The pain these sparks induce is so severe as not to be bearable beyond a very few minutes. As I have been instrumental in relieving several cases of hysterical muscular hyperæsthesia with the aid of electricity and without pain, I think that your readers should be made acquainted with the method as a corollary to M. Briquet's paper.

The means I make use of, I term the electric poultice, consisting of a piece of thin sheet zinc a little larger than the painful spot; this is covered with flannel saturated with warm water, and placed upon the part affected; to this is attached the negative pole of a battery of not less than twenty elements, the positive pole, by the aid of a moistened conductor, is to be placed upon the spine. I need hardly add that the continuous current produces no pain. This method is very successful, causes no pain, and may be applied with ease, whereas M. Briquet says in reference to the Faradisation, "that we should not have recourse to it until other means have failed." The continuous current, on the contrary, may be used from the first, in conjunction with the proper general treatment suitable in hysterical affections. I am, &c. Harry William Lobb

Gloucester-terrace, Hyde-park, Dec. 27, 1858.

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Dr. Dunlop, of Glasgow, has forwarded the following note from Mr. Hilliard respecting the modification of the rectangular lithotomy staff, described by Dr. Corbett in a recent number of this Journal :—

65, Renfield-street, Glasgow, Dec. 14, 1858.

SIR,—In reply to your note of the 13th inst. I have to state that the Instrument figured by Dr. Corbett in the *Medical Times and Gazette*, was made by me from drawings taken from Earle's double staff, which has been in the possession of the Glasgow Royal Infirmary for a long series of years.

About nine or ten years ago I made for Dr. Andrew Buchanan (the Inventor of the rectangular staff,) an instrument similar to that made for Dr. Corbett, for which Earle's Staff was also the model. Of the above facts Dr. Corbett had opportunities of being cognisant. I am, &c.

W. B. HILLIARD.

To Dr. Dunlop.

REGISTRATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—It is certainly true that Dr. Hawkins has commenced to register the qualifications of the Medical Practitioners throughout the kingdom. In consequence of the announcement in the Medical Journals last week, I went up to town at great personal inconvenience, and some little expense, to register my qualifications. I called upon Dr. Hawkins, and requested to see him; a maid servant ushered me into a small room, and closed the door. There were about a dozen gentlemen in the room at the time I entered, and there were about half-a-dozen chairs.

A young gentleman, who appeared to represent Dr. Hawkins, was talking to a group of gentlemen, and two more young gentlemen were writing in the recess of the windows; one of them about 17 years of age, as well as I could judge from his appearance; the other I could not form a very accurate opinion of, as he never moved from his table or desk during the time I remained.

After waiting about ten minutes without receiving the slightest recognition or attention, I asked if I could see Dr. Hawkins, as I wished to register, and had my degrees and diplomas with me, as I understood it was necessary to have them inspected.

The youngest of the clerks came forward, and informed me that I could not see Dr. Hawkins, and that it was not necessary to produce my qualifications, but simply to fill up a printed form with the dates, and that they would be compared with the authenticated lists afterwards. I did so, and then paid my two pounds, and requested a receipt for the money; this, however, the senior clerk told me was quite impossible to grant—they had not time to do so—and when I inquired if there was not some danger of mistake arising in consequence, he assured me that there was not the slightest probability of any mistakes arising, and that upwards of two thousand had already paid their money, and had not received any receipt. When I observed that as there were so many in the same predicament, I considered the danger of mistakes arising the greater, the only satisfaction which I could get from this not over-polite or attentive clerk was that I must do as others had done before—viz. take my chance as to the results.

I now beg to say that I simply write this note in order to save my professional brethren the unnecessary expense of either going to town, or sending their degrees or diplomas.

All that at present appears to me to be necessary is for them to send the dates of their qualifications—at least this is what the clerk told me—but if this course should be generally adopted, I see clearly that a great many impostors may succeed in getting their names registered in the first edition of the register, and of course this would answer the object of most of them, as they could remove from their present place of residence to some town where their antecedents were not known—the fact of their names being on the authorised register would be quite satisfactory to most people. The following, for instance, might occur: the son of a deceased Medical practitioner might send the dates of his father's diplomas, and get his name registered (he bearing the same Christian name as his father), without any one being able to detect the imposition. The manner in which the business of registration is carried on at present is, in my opinion, not respectful towards the Profession, and not creditable to the Registrar; if the register is as it ought to be, a true index or criterion by which you can distinguish the qualified practitioner from the quack, the sooner the present mode of conducting the business of registration is altered, the better; otherwise, the register will be crowded with a whole host of quacks and impostors, as there is nothing at present to prevent them from registering under the names of deceased relatives, friends or even entire strangers, or even of detecting them when they may succeed in accomplishing their nefarious object. I therefore beg to suggest that a more business-like mode of registration should be at once adopted, and that not more than one person should be admitted at a time to the room where the Registrar or his subordinates conduct the business of registration, and that the dates of the qualifications should be compared with the age and appearance of the person claiming to have his name placed on the list of qualified practitioners.

I enclose my card. I am, &c.

A MAN OF BUSINESS.

[It certainly appears necessary that the Registrar should be allowed a sufficient number of clerks to acknowledge the receipt of applications, and return acknowledgments for money sent. This might be done long before the applicant was placed on the register.—Ed.]

PRINCIPALS AND ASSISTANTS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—If it behoves private individuals to guard the honour of the Profession, how much more is it the duty of men in public life. An abuse, in which Messrs. Brown and Harper are again conspicuous, has just been brought to my knowledge, which certainly calls for special attention. The former of these gentlemen, in his capacity of Surgeon-Accoucheur to St. Mary's Hospital, was summoned a few nights since to a difficult midwifery case, when, being engaged, Mr. Harper was despatched in his stead. Thus we find the keeper of an open Surgery filling the important post of Consulting Surgeon to a Metropolitan Hospital. I ask is this fair to the Hospital? Is it fair to the gentlemen already engaged in attending the case? Above all, is it right to the patient? I am not aware that Mr. Harper holds any office at St. Mary's; but it has for some time past been noticed with surprise by the visitors to the Theatre of this Hospital that, whenever Mr. Baker Brown operates, his partner, or assistant, or whatever he may be, is present taking a somewhat prominent part in the proceedings. Now there can be no excuse for his appearance there, considering the number of resident and non-resident Medical officers and dressers which they have, in addition to their Honorary Medical staff.

Some of the Medical officers of this Institution showed great alacrity a few weeks ago in clearing out a mare's nest which had been discovered by your contemporary, and were thought to act the un-English part of kicking a colleague when he was down; let them show an equal promptitude in remedying a real evil, and so retain untarnished the good name which their Hospital and school have already won. I am, &c.

I enclose my card. A.A.

COMMUNICATIONS have been received from—

Dr. GORDON, Dinapore; Mr. KESTEVEN; Mr. PARKER; Dr. ALTHAUS; Mr. SMYTH; Mr. MCDERMOTT; Dr. BAINES; Dr. LAWFORD; Mr. BELL; Mr. SMITH, Hereford; Mr. GRANT; Dr. WALKER, Tonbridge; Dr. F. HAWKINS; Dr. BAIRD, Dover; Mr. GRIFFIN; Dr. BAAGER; Mr. CORNISH; Dr. GRIFFITH; Mr. FARRANT; Dr. LOWE; ICHABOD; Dr. A. CAMPBELL; Dr. SANDERSON; Mr. G. NUNN; Mr. A. W. TURNBULL; Mr. C. H. ROPER; Mr. J. ADAMS; Mr. F. GLENTON; Mr. R BURNETT; Mr. E. B. ADAMS; Dr. W. WATSON; Mr. D. O'NIEL; Mr. MCILLREE; Dr. G. HEWITT; Mr. S. HARRIS; Dr. H. SILVESTER; Mr. J. E. SMYTH; Dr. GUISAN; Mr. R. MCCREVEY; Mr. F. RYND; Dr. P. ALLEN; Mr. R. STEVEN; Dr. A. MARSHALL; Mr. A. FOOT; T. D. R.; Mr. STOKES; Dr. H. WATSON; HONESTAS; A RETIRED SURGEON; REGISTRAR GENERAL; Mr. GROVE; Mr. POPE; Mr. HUGHES; SECRETARY, GENERAL BOARD OF HEALTH; Mr. HOPLEY; Dr. JOHNSTONE; Mr. KELLY; Mr. FELCE; Mr. BROCK; Mr. C. WILLIAMS; Mr. GARDNER; PRESIDENT AND COUNCIL OF THE PHOTOGRAPHIC SOCIETY; Dr. YOUNG; Dr. MUNRO; Mr. LUMLEY; Mr. BAKER; Dr. JAGO; Mr. LUMLEY; Mr. BULLAR; Dr. DUNLOP; Mr. NOBLE.

APPOINTMENTS FOR THE WEEK.

January 8. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

10. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8 p.m. Mr. H. Hancock, Esq., "On Cases connected with the Teeth."

11. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. Dr. George Johnson's "Case of Malignant Disease affecting a Testicle retained in the Abdominal Cavity." Mr. Skey's "Cases of Re-fracture of Bone."

12. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

NORTH LONDON MEDICAL SOCIETY, 8 p.m. Officers proposed for Election.

13. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

KING'S COLLEGE MEDICAL SOCIETY. Mr. Henry Smith "On Abscess in the head of the Tibia."

14. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

Lithotrity; Nævus; Removal of Tumours from Temple. By Mr. Fergusson.

Metropolitan Free Hospital.—The following operations will take place on Monday, at 2 o'clock:—

Excision of Knee-joint. By Mr. Chance. Ligature of Femoral Artery; Removal of Adenocele from Breast. By Mr. Childs. Excision of Breast and Axillary Glands; Two Tumour cases. By Mr. Hutchinson.

Lock Hospital.—The following operation will take place on Tuesday, January 11:—

Perineal Section, with a Clinical Lecture. By Mr. Henry Lee.

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Williams and Son's Pure Glycerine

SOAP. Analysed by Dr. Hofmann, F.R.S., and Professor Redwood, Ph.D., strongly recommended by many eminent members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
THE BRITISH MEDICAL JOURNAL.
THE MEDICAL CIRCULAR.
EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, etc.

SOAP-WORKS, CLERKENWELL, LONDON, E.C.

Varicose Veins and Supporting Belts.

—SURGICAL ELASTIC STOCKINGS AND KNEE CAPS, pervious, light in texture, and inexpensive, yielding an efficient and unvarying support, without the trouble of lacing. Likewise, a strong low-priced article for Hospitals and the Working-Classes, ELASTIC NEW CORSETS of the same beautiful fabrics. ABDOMINAL SUPPORTING BELTS for both Sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instruction for measurement and prices on application, and the articles sent by post from the Manufacturers, POPE and PLANTE, 4, Waterloo-place, Pall-mall.

The Profession, Trade, and Hospitals, supplied.

Colwell's Trusses have been recom-

mended to the Public by upwards of thirty of the Daily, Weekly, and Medical Journals. The following are extracts:—

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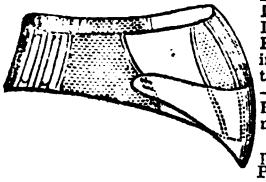

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(a) Bulletin de l'Académie de Med. 1850, page 1015; Gazette Médicale, Aug. 17, 1850; Union Médicale, Aug. 15 and 22, 1850; Gazette des Hôpitaux, March 15, 1853, and June 10, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31, 1855; Revue de Thérapeutique Médico-Chirurgicale, Feb. 15, 1855; Abeille Médicale, Revue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Subeiran, Treatise on Pharmacy; Dorvaux, Officine, &c. &c.

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture III.—On Cancer of the Uterus.—Pathology and Semeiology of the Disease.

Gentlemen,—Cancer in its various forms, affects and destroys the members of the female sex to a far greater extent than it affects and destroys the members of the male sex. In support of this observation, let me merely point out to you the proportion of fatal cases of cancer in the two sexes, which occurred in England, excluding the Metropolis, during the first five years in which the Registration Act was in operation, as shown in this table of the

Mortality from Cancer in England as regulated by Sex.

Year of Report.	Total Fatal Cases of Cancer.	In the Female Sex.	In the Male Sex.
1838	2304	1717	587
1839	2549	1924	628
1840	2238	1656	582
1841	2215	1692	523
1842	2356	1757	599
Total	11,662	8746	2916

Cancer is, therefore, nearly three times more fatal among women than among men; and this difference is principally due to the circumstance that this fatal disease is extremely apt to become localised and take origin in two organs peculiar to the female—viz., in the uterus, and in the mamma. Of these two organs the uterus is most frequently attacked; and, perhaps, of these 8700 deaths from cancer in women, about 3000 were cases of cancer of the uterus,—more than one-third of all cases of cancer in the females being instances of cancer of the uterus.

We have at present in the Hospital two instances of the occurrence of the disease in the uterus, and I shall now first of all read to you the history of these cases, as they have been drawn up by the clinical clerk, Mr. Cayzer, and then take occasion to speak of some points in connexion with the symptoms, diagnosis, and treatment of carcinoma uteri.

I.—"M. R. aged 42, native of Dunfermline; married. Has had nine children: the youngest is now nineteen months old. Has recovered well after her confinements, and always enjoyed good health until ten months ago, when she first noticed a discharge from the uterus. She describes this as resembling 'thick white cream,' in colour and consistence. This discharge continued during two months, and this was gradually displaced by fluid blood and clots of variable size. During the flow of this discharge, which sometimes ceased for a week or more, the pain which she felt at other times was relieved. The smell has continued to be very offensive. Her rest has been much disturbed by the constant burning pain. Bowels generally costive. Appetite pretty good, but not so keen as formerly. None of her family have suffered from uterine disease, so far as she can remember.

"Admitted into No. XII. Ward on October 29, complaining of a constant, burning pain referable to the uterus, and stating that for the past three weeks she has had but little uterine discharge, and that what does appear is thin and watery, slightly tinged with blood, and of a very offensive odour. She has a frequent desire to pass water, but the act of micturition is not attended by pain or scalding. Ordered nourishing diet and rest, and at night suppositories with ½ grain of morphia in each.

"November 16.—To use every night and morning a pessary, containing three grains of McDougall's disinfecting powder.

"23rd.—Since using the pessaries the pain is much relieved, and she has in consequence enjoyed better rest. Still complains of pain in the loins. There is very little blood now in the uterine discharge.

"An examination, per vaginam, reveals the whole of the lower segment of the uterus enlarged with an irregular, hard, and nodulated outline, and but little sensitive. The os and the whole of the cervix uteri appear to be implicated in the disease; but the finger can be passed quite round in the cul-de-sac of the upper extremity of the vagina. The parts have a red, congested appearance, and bleed readily about the margins of the os under slight pressure."

II.—"A. S. aged 34, a native of Banff. Married eleven years. Has had three children, all healthy, as are the other members of her family.

"Up to this present year she has enjoyed very good health, and has been in the habit of working very hard at washing and cleaning. In April last (after a week of unusually hard work, in the course of which she was often lifting heavy weights), while she was menstruating, menorrhagia supervened, and continued in various amount for five months. During this time she became very weak, and rapidly lost flesh and colour. She was under treatment at the Dispensary during September and October last, and in the latter month became so enfeebled that she could not continue her regular attendance there, and was visited at her own house. The treatment at the Dispensary consisted of the use of astringent injections, and the internal administration of some preparation of iron.

"She was admitted into No. XII. Ward on November 10, and on admission was thin, weak, and sallow. She states that she was robust before her illness commenced. She complains of great pain in the cavity of the pelvis, and at the lower part of the back, occasionally lancinating, but always present, though varying in intensity. The pain was at its first appearance attended by an extremely offensive discharge, much resembling dirty water streaked with blood, and more or less discoloured. The persistence of the pain interferes much with her sleep. The appetite is now a little improving, but has been very bad. Bowels rather costive. Pain in passing water, and a frequent desire to empty the bladder.

"A vaginal examination shows extensive disease of the os and cervix uteri, with considerable loss of substance. The diseased mass hard and nodulated, and the irregular edges give a sensation to the finger resembling that produced by cartilage. There is an extremely fœtid discharge, of a dirty brown colour, and tinged with blood. The edges of the scirrhous mass are sensitive, and considerable pain is caused by pressure.

"Ordered nourishing diet, and tincture of the muriate of iron. To use pessaries with ten grains of McDougall's disinfecting powder.

"November 20.—To have three ounces of port wine daily.

"26th.—Remains much the same. Complains of pains caused by introducing the pessaries, which is avoided by a little care, introducing them so as not to press unduly on the edges of the scirrhus."

These two patients afford you examples of carcinomatous disease of the uterus, such as it will often present itself to you in practice. They will not be kept long under observation in the Hospital. They will remain for a week or two, to give them time to recover their strength a little, and an opportunity of learning how to treat themselves. The rest, freedom from care, and good diet of the Hospital will restore them, you will find, in some degree to better health. I am not going to enter into the details of these cases, and enlarge upon their peculiar features; for in fact they present nothing peculiar. They are good common examples of a common disease, viz., cancer of the uterus, and afford me thus an opportunity of making some general observation on the nature, the symptoms, the diagnosis, the progress, and the treatment of that malady. And first let me direct your attention to

I. Its Anatomical Seat and Course.

Cancer in the Cervix Uteri.—When cancer attacks the uterus it usually does so in its lower segment, or in the region of the os and cervix, as has happened in these two cases in the Hospital. But cancer does not attack in the first instance the cervix uteri invariably or exclusively, as some have averred; for it sometimes originates in the body, or even in the fundus. Its course, however, is commonly such, that we find first of all an enlargement of the cervix, which is not to be readily distinguished from other swellings occurring in the part, and which is produced by the deposit of cancerous matter in its substance. This deposit spreads rapidly and early into the surrounding

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cellular tissue, which becomes hard and indurated. So far it is still in the condition of scirrhus; but betimes it begins to soften and ulcerate, and as the ulcer forms and deepens hæmorrhage is produced. The early and extensive infiltration which takes place into the tissue surrounding the cervix render it firm and immobile, and this is one of the distinguishing characteristics of the affection. For while you may often see chronic inflammatory affections of the cervix producing enlargement and induration, you will still find it loose and moveable, because there is none of this inflammatory deposit in the cellular tissue around. In cancer uteri as the neighbouring textures get infiltrated and indurated, and ulceration takes place in the seat of the original deposit, the os becomes hollowed out, irregular, and rough, and the resulting excavation has its walls sometimes of a soft and friable character, especially at particular points; while in other parts and cases the walls are hard and cartilaginous, and as the second case in the Hospital impart to the finger pretty much the same sensation as the interior of a leather dice-box. Sometimes, instead of ulceration and excavation, you will find fungous masses growing at one or more points from the excoriated surface. Ere long, the disease spreads to the neighbouring organs—backwards to the rectum, more frequently forwards to the bladder, and downwards along the vagina and urethra. It keeps always extending itself along the walls of these viscera, and when ulceration goes on after the bladder has become implicated, vesical fistulæ are sometimes produced; or the rectum may be opened into and a hopeless recto-vaginal fistula ensue. In some few cases all the three canals come to communicate, and the urine and fœcal matters mingling with the discharges from the diseased mass, and all escaping per vaginam, render the condition of the unfortunate sufferer one of the most hopeless misery. Some of the drawings, which I show you, are illustrative of these

Fig. 1.

Fig. 1.—Carcinoma beginning in the cervix uteri, and ending in the production of recti-vesico-vaginal fistula (Farre).

various points. The lymphatic glands of the groins, pelvis and abdomen sometimes become swelled from cancerous deposit in them; but secondary carcinomatous infiltrations into distant organs, as the liver, spleen, lungs, etc. are rarer in uterine than in most other fatal forms of cancer. After death, besides the cancerous deposits and infiltrations alluded to, morbid inflammatory adhesions and limited effusions of pus are frequently found among the contiguous surfaces and folds of the peritoneum in the neighbourhood of the uterus, and in a considerable proportion of instances you will find mechanical distension of one or both ureters, and corresponding degeneration of one or both kidneys—the lower end of the ureters having become compressed and partially obstructed by the cancerous affection of the uterine and vesical walls. Occasionally in the same way the rectum is obstructed, and the bowel above dilated.

Cancer in the body and fundus of the uterus.—I have said that the body or fundus of the uterus may become the primary seat of the disease, and here it may assume different types which are not always very easily recognised. And if the cervix be at the same time healthy, the case becomes extremely deceitful, and the true disease may be readily overlooked. The principal forms under which carcinoma appears, when it begins in the body or fundus of the uterus, are, as far as I have myself had occasion to observe them, the following:—1. The cancerous deposit may become located in the outer layer of the middle coat of the uterus, or in the sub-peritoneal or peritoneal coat. Here is a drawing of a case which I attended some years ago, and in which you will perceive the os and cervix uteri, the cavity of the uterus, and its lining membrane, sound and entire. But cancerous deposit has taken place to a great extent in the thickened walls of the fundus and body of the uterus, forming a large irregular shaped tumour which became adherent to the bladder, and, at last, fungated into the vesical cavity, leading on to severe hæmaturia before death. 2. Carcinoma occasionally attacks the whole thickness of the uterine walls, without producing any local protrusion or prominence upon them, either exteriorly or interiorly. 3. The most common form of the disease, however, is that in which it has its primary seat—like cancerous disease of the stomach, in the mucous or submucous coat of the body or fundus—producing, as in the case of which I show you this drawing, general cancerous ulceration of the interior of the uterus, ending in fatal ruptures of the fundus; or assuming, as I have much more frequently seen, the form of a sessile irregular excrescence or fungoid mass projecting into, and distending, the uterine cavity, or even dilating and partially pressing through the healthy, but distended, os uteri. The first time I ever saw and fairly made out the case of this last and most common form was in a patient who had long suffered from an abundant serous and sometimes offensive discharge. She was here, from England, under the care of an old master of mine, and had been often treated by the application of caustics to the vagina and cervix with the hope of arresting the copious and constant discharge. When consulted in regard to her case, I suggested the introduction of a sponge tent into the os uteri, that we might then have an opportunity of making out more clearly the source of the discharge, or, at least, of making sure whether it might not be proceeding from the uterine cavity, instead of the vaginal walls. After the sponge had been introduced, the discharge was found to be checked for the first time for many months, and on its withdrawal a fungating mass was discovered by the finger in the interior of the uterus.

Fig. 2.

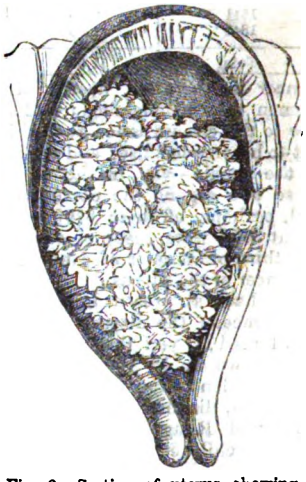

Fig. 2.—Section of uterus showing its cavity filled up by a polypoid or sessile mass of carcinoma which sprung from the posterior wall of the body of the organ. The cervix uteri healthy and still shut (one-third of full size).

You must not hold, therefore, that a patient has not got a cancer of the womb, because the cervix is healthy; for the cervix may remain quite sound when the body of the organ has become extensively diseased. In a very large proportion of cases,—in 28, perhaps, out of 30, the cervix is the primary seat of the disease; but in the other two, it remains healthy after the rest of the organ has degenerated.

II. Pathological Forms of Uterine Cancer.

In regard to the pathology of carcinoma uteri, it has been much discussed what type of the disease is most frequently met with in the neck and body of the uterus. Almost every one now recognises it as a peculiarity of the disease, that, 1st, as it occurs in the cervix, it is here almost always primary; and 2nd, when it extends, it does not often lead to secondary deposits in distant parts of the body by contamination of the system through the blood or otherwise, but spreads mostly by involving the neighbouring and contiguous tissues and organs. Then Virchow, the greatest living authority in pathology, holds that the type of malignant disease usually found here is the epithelial or cancroid. We find

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some growths retaining this character longer than others, and the malignant formations in the uterus remain cancroid longer, perhaps, than tumours in any part of the body. By epithelial cancer I mean, of course, that we have a deposit of cells, having more or less the form and appearance of epithelial cells among the tissues of the part, without the development of any additional stroma.

FIG. 3.

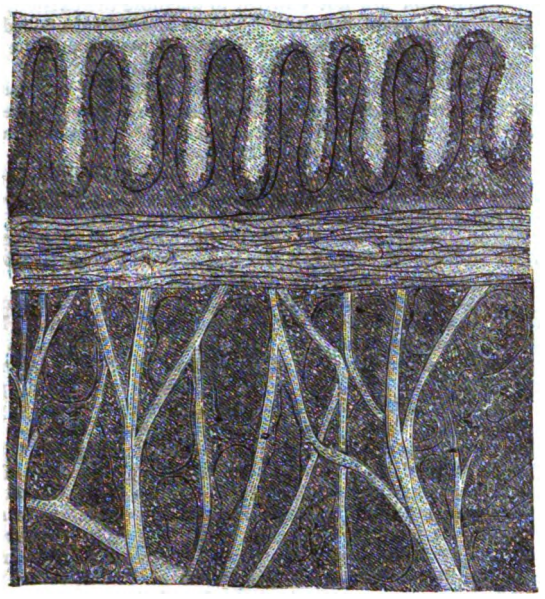

Fig. 3.—"Perpendicular section of a commencing cauliflower excrescence of the collum uteri (cancroid). The papillæ of the os uteri, of a tolerable size, are seen on the yet intact surface, surrounded by some regular layers of epithelial cells. The disease begins at first beyond the mucous membrane in the proper parenchyma of the cervix, where the tissue is traversed by cell-deposits (alveoli) of a rounded or irregular form. Magnified 150." (Virchow.)

As to the cells themselves, we now know that there is no one form peculiar to cancer, and the presence of cells such as I have indicated in the stroma of the cervix uteri, are only indicative of malignancy in so far as they are altogether heterologous to the part. But in addition to the infiltration of heterotopous cells in the tissues of the cervix, and probably from some irritation resulting from it a change is produced in the papillæ, on its surface, so that these become greatly hypertrophied. They not only enlarge, but split up into a number of branches or villi, and as each villus contains a fine walled capillary loop, they come to present an appearance under the microscope very much resembling that of a placental tuft; and to this excessive papillary development is due, according to Virchow, the fungous character of the cauliflower excrescence. In other cases, however, the morbid structure in uterine cancer is of the truly carcinomatous type; that is, a development occurs of a tissue consisting of an areolar stroma, from which a more or less abundant fluid containing many nucleated cells can be expressed when a section of the mass is made. Both the cells and the stroma in which they are imbedded may resemble in every histologic character the cells and the stroma of tumours which we are wont to regard as non-malignant in character, or they may even not differ widely in appearance from some of the normal tissues of the body; but we set them down as malignant or carcinomatous when occurring here, inasmuch as they are of a nature altogether different from those of the organ in which they have their seat, even, although they may have originated from some of the cells of that organ which have taken on a perverted type of development.

And then the clinical history of the patients in whom such growths occur is just that of other patients in whom malignant disease in other organs is found—varied only by the nature of the local symptoms; for here, as elsewhere, they show that rapidity of growth—that tendency to fungate, to ulcerate, and to bleed; and that almost absolute certainty of a fatal issue which have made them to be designated malignant.

In short the disease is still cancer, though it may present itself here under a variety of forms which have received separate nosological names. The so-called "cauliflower excrescence" of the cervix uteri is cancer in its epithelial or cancroid form. The so-called "corroding ulcer" of the

FIG. 4.

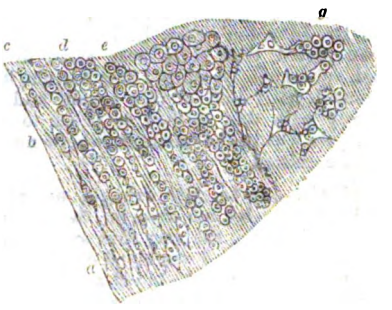

Fig. 4.—"Development of cells from the connective tissue in carcinoma mammæ. *a*, cells of the connective tissue; *b*, division of the nuclei; *c*, division of the cells; *d*, aggregation of the cells in rows; *e*, enlargement of the young cells and formation of the cancer-masses (alveoli); *f*, further enlargement of the cells and cancer-masses; *g*, the same process of development in a transverse section. Magnified 300." (From Virchow.)

cervix uteri is a variety of the same, and having some analogy with the "rodent ulcers" of other parts. And the cancer in the cervix, body or fundus is in some cases and stages, scirrhous in its type, in other cases is ulcerated cancer, and in others again it comes to assume a medullary or fungoid character.

We have next to inquire, what are the phenomena of the disease? or, in other words, to investigate—

III. The Symptoms of Carcinoma Uteri.

You find all the ordinary symptoms in the two cases in the Hospital. The chief *local* symptoms are three, viz.:—1, Pain; 2, menorrhagia; and, 3, leucorrhœa in the form of a variously coloured, and usually offensive discharge.

Local Symptoms of Carcinoma Uteri.

1. *Pain.* Both of our patients have suffered from pain, in one of them of an intermitting character; in the other more constant. The intermitting pains which sometimes accompany cancer of the womb are sometimes very changeful and evanescent, and have been compared by a Scandinavian writer to the corruscations of the Aurora Borealis. The other more constant pain is greatest when the patient assumes the erect posture, or when she takes exercise, or does anything, in short, which will tend to produce congestion of the parts. I have under my care just now a patient from the West Indies who will not take opiates, in whom the pain, nevertheless, sometimes disappears entirely, and then after a time returns and causes her the greatest suffering. You must not go into practice with the idea that where there is no pain there can be no carcinomatous affection of the womb, or that any particular sort of pain is distinctive of the disease. You will meet with many cases where at first there is no pain at all. When the cells are first being deposited in the walls of the cervix the tissues are pushed aside gradually but not painfully. Again, there are other cases where pain is present, but only slight in degree, and occasionally disappearing for a time. Or you may find cases where the disease runs its whole course without producing any painful sensation. In a patient who was brought to me from the country by her Medical attendant not very long ago, I found a large carcinomatous growth involving all the anterior lip of the womb, and causing obstruction of urine, from the pressure it exerted on the bladder, but exciting no other form of suffering; and when we told her that she was the subject of cancer in an advanced stage, she laughed in our face, and told us that it could not be so, for she had never felt any pain whatever. The case was all the more deceptive that she had still a healthy appearance, and showed no sign of the cachexy which is usually so marked in such severe cases as hers.

In carcinoma uteri, not only may pain be absent, or, when

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present, slight and intermitting—it may sometimes also be sympathetic and located elsewhere than in the uterus, as in the mamma, in the sides, down the thighs, or elsewhere; in which case the attention of the Practitioner may be quite drawn away from the real seat of the disease. Many years ago I saw with the late Dr. Johnston, of Berwick, a lady who had been treated in London for disease of the mamma, in consequence of a pain which she constantly felt there, but no kind of treatment ever seemed to relieve her. When she came under Dr. Johnston's care, he had occasion to examine her, and suspected that there was some disease of the uterus; and, subsequently, when I saw her, she had extensive carcinomatous degeneration of that organ, and yet she had never had any pain that seemed to point to disease there at all. Her pain was in the mamma, where no hardness or organic disease existed.

2. *Menorrhagia.*—As to menorrhagia as a symptom of cancer of the uterus, let me observe, that an unusual discharge of blood is often the very first symptom that excites your patient's alarm. She loses blood once or twice during an intermenstrual period; or the blood, at the menstrual period, passes away clotted, and in quantities such as never used to come. On examining such a patient you will often find that ulceration has already set in. The first stage of the disease, in fact, has been, as it very often is, altogether latent and unsuspected. I have been seeing, just now, a patient with Dr. Newbigging, who said she was at the turn of life, and was frequently losing blood. She is the wife of a hotel-keeper, and goes through a great deal of work. Yet this active woman, with no complaint but menorrhagia, has almost all the cervix uteri destroyed by cancer. So then this blood discharge is as frequent a sign of carcinoma as pain is. In some cases you will have none; but it is as early and constant an indication of the disease as any other, and when occurring in a woman at the climacteric period, or beyond that period, should always be looked upon with much suspicion. But the disease may sometimes be recognised before either pain or menorrhagia have been complained of. Just as carcinoma of the mamma is often discovered quite accidentally by the patient, from her hand coming in contact with a hard knot there; so the same disease may sometimes be detected in the uterus when the Practitioner is making an examination with any other expectation than that of finding a cancer of the womb.

3. *Serous or Sanious Leucorrhœa.*—As to the serous discharge which continues pretty constant during the intermenstrual periods, I would only observe that it has often a very offensive odour, which is so peculiar that I have heard some Practitioners aver they could diagnose cancer by means of it. It varies in character and consistence; being sometimes watery and pale; more frequently it is of a yellowish or greenish colour, and of creamy consistence; and, at times, it may be tinged with blood. It very often contains flocculi, from the separation of small portions of the friable growth; and is usually of such an acrid character as to produce excoriation of the external parts.

Constitutional Symptoms and Effects.

Whilst these changes are going on locally, the constitution of the patient may long remain sound and strong, and only break down under the long-continued discharge. In proportion usually as the disease extends, the patient becomes worn out with the pain and the discharge; and gradually acquires the sallow hue and peculiar expression which indicate the general cancerous cachexy. The digestive and assimilative functions become weakened, and you have marasmus added to the symptoms of anæmia. In other cases you find the patient's system breaking down before the disease becomes localised. She suffers from occasional uncertain pains in different parts of the body, becomes low-spirited and weak, and acquires a dingy or chlorotic-looking tint of skin; and after this has been some time established, localisation of the disease is indicated by the occurrence of hæmorrhage from the uterus. Finally, after the disease has been fairly established in the part, and the cachexy has become developed, the functions of other and distant organs begin to be impaired, the digestive organs become weak, and the circulation irregular; in some, a sort of cancerous fever sets in, not so intermitting in its character as the hectic fever of phthisis, nor quite as well marked, but pointing as surely to a fatal issue.

IV. Diagnosis of Carcinoma Uteri.

As to the differential *diagnosis* of carcinoma uteri, I have little to say regarding it at present; for you have not yet had an opportunity of being made acquainted with the other diseases, with which it is liable to be confounded. But there is one observation which I should wish to urge upon this point: it is this—that you are not entitled to diagnose the existence of cancer in the womb from any degree or kind of pain, bleeding, and offensive discharge, from which the patient may be suffering, not even when these are combined with the pale cachectic look which is usually pathognomonic of the disease. All these local and constitutional symptoms may be present in other uterine diseases besides cancer; and, in some latent cases of cancer, they may be found absent. You can detect it with perfect certainty only by physical diagnosis. You must make a vaginal examination with the finger—for the speculum is here of little service—and only when the sense of touch has assured you of the condition of the cervix uteri, and not till then, can you honestly and conscientiously pronounce upon the nature of the case.

One morbid condition of the cervix uteri with which cancer of the organ may be, and often is confounded, is that which results from chronic inflammation in it. This causes enlargement of the cervix and expansion of the os, attended with great induration, and when ulceration sets in, and pain and menorrhagia are developed, the case may very readily be mistaken for a case of cancer in its first stage. But here you have always the distinguishing characteristic, to which I have already alluded, that in chronic inflammatory induration of the cervix the deposit is confined to the organ itself, which remains loose and mobile; whereas in the case of cancer the surrounding tissues usually become early involved in the disease, and being infiltrated with the morbid deposit make the cervix uteri feel firm and fixed. And when ulceration has set in, you will find that the ulcer which results from inflammatory change—though it may look very irregular, rough, and ugly—is always on a level with the unbroken surface, or even projects above it, whereas the cancerous ulcer is always depressed, excavating, as it were, and eating out the part in which it has its seat. One often sees mistakes made with regard to the diagnosis of cancer of the uterus, which are almost inconceivable, and which you may in almost every case avoid if you will just keep your wits about you when making an examination, and use a little common sense—a most invaluable and indispensable aid in all kinds of diagnosis. When you feel a rough, irregular, excavated or anfractuous ulcer seated on a hardened base, and surrounded by hardened tissue in any other part of the body, as the exterior of the chest, face, or extremities, you set it down at once as cancer; and when the finger applied to the os uteri recognises the same condition you need not doubt that here, too, you have to deal with the same disease. Cancer of the uterus used often formerly to be confounded with simple polypus uteri; and Dupuytren and other Parisian Surgeons have recorded instances of patients being sent to them from the country, who had been told by their own doctors that they must inevitably die of their complaint, and who were completely cured by the simple operation of the removal of the polypus, and were thus recovered, as it were, from the very brink of the grave. I have seen the same mistake frequently committed in our own times, and yet it is a mistake which care will always enable you to avoid. Cancer of the uterus may further, as I have hinted, be confounded with some other diseases, such as elongation of the cervix, but the differential diagnosis will be more properly considered when we come to speak of these diseases.

V. Ages of Patients affected with Carcinoma Uteri.

Cancer of the uterus attacks usually the adult, or those advanced in years, the period of its most frequent occurrence being between the ages of 40 and 50. Out of 409 cases tabulated by Madame Boivin, she has noted twelve as occurring in individuals under 20 years of age, but these were most probably cases of chronic inflammation, or of some other simple affection of the uterus. Rejecting, therefore, these doubtful cases, and adding to Madame Boivin's table the report of the ages of 122 patients with carcinoma uteri, furnished by the late Professor Kiwisch, of Würzburg, we obtain the following

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PER-CENTAGE OF CASES OF CARCINOMA UTERI, OCCURRING AT DIFFERENT AGES.

From 20 to 30 years of age,			88	cases,	or	17	per cent.
„ 30 „ 40	„	„	121	„		23	„
„ 40 „ 50	„	„	249	„		48	„
„ 50 „ 60	„	„	40	„		8	„
„ 60 „ 70	„	„	20	„		4	„
Above 70	„	„	1	„		0·1	„
			519				

Cancer of the uterus, contrary to a common opinion, doubtlessly is found far oftener in the married than in the unmarried, and the subjects of it have very often borne large families.

VI. PROGNOSIS IN CASES OF CARCINOMA UTERI.

In the uterus, as elsewhere, cancer is a disease over which medicine has little or no control. As to its course, it is very various, sometimes carrying off the patient very rapidly, sometimes going on more slowly. Patients usually die in from two to two and a half years after the detection of the disease; but if the system be deeply affected we have no power to check its ravages, and the patient may be in the grave within a few months. In other patients—chiefly aged ones, in whom the cancer has taken on the slow and senile character of all the functions and processes of the body—the course of the disease is sometimes very protracted, Thus I attended a patient with cancer of the uterus seven years after the death of Dr. Hamilton, who had recognised the disease as present during his lifetime.

In my next lecture I shall refer to the Treatment of this disease.

ORIGINAL COMMUNICATIONS.

FURTHER OBSERVATIONS ON THE

EFFECTS OF CHLOROFORM ON THE RESULTS OF SURGICAL OPERATIONS.

By JAMES ARNOTT, M.D.

Two years ago I laid before the Profession the result of a statistical investigation showing, as clearly as can be shown by this kind of evidence, that a great increase of mortality after amputation and lithotomy had taken place since the introduction of chloroform, and in consequence of its ulterior effects upon the system. But although statistics furnish not only the best but the only reliable evidence which certain truths admit of, they are not satisfactory to those who have not made themselves acquainted with the principles of this mode of investigation; and a prejudice exists against them in Medical inquiries particularly, because in these they have been too often grossly abused. To such a degree does this objection amount, that I am persuaded some Surgeons would not desist from employing chloroform in certain operations, although it could be thus conclusively proved that half the number so operated upon died in consequence of its use, unless there were symptoms indicating the immediate connexion between the cause and effect. Such objectors to statistics admit that foul air, hæmorrhage, intoxication, and other similar causes of debility, prove pernicious by predisposing to fatal disease, only because this has long been an universally admitted truth; and they have probably never reflected that though one of the most important in Medicine, this truth was established by statistical investigation alone. To such a person, the evidence of the cause of death may be satisfactory when a man dies suddenly from descending into a well or cesspool containing foul or unrespirable gases; but, were the inquiry new to him, he would hesitate to admit that the foul air of a crowded and badly-ventilated hospital was proved to be injurious, merely by the fact that a much greater mortality had occurred in such an hospital than while it was in a different condition, although no other causes of the fatality could be alleged. He would ask, what symptoms or what peculiar diseases were produced by the poison in the air or the insufficiency of its oxygen? and finding there were none of these, he would probably deny the cause assigned and imagine some other one. The same increase of mortality occurring under the same circumstances, in a great many hospitals, and during a period of several years, would probably make no alteration in his opinion.

A singular circumstance connected with this inquiry, though under the circumstances a perhaps natural one, is the contrast between the unsuspecting eagerness with which the statistics of Dr. Simpson and others favourable to chloroform were received, and the opposition since made to those of a contrary character. The decrease of mortality supposed to be shown by the former was attributed without one dissentient voice to the introduction of etherisation. No improvement in operative processes, nor in the ventilation or general management of hospitals, was allowed to share the credit. But when more correct and more extended statistics bring the most undeniable evidence, that instead of a decrease there has been a great increase of mortality since the introduction of chloroform, the ingenuity of those who looked fondly upon this agent as a faultless boon, is set at work, and various other more or less plausible explanations of the fatality are forthwith afforded.

I have called the evidence of the statistics showing a great increase of mortality undeniable, because the facts or data constituting them are admitted to be authentic and accurate, and because no objection has been made to the manner in which they have been used, that has not been refuted. The tables in which these were collected, and which appeared in the *Medical Times and Gazette* of October 25, 1856, and April 25, 1857, contained the data that had been previously published by Dr. Simpson, in addition to those of equally authentic character that had subsequently been included in the periodical hospital reports contained in that journal. These tables appear to have been carefully scrutinised by the late Dr. Snow; but the only error he points out is the typographical one of the substitution of the word June for January in the heading of the second table. The supposed inaccuracy in the numerical estimate of the mortality in London Hospitals before chloroform was in use, is a misunderstanding: Dr. Snow's calculation differs from mine, because in taking the amount of the mortality of the different hospitals, he does not reduce each to the same period of time. In not doing so he commits the same mistake which Dr. Simpson committed when he made the mortality before chloroform appear much larger than it really was, by adding together the returns of long periods of unhealthy hospitals and the short periods of healthy hospitals, and then taking the average of the whole.

The only way in which this evidence of a great increase of mortality could have been refuted, would have been by the publication of many other hospital reports showing a contrary result; and, doubtless, the strenuous advocates of chloroform must have made a diligent search for these. I am aware, indeed, that such a search has been made; but only one report intended to have this effect has appeared. I allude to Dr. Fenwick's return of operations before and after the introduction of chloroform in the Newcastle Infirmary, which appeared in the *Medical Times and Gazette* of July 4, 1857. It happens, however, that this document, instead of weakening, confirms my argument. He only attains his object of showing that there has, of late years, been a decrease of mortality in that Infirmary, by admitting into his list of amputations those of the fore-arm; though he himself had previously termed the placing of these in the same category with amputations of the thigh an "absurdity." Without these (and they have generally been excluded from such calculations) the tables would show an increase of two per cent. This increase is certainly much below the average of the hospitals included in my list; but the difference can be easily accounted for. Dr. Fenwick has strangely omitted to mention that during the greater part of the chloroform period, the Infirmary was enlarged about one half beyond its former dimensions, and otherwise improved as respects its ventilation. The mischief from chloroform was thereby probably more than compensated by the absence of foul airs, and the generally improved condition of the Hospital. But the principal error in this paper, was the drawing of important inferences from a dozen or half-a-dozen instances. To call such an employment of a few facts statistical reasoning is a curious abuse of the term, and a strange foundation do they constitute for principles of Medical practice. As well may a gambler who throws

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doublets twice in succession, reckon upon his always doing so; or a sportsman, who kills the first two swallows he fires at, conclude that his aim is unerring, and justify this inference by an appeal to statistics (a).

Mr. Coates, of Salisbury, has just published an interesting pamphlet on the mortality from amputations under chloroform, with a view of showing that its recent great increase is to be attributed to the excessive doses in which the drug has generally been administered. He argues that safety may be secured and every beneficial effect attained by very much diminishing the usual dose; and he brings forward the statistics of his Hospital at Salisbury in confirmation of this opinion. The number of cases, he candidly admits, is small; but he offers them, he says, for what "they are worth." It appears, however, by his list of amputations, that the number of cases in the period of six years after chloroform is nearly double of that occurring in the six years preceding its introduction. Is it not probable that the smaller comparative mortality in the latter period may be partly accounted for by the supposition that the cases were more favourable for amputation than in the former period? In so small a number of cases, an alteration in the practice of successive practitioners will make a great difference in the general result. The Surgeon who delays the operation to the last moment in the hope that it may be unnecessary, will operate in much fewer and much more unfavourable cases than he who adopts the opposite rule; and now, since operations may be rendered painless, there is less opposition to them on the part of patients. There can hardly be a doubt, however, that chloroform has for some years past been given in unnecessarily large doses. The subject is alluded to in the fourteenth and last paragraph of my paper on the subject already referred to. Yet if chloroform be given at all, it ought to be used in quantity sufficient to attain its object. We are told by a writer in the *New York Medical Journal* for May last, that in consequence of the dread of this agent in the Paris Hospitals, it is given, in the great majority of cases, in doses too small to prevent the cries and struggles of the patients. If this statement be correct, it may account for the alleged smaller number of sudden deaths from chloroform in the Paris Hospitals than in those of London; and render us less doubtful of the alleged fact that, while several such accidents happened in the British camp, no sudden death from chloroform occurred among the wounded French in the Crimea.

As it has been incontestably shown by above a thousand cases of unquestionable authenticity, that an increase of mortality after amputation and lithotomy has occurred since the introduction of chloroform, to the extent of about twelve per cent. as regards the first of these operations, and twenty-four as regards the other, it must follow, that as the Surgeons who continue to recommend it on these occasions cannot possibly think the freedom from pain in the survivors a sufficient compensation for so great a sacrifice of life, some other cause or causes than chloroform must be supposed by them to have produced this mortality. My principal object in returning to the subject is to inquire into the validity of the causes that have been so assigned since the publication of my paper.

In searching for a cause of this general increase of mortality after the severer operations, we have first to inquire whether any great change of practice, or of other circumstances bearing on the result of operations, has occurred within the period indicated; and when we have found that the introduction of chloroform is the only great change, we have next to inquire, whether, from what we know of its powers or properties, it is likely to have been the cause of the increased mortality? The freedom from pain obtained by the use of this drug is an immense advantage, but, unfortunately, this is counterbalanced in many cases by its injurious properties. Chloroform has been proved to be a virulent poison by experiments on animals, by the numerous sudden deaths that have occurred during its administration, and by the suffocations, faintings, etc. bordering on death, that have still more frequently been produced by it. That its agency is not of that transient character which has been represented, is evident from the extreme and long-continued prostration that so often follows it, as well as from the persisting vomiting, headache, shivering, and other symptoms denoting severe constitutional disturbance. It has been detected in the blood by chemical analysis several days after its administration. But the fact, that in such cases as those mentioned by Mr. Mouat as happening in the Crimea, death has taken place hours or days after it has been exhibited, and without any intermission of the unfavourable symptoms produced by it, sets this question at rest. That in other cases its pernicious agency should be unaccompanied by any peculiar symptoms, is not more extraordinary than that the pernicious agency, or predisposition to disease, caused by foul air, hæmorrhage, insufficiency of food, or intoxication, should not be marked by any peculiar signs or symptoms.

(To be continued.)

(a) In a review of Dr. Snow's work on chloroform, in a cotemporary journal, it is said that Dr. Fenwick's Return from the Newcastle Infirmary is more complete and trustworthy than those from which I have drawn my conclusions. In my original paper (paragraph 16) the reasons were stated why perfect confidence might be placed in the data I had collected, and particularly that they had been recorded without the slightest bias as respects the question of chloroform. In this very important respect they differ greatly from the facts collected by Dr. Fenwick. Those contained in the periodical Hospital reports of the *Medical Times and Gazette* deserve the high eulogium passed on them by Mr. Teale in his book on amputation; and from them, also, Sir B. Brodie learned that the cures from lithotomy have for some time past been balanced by the deaths. Of the rest of my data, or those collected by Dr. Simpson, there is no ground whatever for questioning the authenticity and accuracy.

ON THE TREATMENT OF TAPEWORM.

By ARTHUR LEARED, L.R.C.P. M.R.I.A. etc.
Physician to the Great Northern Hospital, etc.

It was not my intention to have offered any remarks on tapeworm and its treatment until I had more leisure than at present to arrange the materials I possess, and to increase the number of my cases. As, however, the subject has been lately agitated, I am induced to contribute my quota of information; I particularly wish to lay before the Profession a series of cases treated by kamala, and kindly placed at my disposal by A. L. Adams, Esq. M.B. Surgeon 22nd Regiment.

The first published case in which kamala was tried for tapeworm in this country, will be found in the *Medical Times and Gazette* of December 19, 1857. The remedy appeared to have been attended with great success, as I had previously with comparatively little result, given a fair trial to oil of male-fern, decoction of pomegranate bark, and turpentine. A large mass of worm was expelled by the kamala, but the head was not discovered. I allude to the case now for the purpose of stating that in about three months the patient became again affected with tapeworm. I am not aware whether her habit of eating raw meat had been meantime abandoned, therefore the evidence against kamala as a permanent remedy is in her case incomplete. But the inefficacy of this medicine in preventing relapses, can, I regret to say, be fully maintained in some instances which have come under my observation.

From the time first mentioned to the present, kamala has been largely employed against worms at the Great Northern Hospital, both by my colleagues and myself. The results have been apparently excellent. Failures have been seldom reported, and large masses of tapeworm have been very frequently shown by the out-patients as results of the treatment. The pieces of worm have been generally described as dead when expelled. But it is evident that the chances of finding the head of the worm in these cases must be slight; nor do I think it has ever been recognised.

A case of what may be termed pseudo tapeworm, occurred to me at the Hospital. A young woman requested to be treated for tapeworm, joints of which she said had been passed, and kamala was given in the usual way. This was reported to have expelled a great many pieces of worm, and some were brought for my inspection. They proved when examined under the microscope, to be fragments of arteries probably derived from mutton-chops (as originally suggested by Mr. Quekett), that had accumulated in the intestines. Kamala removed them simply as any purgative would have done.

Notwithstanding the many remedies in use for the destruction of other species of worms it has always appeared to me that no department of practice was more unsatisfactory in its results. Now I believe kamala acts with greater certainty against both thread and large round worms than any medicine we at present possess. If this were its only merit it would not be a trifling one.

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I have often remarked that large masses of tapeworm, including long pieces of the neck, may be expelled in a lifeless state; and yet fresh portions so soon reappear as to leave little doubt of their having been developed from the same head. This leads me to think that the vermicide action of all remedies is mainly effective against the bodies of tæniæ, and that when the head happens to be dislodged, it is not from loss of vitality, but that it is mechanically parted from the intestine by the weight of the lifeless body. As far then at least as the body is concerned kamala possesses a true vermicide power. It does not, as was supposed by Royle, act mechanically like tin and some other remedies. The tincture in sufficient doses appears to be as efficacious as the substance itself. I resolved to test the drug further by administering the resinous extract. This was obligingly prepared for me by Mr. D. Hanbury. He found that a fluid drachm of the tincture yielded four grains of extract. This was made into pills with one grain of kamala, and thus a remedy for tapeworm in a somewhat unusual form was afforded.

These pills have been tried in two cases.

Jan. 7, 1858.—M. C., a healthy-looking young woman, was sent to me by my friend Mr. Wordsworth on account of tapeworm. She had observed joints with her motions for about a year preceding that time. There was an eczematous eruption on the chest and back, which had lately appeared. She had occasionally severe pain in the right side, and also pain of the back; no uneasiness of stomach or bowels; menstruation regular; had received no treatment for tapeworm. Ordered kamala ʒvi., one drachm to be taken every third hour. From some misapprehension she took one dose each morning for six days instead of as directed; said that large portions of worm came away after each dose, and brought with her a long piece passed on a previous day. The kamala caused a good deal of griping in about an hour after each time of taking it.

April 12.—Came to say that about a week previously she had again noticed joints of the worm. The eczema had quite disappeared, but pain of right side recurred occasionally. She was now given six kamala pills, and they were all taken in one day at intervals of two hours. The bowels were not moved during the day, and no apparent effect was produced.

May 20.—Called to say she had been quite free from pain, and otherwise well since taking the pills. I have not been able to determine whether the cure has been permanent or not. The other case occurred in the practice of Mr. Walker of Bow-lane, Cheapside. At my suggestion the pills were given to a gentleman, but without any good effect. He affirmed that they produced pain in the back. Kamala itself was afterwards administered, and large portions of worm were passed; but I have lately ascertained from Mr. Walker that the worm has again made its appearance.

I would set down the relative merits of the remedies commonly employed for tapeworm as follows:—Kamala is decidedly superior to kousso, which is a less certain vermicide, and in my hands has been almost invariably productive of great disturbance of the stomach, and other unpleasant effects. My experience of pomegranate bark is limited, but I am disposed to place kamala above it. I am at present unable to decide between kamala, spirits of turpentine, and extract of male fern, as vermicides. But against turpentine there are strong objections. It is of little use unless given in large doses, as from one to two fluid ounces. It then generally produces headache, giddiness, sickness, etc.; but still worse, it is not unattended with danger. I have been informed with great candour by a Practitioner, in whose judgment and caution I have reason to feel confidence, of the following sad occurrence. A patient of his suffered from tapeworm, for the destruction of which a large dose of this medicine combined with castor-oil was administered. Unhappily, however, the death of the patient, after great suffering, from lumbar pain, strangury, and bloody urine, was the result. After death the bladder was found ulcerated.

I have frequently observed that tapeworm is sometimes easily expelled by a medicine that completely fails in other cases. This happens in turn with all the remedies mentioned, and makes them all of value. Thus in the case first referred to, all failed except kamala, which succeeded temporarily. A combination of two or three remedies is therefore desirable to insure a result at once certain and immediate. Dr. Adams informs me he has lately tried spirits of turpentine and t. kamala with excellent results. I am myself disposed to recommend t. kamala with oil of male-fern. But no unfailing remedy or plan of treatment is at present known.

I must observe in reference to the cases treated unsuccessfully with kamala by Dr. Peacock, and reported in the *Medical Times and Gazette* of Nov. 18, 1858, that I consider the interval between the doses (a day) was too long. I am in the habit of ordering for adults ʒi. or more of the powder, or ʒii. of the tincture, to be taken every three hours, and in each case six doses, but with directions not to continue beyond the first day should it appear that the worm has been all expelled, or should other effects be severe. Sometimes the tincture gripes, and on that account I always combine with it tincture of hyoscyamus. It will also be generally desirable to administer a purgative. Kamala in substance usually purges and gripes. To prevent the latter effect, I am now in the habit of combining it with powdered hyoscyamus leaf.

There are many points in connexion with tapeworm which space at present forbids my entering upon. The unequal distribution of cases in reference to locality is a matter of great interest. Thus while in some parts of London cases are not rare, in the elevated district of Highgate they appear very infrequent. I am informed by Mr. Wetherell, who has had an extensive practice there during forty years, that he only remembers having had to treat a single case of tapeworm.

That swallowing meat containing cysticerci cellulosæ unkilled by cooking, produces tænia solium is sufficiently proved; but has it no other source? Küchenmeister tells us the butchers of Germany are particularly subject to tapeworm, in consequence of the cysticerci adhering to their hands, and becoming swallowed. From inquiries I have made there is no reason for supposing that their London brethren are similarly afflicted.

It would appear that the prevalence of intestinal worms in the same localities is variable. Dr. West, of Harpenden, Herts, writing to me of the large round worm says:—"All the Medical men here remark the extreme frequency of such cases this year (1858)." As the ova of tænia solium are productive of cysticerci cellulosæ (measles of pork), it is of great importance not merely that pigs should be debarred from access to human fæces, but that the water used both by ourselves and the animals we consume should be as pure as possible. When sewage water becomes in any degree mixed with that used for drinking, great risk of cystic entozoa must be incurred.

I was greatly struck some time back with the apparent indestructibility of the ova of tænia solium. To insure their destruction, I placed some that I had been observing under the microscope in undiluted sulphuric acid. Next day, on again placing some of the same ova under the microscope, no material change in them was manifest.

Now that we have got the clue to the source of these disgusting and dangerous parasites, their prevention seems to me well worthy the attention of our officers of health, and even, if necessary, of legislative interference. Persons afflicted with tapeworm should be careful not to disseminate it by carelessness. All mature joints of the worm should if possible be destroyed, and nothing short of fire seems to annihilate the contained ova.

I will now place before the reader Dr. Adams's cases and remarks. He writes as follows:—

"The introduction of kamala into practice in this country, recently induced me to test its efficacy in several obstinate cases, all, with one exception, of broad tapeworm, and all with this exception, contracted in India in 1854. I gave the powder in several cases, but the results were not satisfactory, mainly in consequence of the large doses required, and their unpalatable form; but the tincture as prepared by Messrs. Allen and Hanbury, of London, does not present these obstacles.

My mode of administering the remedy is as follows: After fasting from twelve to twenty-four hours, a draught composed of from three to four drachms of tincture of kamala in four ounces of water is given. The following day a dose of castor-oil, and the draught repeated every twelve hours until three doses are taken. During this treatment the patient is only allowed spoon-diet, with cold tea or barley-water to drink.

Case 1.—*Tapeworm eleven years; worm with head expelled after second dose; relapse in five weeks.*—S. P. spare and delicate; has passed pieces of tapeworm for eleven years; suffers much from indigestion, which he attributes to the worm; subjected to the above treatment. After the second

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dose, a large mass of worm was voided, and several pieces followed the third dose, in which a head was discovered. He was five weeks free from any appearance of worm, when he relapsed, and recourse was again had to the above treatment, followed by similar results. He is at present well, having been last treated a week ago; but still suffers from symptoms of indigestion.

Case 2.—*Five years' standing; worm after third dose; relapse in five weeks.*—C. C. stout and robust: five years affected with tapeworm; after the second dose an enormous mass of worm passed; none after the third dose; worm observed again five weeks afterwards; treatment repeated with similar results; he is at present free from any symptom of worms; last treatment a week since.

Case 3.—*Tapeworm for years; worm after second dose; relapse in five weeks.*—E. B. sallow, unhealthy appearance; affected with tapeworm for years; took kamala in India in 1854, which readily expelled large pieces of worm; the relief, however, was only temporary; after second dose passed a large mass of worms; none after the third; observed none for five weeks afterwards, when he began to pass small pieces, and in the course of a few weeks they became as numerous as before; treatment repeated a week ago with similar results.

Case 4.—*Four years' standing; second dose effective; relapse after a month.*—E. Y. healthy appearance, four years affected with tapeworm; used santonine and other remedies with temporary relief. After second draught voided about five yards of tapeworm; bowels freely opened after the third dose, and not a trace of worm observed; a month afterwards joints reappeared and he became as before.

Case 5.—*Five years' standing; worm after second dose; no relapse in two months.*—S. G. sallow appearance; suffers from indigestion; five years affected with tapeworm; passed a very large mass of worm after the second dose; none after the third; two months afterwards he was perfectly free from any traces of worms, and stated that his general health was much improved in consequence.

Case 6.—*Six years' standing; worm after second and third doses; no relapse in two months.*—W. S. stout and healthy; six years affected; passed only a few pieces of worm after the second and third doses; seen two months afterwards looking much better, and declares he has not seen any since he took the medicine.

Case 7.—*Five years' standing; effect after third dose; relapse in a month.*—Mrs. F. outdoor patient; five years affected; after third dose passed a very large quantity of worm, which relieved her greatly; but a month afterwards joints appeared, and are now as abundant as ever.

Case 8.—*Four years' duration; effect after third dose; relapse in a month.*—C. F. age 7 years; outdoor patient; son of the last; has passed tapeworm for four years; treatment and results similar to the last (a).

Case 9.—*Five years' standing; worm after first dose; no relapse in two months.*—M. K. sallow unhealthy appearance; affected with tapeworm for the last five years. After first dose passed a large mass of worm; none after the second and third. Seen two months afterwards, and found perfectly free from any symptoms indicating the presence of worms, his general health having improved.

Case 10.—*Three years' duration; effect after second dose; no relapse after six weeks.*—T. D. sallow complexion, but very stout and muscular; three years affected; voided a large coil of worm after second dose; no pieces subsequently. At the expiration of six weeks I found him perfectly free from any appearance of worm, and he stated that his general health had improved.

Case 11.—*Nine years affected; second and third doses effective; relapse in a month.*—T. L. sallow, spare, but healthy; nine years affected; tried various remedies with temporary relief. After the second and third doses passed a large quantity of worm; none after the third. Worm appeared a month afterwards exactly as before.

Case 12.—*Fifteen years' duration; worm after second dose; no relapse after five weeks.*—W. B. stout and healthy, has been passing tapeworm constantly for the last fifteen years; whenever he drinks spirits or malt liquor they pass from him in small pieces; after the second dose he voided a large coil of worm. He has now been free from any appearances of worms for five weeks.

(a) Neither of the last two cases was subjected to Hospital discipline.

Case 13.—*Eight years affected; second dose effective; no relapse in two months.*—J. H. healthy young lad, never abroad; has passed tapeworm for eight years; voided a large coil of worm after the second dose, which, on examination, proved to be tænia solium; two months have elapsed, and he continues well.

Case 14.—*Six years' duration; small pieces after second and third doses; result undetermined.*—G. H. very spare, sallow, and sickly; six years affected with tapeworm. Attributes general bad health to this cause; suffers very much from indigestion; passed only a few small pieces after the second and third doses. Result undetermined, the patient being absent at present.

Case 15.—*Twelve years affected; second and third doses effective; no relapse after two months.*—C. K. spare and delicate; twelve years affected; general health bad; suffers from indigestion: after the second and third doses passed large pieces of worm. Seen two months afterwards; no appearances of worms, but still complains of morning sickness and a gnawing sensation at the pit of the stomach before meals.

Case 16.—*Nine years' duration; second and third doses effective; relapse after three weeks.*—J. F. spare frame, but healthy appearance; nine years affected. After the second and third doses passed several yards of worm; pieces reappeared after three weeks.

Case 17.—*Twelve years affected; few joints after second and third doses; relapse in a week.*—R. M. spare but healthy appearance; twelve years affected; tried various remedies with only temporary relief; had four doses of tincture of kamala, only a few joints were passed after the second and third doses; in a week afterwards they were as numerous as before.

Case 18.—*Eight years' duration; third dose effective; no relapse after three weeks.*—B. B. an invalid affected with paralysis of the lower extremities, of one year's standing, has passed tapeworm for eight years. After the third dose a large mass of worms was expelled; seen three weeks afterwards, and found free from any symptoms of tapeworm.

Of the above cases, in no less than ten, the worms were first observed at Rawul Pindee, in the Punjab, shortly after the arrival of the troops from one of the hill stations on the Himalays, where they had been stationed during the previous eighteen months. It is well known that certain districts in India produce more cases of tapeworm than others, particularly the hill stations; so it may be the cases referred to had their origin there. I have frequently had occasion to remark great difference in regard to the effects of tæniæ, Some men enjoyed robust health, although infested with them. In others, and especially in cases of long standing, there is a peculiar pinched expression of the countenance, together with nausea, gastrodynia, and other symptoms of impaired digestion, which I have seen terminate in chronic disease of the liver. I have a vivid recollection of a patient labouring under lumbricus teres, accompanied by constant pain in the pit of the stomach, which the attendant rightly attributed to worms. The case was treated actively by turpentine, calomel, and jalap, and large masses of worms were expelled; but the patient rapidly sank. After death a large abscess was found in the left lobe of the liver.

Morning sickness is almost a constant symptom of tapeworm, and many patients complain exclusively of faintness on getting out of bed. Sometimes we find the appetite voracious; but I have not been able to discover any craving for particular sorts of food. It would seem, however, that fat substances are generally loathed. Large quantities of malt or spirituous liquors have the effect of expelling the worms in unusual numbers.

In all the foregoing instances portions of worm were not only passed by stool, but the patients were constantly annoyed by the dropping of joints that had insinuated themselves through the sphincter ani, and become detached by the action of that muscle.

The result of treatment by tincture of kamala is by no means so satisfactory as I previously expected. In the great majority of the cases the tæniæ were not altogether expelled, and in some the medicine seemed to have very little effect; constipation was usually induced, and required castor-oil. The regimen of the patients and administration of the drug were carefully attended to. In every instance pains were taken to discover the head; but either in consequence of

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neglect on the part of the patient, or the broken up state in which the worms were passed, it was very seldom found. Although in the first case a head was found, in a few weeks afterwards the patient was as bad as ever. The joints were generally dead when passed, but some lived for a short time afterwards.

From a somewhat extensive experience in the treatment of tapeworm, I am induced to conclude that kamala is not superior to male fern, kousso, turpentine, calomel, and jalap; and while I acknowledge its value as a powerful anthelmintic, I think its virtues have been too much vaunted.

I have frequently given santonine for tænia lata in large doses either alone or in combination with calomel; but it is very uncertain, and in many instances appears to have no effect whatever.

Salford Barracks, Manchester."

The foregoing cases, having been subjected to the rigid discipline of a military Hospital, have a peculiar value in regard to results of treatment. I will venture to observe in reference to the cases of tænia lata, that from the difficulty with which the worms were expelled, from their almost constant reappearance after a brief interval, from the fact that joints were always passed besides at stool, and from the marked constitutional disturbance in so many of the cases, that tænia mediocanellata of Küchenmeister was the species in question. The latter has been confounded by other writers with bothriocephalus latus.

I purpose returning to this subject on a future occasion.

48, Finsbury-square.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

HOSPITAL NOTES.

SUPERFLUOUS FINGERS OCCURRING IN FIVE GENERATIONS.

A patient of Mr. Dixon's, at the Ophthalmic Hospital, the other day presented an example of the occurrence of five fingers on each hand. The superfluous one was a little finger developed on the inner border of the hand, and the deformity was precisely symmetrical. The subject of the case was a stout large-made man, upwards of 60. He stated that his father and his grandmother (paternal) had the same malformation, and that six of his daughters had inherited it. One of his daughters was married, and one of her children also presented the same superfluity.

POPLITEAL ANEURISM TREATED BY COMPRESSION.

Mr. Childs has an interesting case in the Metropolitan Free Hospital, in which a large popliteal aneurism is under the compression plan of treatment. The patient is a young and healthy man, of good muscular development. The aneurism at first filled the popliteal space, and bulged prominently, and had a very vigorous pulsation. It has already solidified to a considerable extent, and a favourable result may fairly be expected. The compression has only been adopted for about a week.

PIROGOFF'S AMPUTATION.

Despite the denunciations of Mr. Syme, the plan of amputating at the ankle joint and leaving the posterior third of the calcis, as advised by M. Pirogoff, retains its good repute in London. On Thursday last, Mr. Curling performed this operation at the London Hospital, in the case of a young man, the subject of diseased ankle. The articular surface of the tibia and the two malleoli were sawn away. The os calcis was cut through obliquely, in the manner recommended by Mr. Busk. The parts fitted well, and those who witnessed the operation formed a very favourable opinion of its merits. In a case which we recorded about two years ago, Mr. Curling performed a modified operation of this kind, but the part of os calcis then left was much smaller than usual.

STATISTICAL ANALYSIS OF TWENTY-ONE LITHOTRITY OPERATIONS.

By an unfortunate error on the part of the printer, the analysis of 186 lithotomy operations, which we gave last week, was put under the head of Provincial Hospital Practice. The report referred to the cases occurring in the London hospitals, and should have been preceded by the following list of institutions, comprising—

University College, King's College, St. Bartholomew's, St. George's, Guy's, St. Thomas's, the London, the Middlesex, the Westminster, Charing-cross, St. Mary's, the Metropolitan Free, the Marylebone, the Hospital for Sick Children, and the "Dreadnought" Seamen's Hospital.

We shall at a future time analyse the Statistical Reports of operations performed in the Provincial Hospitals; but for the present we prefer to proceed with those of the metropolis.

In the following list of lithotrity cases are included all that we were able to collect as occurring in the wards of the hospitals above-mentioned between January 1854 and July 1857. That only twenty-one cases should have been treated by that method during so extended a period, and in the practice of so many institutions, is certainly a remarkable fact. As the operation is one often performed in the ward instead of the theatre, we have thought it possible, that notwithstanding the exertions used to procure reports of all cases, some few may have escaped our notice. We are confident, however, that even if a few omissions may exist that they are very few, and as they have been quite accidental and without regard to the result of the cases, the general trustworthiness of the table is not materially interfered with.

GENERAL REMARKS.

It will be seen that the Tabular Report on page 60 includes patients whose ages were as follows: one 10 years, one 19, and one 28; four between 30 and 50; six between 50 and 60; six between 60 and 70; and two between 70 and 80. In fifteen cases the patients were in good general health; in three the health was impaired, without being so much so as to introduce any unusual degree of risk; whilst in three the patients were so ill that lithotomy was deemed to be strongly contra-indicated, and crushing was adopted as being the milder measure. It would appear that, as a general rule (with, however, many exceptions), London Surgeons prefer lithotrity to lithotomy in adults whenever the patient is in good health and has a capacious bladder, while some few adopt the reverse practice. Taken altogether, however, the cases in the above list do not probably differ much from those which we analysed last week, excepting in the difference of the surgical measure adopted. Of the twenty-one patients, we find that twelve recovered, that seven died, that one declined any further treatment and left the Hospital unrelieved, whilst of the remaining one the result is not known. Of the deaths, no fewer than five were referable to pyæmia, and in four of these the disease manifested itself in an unmistakable form. In one of the others the patient was in a hopeless state before the operation, and had extensive renal disease. Of the seventh, the precise cause of death is not known. All the patients who died of pyæmia are stated to have been in good health prior to the operation, and in four of them only a single crushing had been practised.

The youngest (aged 10), and the oldest (aged 74), patient in our list both recovered; of the seven fatal cases, in five the patients were under 50.

Of the twelve cases of recovery, in five the patients were above 60; and in four others between 50 and 60.

Although the fatality of lithotrity in the London hospitals is thus seen to be very large, yet when contrasted with that which we had to record last week as incident to lithotomy, it exhibits the operation in very favourable contrast. Of course, in saying this, we speak only of adult patients. The results of lithotomy in children we showed to be very good indeed, whilst the rival procedure has in them been practised on far too limited a scale as yet to permit of any safe deductions being made.

We shall forbear for the present to make any more detailed contrast of the two operations, intending to examine the question thoroughly when we have analysed the cases treated in the Provincial hospitals.

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TABULAR STATEMENT OF TWENTY-ONE LITHOTRITY CASES.

No.	Hospital.	Age.	Condition.	Operations.	Result.	Additional particulars.
1	The London.. ..	54 (?)	Good	Without chloroform, and borne remarkably well.	Recovered; incomplete cure.	He had been operated on three years ago, and relieved. Has long suffered from enlarged prostate, and had to use a catheter habitually. This patient has been several times under care since. Lithotrity relieves him, but he does not get rid of the stone.
2	The Westminster	56	Good	Several small stones were broken up at the first sitting.	Died; pyæmia 10th day.	On the seventh day an attempt was made to again introduce the lithotrite, but the urethra was found to be impacted. Many fragments had come away. Post-mortem.—Bladder thickened; mucous membrane inflamed; left kidney had abscesses in it; left femoral vein plugged with lymph.
	The London.. ..	60	Good. A very stout florid man.	Several operations during two months; no chloroform.	Recovered.. ..	Sept. 29, 1854—Examined in the theatre, and pronounced cured. Many fragments have passed. Prostate enlarged, and middle lobe believed to be so. The stone was not thought to be large.
4	Guy's	54	In pretty good health; had lived much in India. 5 years' symptoms.	Only a single one	Died; pyæmia abscess nine weeks.	The stone was crushed on first occasion; some irritation followed, but not beyond what was usual until three days after, when symptoms of mild pyæmia set in. Three large secondary abscesses formed in the cellular tissue of arm, thigh, and leg. He subsequently improved, and was sent into the country at the end of six weeks, where he afterwards died.
5	St. Bartholomew's	53	Good health..	Several sittings, and much subsequent trouble from the impaction of fragments in the urethra.	Recovered.. ..	Was discharged in consequence of abscess in the testicle with gangrene having followed. A stone of considerable size was still in bladder. Re-admitted Dec. 1856, in good health, but suffering severely; several sittings did well; final result not known.
6	King's College ..	41	Looked older than he was. Some years' symptoms; stone detected 6 months ago.	First on Jan. 16, second on Feb. 13; death on Feb. 22.	Death..	
7	Guy's	28	Asthmatic, and considered a bad subject for lithotomy. Symptoms, 3 years.	Two operations in April, both followed by considerable irritation.	Left the hospital unrelieved.	The bladder could not hold more than 4 oz. He went out, and has not since been heard of. The stone had certainly not been got rid of. Only two operations had been done.
8	St. Mary's	56	Sallow complexion. Eighteen years' symptoms; severe for four years. Two years ago passed three small stones.	Five operations; much irritation.	Recovered after seven months' treatment.	Two or three calculi were detected by the sound, one being larger than the others. They were easily crushed.
9	The London.. ..	58	Good, healthy looking.	Three operations, at only two of which the stone was seized; at the last it was sought, but not found.	Recovered after six weeks' treatment.	Discharged after six weeks' treatment, believed to be quite well; had passed the fragments of a small stone. Had never had a single bad symptom, either cystitis or bleeding.
10	St. Bartholomew's	74	The subject of chronic bronchitis; much out of health.	From Aug. 23 to Oct. 30, six crushings; chloroform with the last three.	Recovered.. ..	The calculus was very large, and the bladder much contracted; many fragments passed. He remained under observation for several months after the treatment was completed.
11	St. George's	68	Good health..	Three operations; chloroform not used.	Recovered.. ..	Stone probably of small size; lithic acid. Orchitis followed the first operation, and lasted until the second, although the latter was delayed a month on account of it. It subsided gradually, after the performance of the latter.
12	The London.. ..	10	Delicate..	Six operations..	Recovered.. ..	Much trouble was encountered from the impaction of fragments in the urethra.
13	St. George's	37	Good	Five sittings	Well	Had been treated by the late Mr. Avery in Charing Cross Hospital in 1853 (12 sittings).
14	Ditto	65	—	——	Recovered.. ..	Re-admitted in Dec. 1856, and another fragment found, and crushed. Left Hospital believed well.
15	St. Bartholomew's	48	Good	A single crushing	Death 9th day; had had a rigor.	Recent disease of one kidney; he did well for a week; then had a rigor, after which he rapidly sank.
16	St. Bartholomew's	61	Symptoms, two years.	First on Oct. 18; repeated eight times, with five to ten days' interval. Stone, lithic acid.	Not known ..	Suffered during the treatment from catarrh of bladder, swelled testicle, and articular rheumatism.
17	The London	19	Good	Nine operations, with chloroform, well borne.	Recovered; five months' treatment.	The stone was mulberry, and very hard. Admitted in August; in Jan. 31, believed to be well, but still in the Hospital.
18	St. George's . ..	70	Good. Symptoms not severe.	A large hard lithic acid stone. Eleven operations before death—first operation on Aug. 18, last on Dec. 1. Chloroform not given.	Died; pyæmia 4th month.	Several fragments still remained in the bladder, weighing together 300 grains. One kidney and both lungs contained purulent depôts. He had been gradually losing flesh during the treatment, but no rigors or other symptoms of pyæmia occurred till two days after the last operation.
19	Guy's	42	Very ill indeed; had been treated for supposed spinal disease; symptoms of long duration.	Stone crushed on May 28; it lay close to the neck of bladder, and caused extreme pain; two crushings; came wholly away.	Died; exhaustion; renal disease twelve days.	I. Fellowes, a ropemaker from the country. Incontinence of urine; urine fetid and mucous; coagulable. Too ill to afford a chance, if lithotomy were done; he was relieved rather than otherwise by the operation, but had scarcely a chance of recovery. Post-mortem.—A large unbroken stone in the bladder. Suppuration of kidneys and old disease.
20	St. George's	64	A farmer, in good health. Symptoms had existed for many years, but had not been very severe.	The stone was very large, but very soft; a single operation was performed; amylene was used.	Death; pyæmia 7th day.	The man had a bad night after the operation, and complained next morning of much pain. Four days afterwards rigors supervened, and subsequently the skin became yellow. At the autopsy portions of calculus, weighing altogether more than 2 ozs. were found in the bladder. The kidneys were large, but fairly healthy; the spleen was much softened; no purulent deposits.
21	Ditto	60	A shepherd, in excellent health. Symptoms of three years' duration.	The stone was large and hard (lithic acid). 12 operations (without chloroform.	Recovered; three months' treatment.	Severe febrile symptoms, with a copious rash of urticaria, followed the first operation; but subsequently the man bore the crushings exceedingly well. He left the hospital within a week of the last sitting, but he had been sounded subsequently, and no stone felt.

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Medical Times & Gazette.

SATURDAY, JANUARY 15.

THE NEW CHARTER OF THE COLLEGE OF PHYSICIANS.

Last Saturday the Fellows of the College of Physicians met to consider the Report of the committee appointed to prepare the draft of the new Charter. The draft was read, and several of the clauses were postponed for mature consideration, and full discussion at future meetings. This being the case we shall not publish a copy of the draft until it has been finally approved and adopted by the Fellows. It is right, however, that the Profession should be acquainted with the present position of the new Charter; and we, therefore, append a summary of the draft prepared by the committee, with a few remarks upon each of the clauses which are reserved for discussion by the Fellows.

The draft contains thirty-five clauses. It is proposed:—

1. That the College shall henceforth be styled "The Royal College of Physicians of England."

2. That it shall consist of Fellows and Members, including a President and Council, Vice-Presidents, Censors, a Treasurer, and a Registrar.

3. That the government of the College shall be vested in the Fellows.

4. That the Members shall have all the privileges of the Fellows, excepting that of attending the meetings at which elections are held, or any business of the College transacted.

5. That the present Licentiates shall be Members.

6. That the present Extra-Licentiates may be Members, provided they do not practise Pharmacy, and pay five guineas, exclusive of stamp duty. This clause is postponed for discussion. It is felt that all Members should be Graduates in Medicine.

7. This is a very important clause, framed in a very liberal spirit, and although it has been postponed, yet it was received with very general approbation. It provides that Doctors of Medicine of any British University, and certain foreign Graduates, not practising Pharmacy, shall, at any time within twelve months after the acceptance of the Charter, be admitted Members of the College without examination, on paying ten guineas, exclusive of stamp duty.

8. This clause, regulating the mode of admission, is also postponed. It now stands thus:—"That any person who shall not be engaged in the practice of Pharmacy, and who, *by examination or otherwise*, shall have satisfied the said Corporation touching his knowledge of Medical and general science and literature, and complied with such other regulations as are or shall be required by the By-Laws of the said Corporation, shall be entitled to receive a license to practise as a Physician, and to become a member of the said Corporation." Here again it is thought that only University Graduates should be members.

9. The present Fellows are to continue to be Fellows.

10. This clause appears to be a very objectionable one, and we are glad that it is postponed. It provides that Members of four years' standing may be admitted as Fellows *after examination* in Medical and general science and literature before the Censors. Surely this will never be seriously considered.

11. By this clause the *Council* have the power to nominate Members during twelve months after the acceptance of the Charter, "to be proposed to the Fellows for election as Fellows." This will enable the College to admit their more distinguished members at once to the rank of Fellow.

12. After the expiration of twelve months, Members of four years' standing who "have distinguished themselves in the practice of Medicine, or in the pursuit of science and literature," may be proposed by the Council to the Fellows for election as Fellows.

13. The Fellows to be annually elected by ballot at a meeting of Fellows.

14. Fellows or Members may forfeit their privileges by violation of a by-law, rule, or regulation, on the vote of a majority of the Fellows present at a special meeting.

15. This is, perhaps, the most important clause in the whole charter. Upon it will depend in a great degree the future position of the General Practitioners in this country—of those who are to be Practitioners under the New Act in Medicine and Surgery. These gentlemen will get their Surgical qualification from the College of Surgeons as before; but it is not likely that they will go to the Apothecaries' Hall for their Medical qualification, if they can get one from the College of Physicians. We have repeatedly shown, that by making itself the great Medical licensing body for the General Practitioners of the kingdom, the College might repair the error made in 1815, and become a rich, useful and powerful body. The Charter Committee have seen the importance of this position, and have recommended the adoption of the following clause, which has been postponed for discussion:—"That any person who shall have satisfied the said Corporation, by examination, touching his proficiency in the Science and Practice of *Medicine* and *Midwifery*, and complied with such other regulations as are or shall be required by the by-laws of the said Corporation, shall receive a Licence from the College to that effect, and be entitled *Extra-Licentiates* in Medicine and Midwifery." Why *Extra*-Licentiates? There are no Licentiates—only Fellows and Members. This word, *Extra*, would detract very much from the popularity of the Diploma—and why give a Licence in Midwifery, when this is done now by the College of Surgeons?

16. The President to be elected *Annually* by the *Fellows*.

17. This clause provides for the mode of electing the President by ballot of the Fellows, and that the President must be a Fellow of ten years standing.

18. In case of death or resignation of the President, a new President to be elected "with all convenient speed."

19. There are to be two Vice-Presidents, who must be Fellows of ten years' standing, appointed by the President.

20. The term of office of the Vice-Presidents to expire with that of the President by whom they were nominated.

21. The Council to consist of *sixteen Fellows* in addition to the President, Censors, and Treasurer.

22. Half the Council to retire annually, and not be re-eligible until they have been one year out of office.

23. The Council to be elected by the Fellows out of their own body.

24. The Council to meet at least one week before the quarterly meetings of the College, and when summoned by the President at other times.

25. Four Censors to be elected annually.

26. This clause providing that the Censors shall be elected

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by the Fellows on *nomination by the Council* has been postponed.

27. A new Censor to be elected to fill a vacancy caused by death or resignation.

28. The TREASURER to be elected annually by the Fellows on nomination by the Council.

29. On death or resignation of Treasurer, a new Treasurer to be appointed "with all convenient speed."

30. The REGISTRAR to be elected annually by the Fellows on nomination by the President.

31. The usual rule as to election on death or resignation of the Registrar.

32. The College officers to remain in office during the "whole of the day on which their successors shall be elected."

33. All Fellows to have at least seven days' notice of all meetings, elections, etc. the purpose of the meeting, and the names of Fellows nominated for offices.

34. Days of annual election may be altered by by-law.

35. Proxies shall not be allowed at any election.

Our readers are now in possession of all the provisions proposed for adoption by the Fellows. With the very little alteration we have pointed out, we believe the draft prepared by the Committee would be received with very general approbation by the Profession; and that with the new Charter, a bright day of power and usefulness and professional brotherhood will open upon the College.

POOR-LAW MEDICAL REFORM.

SINCE the promulgation of the Heads of a Scheme for a suggested new arrangement of Medical Relief, we have received a great number of communications on the subject from Poor-Law Medical Officers. Some of these are of such a voluminous character that we have been reluctantly compelled, from mere want of space, to decline their insertion. But as it will no doubt be expected from us that we should offer some opinion to our readers, and especially to the Medical Officers of Unions, upon the details of the proposed plan, we have carefully examined the scheme of the President of the Poor-Law Board, as well as the numerous commentaries which it has called forth, and we now offer the result of our reflections, in the hope of aiding in the solution of a long agitated question, which is no less interesting to the community than to our own Profession.

In the first place, we may remark that, while the Poor-Law Board appear anxious to deal fairly with all parties, there is still too much obvious tendency to favour the Boards of Guardians at the expense of the Medical Profession. The real reason of this leaning to the side of the authorities is probably the fear that some of the members of the House of Commons might be ejected from their seats if they excited the animosity of the Guardians; although the assigned reason will, of course, be the necessity of supporting local government and our ancient Anglo-Saxon institutions. If these principles of local government were to prevail in the case of other professions and pursuits in life, we might not, perhaps, have any right to complain; but it appears to us that while most of the other offices of Church and State are bestowed or supported by some central authority, nearly every Medical appointment is left to depend upon the arbitrary decrees of the popular will or caprice. We see no reason, for instance, why the judges and the magistrates should not be elected by the popular voice, and removable by the popular will, except that such a plan would render the judges and the magistrates the mere tools of predominant factions who might happen from time to time to sway the feelings of the nation. But for the same reason a Medical officer of a Union cannot perform his duties satisfactorily to himself or to the sick poor under his charge, when he is continually liable to interference on the part of those who, in too many instances, are wholly unable, from their ignorance or their prejudices, to form an opinion as to the manner in which he discharges his functions, and when, moreover, an honest course taken by the Medical Officer may render him liable to dismissal from his office. Now, the duty of a superintending authority, such as the Poor-Law Board, appears to us to be that of a Court of Appeal between the Guardians and the Medical Officers; but this duty the Board have always endeavoured to avoid, probably from the fear of unpopularity; or when they have acted at all, it has too often happened that the Medical Officer, being the weaker party, has been left to his fate, and the guardians have been triumphant.

In the present scheme of the Poor-Law Board, we must confess that we cannot discern any improvement in this respect; but an attempt is certainly made to place the subject of Medical Relief upon a more equitable basis than that on which it has hitherto rested. In fact, it may be said that the practical details of Medical Relief stand at present upon no basis at all, except the fluctuating feelings or prejudices, the friendships or the animosities, the ignorance or the enlightenment of the Local Boards. In some parishes and unions the Medical Officers are fairly, and even liberally remunerated, while in others they are ground down to the very lowest salaries, and dismissed if they venture to complain. In one union the Medical Officer is, perhaps, treated as a friend and an adviser, in another he is regarded as a menial, and receives the wages and the treatment supposed to be suitable.

Whatever may be the merits or defects of the scheme which has just emanated from the Poor-Law Board, there is one part of it which we hope will be resisted unanimously by the Poor-Law Medical Officers, namely, the part which enables the Guardians to terminate all contracts with their Medical Officers every three years. The proposition to make contracts between the Guardians and the Medical Officers, renewable every three years, *if both parties are willing*, means nothing more nor less than that the Guardians are to have the power of dismissing their Medical Officers at the end of three years without assigning any reason, if their caprice or their parsimony should induce them to do so, or if another Medical man offers to perform the duties at a lower rate than the officer first appointed. For many years the Poor-Law Medical Officers have demanded that their appointments should be made permanent, unless in case of misconduct or disqualification from illness; and after a long-continued struggle, the Poor-Law Board have lately granted the boon. If it be now determined that the element of permanence is to be taken away from the appointments, and that, in fact, they are to be made terminable every three years, the unfortunate Poor-Law Surgeon will be in a far worse position than that which he now occupies. It is perfectly just, indeed, that every three years a *revision of the salary* should take place on a basis equitable to all parties; but we advise that the system of triennial appointments, or rather the power given to the Guardians of triennially dismissing their Medical Officers, should be most strenuously resisted: and if this point should be insisted upon, it will be much better that matters should remain as they are at present.

Of that part of the scheme which contemplates the appointment of *two* Medical officers to each parish or district, we are inclined to express a modified approval. By such a plan, the poor will be allowed a certain degree of choice in their Medical attendants, and the latter will have an additional motive to act with kindness and attention to their poor patients; but, on the other hand, it must be recollected that as patients in general, and poor patients in particular, are not good judges of professional competence, it may possibly

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happen that the most deserving of two Medical men will be the least employed; or, on the other hand, that a man of skill and kindness may be disproportionately taxed in the performance of his duties. It is true that the salaries will be paid in proportion to the services performed; but we fear that this arrangement may be the cause of much local discord and animosity.

We are unable exactly to comprehend the meaning of the clause which provides that the Medical Officer, while retaining the power of ordering the *kind* of nourishing food or drink which may be necessary for the pauper patients, is to be prohibited from defining the specific *quantity* which is to be administered. It appears to us that the Medical Officer is the only person who can determine the quantity as well as the quality of the diet ordered. In a case of low fever, for instance, or of sudden and alarming hæmorrhage in puerperal women, or in cases of epidemics attended with sinking of the vital powers, it may be necessary to order a large quantity of wine, or brandy, or porter, and to continue the use of such stimulants for a longer or shorter period as circumstances may require; and surely the Medical attendant is the most competent judge of the condition of the patients, and of the dietetic treatment required. If the Medical Officer orders too much or too little food or drink, he is of course responsible for the consequences of his error, and mistakes in this respect would be quite as culpable as if he ordered improper doses of medicine. Boards of Guardians are always sufficiently ready to watch vigilantly the conduct of the Medical Officer in his dietetic directions; and if he be proved to err in this respect, he is of course ignorant of therapeutics, and therefore unfit to retain his position.

Another part of the new scheme deserving of special notice is that which relates to the future mode of remuneration of the Medical Officers. As we have before remarked, the basis on which the new plan rests appears to be a fair one; but it will probably be regarded with very different sentiments by those chiefly concerned, in proportion as it increases or diminishes the salaries now received. There can be no doubt that the plan proposed by the Poor-Law Board will augment some of the salaries which are now miserably small; but it is equally evident that in many other cases the present salaries will be diminished. It is proposed that the amount of salary shall be fixed at the annual average rate of one-shilling-and-sixpence for each person in the parish in the receipt of relief, *and* of one-shilling-and-sixpence for each case actually attended, besides certain extra allowances for mileage, surgical operations, and the more expensive drugs and appliances. In consequence of the infinite variety of local circumstances and the multitude of individual interests which may be involved, it is impossible for us to offer any very decided opinion upon this part of the scheme; but we may observe, that while the proposition appears on the whole to be fair, the average sum per head offered to the Medical Officer seems very small. It is true that the one-shilling-and-sixpence per case on the cases actually attended, is in addition to the one-shilling-and-sixpence a head upon all the persons in receipt of parochial relief, which will make more than three shillings a case per annum, unless every pauper should have more than one illness in the year; but we doubt whether this is a sufficient remuneration for the Medical Officer, especially when he is called upon to furnish medicines and surgical appliances as articles included in his contract.

We have now alluded to some of the chief points developed in the new scheme of the Poor-Law Board. In conclusion, we would again advise our brethren of the Poor-Law service to resist strenuously the clause which abolishes the permanency of their appointments; but as to the other contemplated changes, we think that there is sufficient good in them to render them, when carefully considered and modified, acceptable and beneficial to the Profession. We would also deprecate an unreasonable opposition to the plan proposed by the authorities at Whitehall; for if it should be discovered that the Poor-Law Surgeons are determined to find fault with everything which is offered to them, it may happen that they will eventually get nothing at all. We believe that the President of the Board is favourably inclined towards the Poor-Law Surgeons, and that their remonstrances or suggestions will be received with attention, and perhaps will be followed by the desired results.

THE WEEK.

General attention is directed to the following note:—

"The Medical Registrar presents his compliments to the Editor of the *Medical Times and Gazette*, and begs to inform him that an office for the business of registration is now opened at 32, Soho-square, where all letters for the Registrar, or for the Medical Council, should be addressed. Office hours from 11 to 4.

"January 10, 1859."

The President and Council of the London Medical Registration Association have sent a protest to Sir Benjamin Brodie, as President of the Medical Council, objecting to the present mode of registration, and recommending "that the Registrar should, in the case of every applicant, require a simple form of declaration, to be signed to the effect that he is (or has been) lawfully possessed of the document of the qualification which he claims to register, and that he is the person mentioned in the document or documents evidencing his qualification; this declaration to be attested by the Registrar, or some credible witness. Such a plan, we believe, will be both simple and effectual, and will not impose an irksome task on the qualified members of our Profession, while it will deter unqualified persons from attempting to register by bringing them within the severest penalty of the Act, as provided by Clause xxxix." This accords with the views of many gentlemen who have addressed us on this subject.

The report, which will be found in another column, of a case tried in the Marylebone County Court, affords curious proof of the motives which induce some of the supporters of Hospitals to subscribe to these institutions. They do so to obtain cheap physic and surgery for their servants. Here is another example of the necessity for establishing Self-supporting Dispensaries.

We have alluded, on a previous occasion, to the lamentable deficiency of Medical men in the island of Jamaica, and to the consequent fearful mortality which has prevailed among the population. In order to remedy these evils we learn that a Bill has just been introduced into the local Legislature, for the purpose of providing adequate Medical attendance and suitable medicines for the police, the labouring population, and the poor of the island. The Bill proposes to authorise the Governor to appoint forty-one duly-qualified Medical Practitioners, each of whom is to take charge of certain districts specified in the Bill, and to afford Medical and Surgical assistance, including midwifery, together with medicines, to the classes just referred to. Every such practitioner is also required to establish, at his own expense, a Dispensary for the supply of pure and genuine drugs to the patients: a very salutary measure in such a locality as the island of Jamaica, where Medical men are very scarce, where pharmaceutical appliances are difficult to find, and where, in Medical matters, the population are plunged in the grossest superstition, ignorance, and prejudice. It is proposed that each practitioner,

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appointed under the Bill, should receive £150 per annum as salary, together with certain other emoluments arising from the supply of medicines and from allowances for mileage in attending patients at a distance. There may be some local objections to this scheme, arising out of the peculiarities of the island itself, and of its population; but it seems to us to be a step in the right direction, as it aims at superseding the miserable practice of witchcraft by the legitimate operations of Medical science, while it offers to the Medical practitioner a fair, if not liberal remuneration, for his services. We may here repeat a remark, which we have previously made, that there is at present a good opening for Medical men in the island of Jamaica; and the advantages held out will be considerably enhanced when the local Government gives a fixed salary, together with other emoluments, to the Medical officers.

The Secretary of the American Navy bears witness, as follows, to the generous act of one of our Navy Surgeons on the occasion of the breaking out of yellow fever in an American steam-frigate. The *Susquehanna* was obliged, in consequence of the fever, to put into Jamaica:—"When she arrived at Kingston, Sir H. Stewart, the admiral of the Port, placed the hospital at the disposal of the sick, and furnished every assistance for landing them; eighty-five of them were transferred to the hospital. The Surgeon of the ship being disabled by the fever, Assistant-Surgeon Rose, of the British Navy, volunteered to attend the sick in his place, and to accompany her to New York. The department communicated to him its high appreciation of this noble and generous act of disinterested philanthropy."

If a naval Surgeon shows himself to be zealous in the discharge of his duty, and anxious that the discipline of the ship shall not prejudice the health of the crew, he is regarded by some ill-informed captains as a troublesome fellow who is meddling with affairs which do not concern him. If he persist in his recommendations or remonstrances, he may probably have to defend himself at a Court-martial. So a few days ago, Mr. M'Shane, the Surgeon of the *Alecto*, was tried for having in August urged Captain Hunt to have awnings spread to protect the men. His defence was that he was only actuated by zeal for the service, and anxious to preserve the health of the officers and crew during the rainy season; but the Court considered that he had done this in a disrespectful manner, and in consequence of his high character, "*only adjudged the prisoner to be reprimanded.*" This is Court-martial justice! A wonderful encouragement for naval Surgeons to do their duty!

Writers upon death from chloroform seem to have overlooked one very important element in the calculation. Methylated chloroform has come into general use. This was first observed in Glasgow to produce a certain prostration of the vital powers, which led to its abandonment; yet a false economy has led to its continued use elsewhere. The compounds of methyl are very dangerous, and are detected with difficulty. They have the same agreeable odour as chloroform; and their presence is most readily discovered by their effects on the animal economy, a peculiar throbbing headache, and rapid prostration of the vital powers. An able writer in the last number of the *Glasgow Medical Journal* says he is "satisfied that careless administration, cardiac or pulmonary disease, nervous apprehension, and such like causes, have less to do with the evil effects of chloroform than impurities in the substance as at present manufactured."

Why is the death-rate so much larger in towns than in the country? Why do 34 die in every 1000 in some districts of England, and only 22 in others? Dr. Angus Smith, of Manchester, in a most important paper on the air of towns with which he has just favoured us, helps to answer these momentous questions. The absence of ozone is remarkable. The air of Manchester is acid; pure air is neutral. The rain which falls in Manchester is acid. The organic matter in the atmosphere instead of being 1 grain in about 200·000 cubic inches, as in the high grounds 30 miles north of Manchester, was as much as 1 grain in 60·000, in 40·000, in 16·000, even in 8000 cubic inches in different places and rooms in the town. There was one grain in 8·000 inches in a closely-packed railway carriage, and the same quantity in the laboratory when the strong smell of a sewer entered it. The impure air contains about 9000 times more of pure organic substance than pure air contains. On exposing blood to the air of town and country, a very great difference was perceptible to the eye. This test is a very important one, and will probably be turned to good account in estimating the true action of various climates. These researches of Dr. Smith's are steps in the right direction.

Sir James Clark left London on Monday for Berlin, in order to be present at the approaching accouchement of the Princess Frederick William. The Princess will be attended by the Prussian Physician who was present at the last accouchement of our Queen.

At the next meeting of the Harveian Society on the 20th instant there will be a discussion on a very interesting subject, brought forward by Mr. Ballard at the last meeting. He endeavoured to prove that prolonged sucking is injurious to infants, by leading to excessive secretion of gastric juice, and consequent chronic diarrhœa, and imperfect nutrition. The effects on the mother are, excoriated nipples, irritable breast, etc. Dr. Brown-Sequard has shown that "excitation of the nerves of taste produces an abundant reflex secretion of gastric juice, and also a flow of bile and pancreatic juice into the bowel." Mr. Ballard exhibited the stomachs of two infants, in both of which there was a large perforation through the posterior wall from the solvent action of the gastric juice on an empty stomach. He supported his views by notes of numerous cases. The subject is one which should lead to an interesting discussion.

THE IMPERIAL ACADEMY OF WILNA has just celebrated its fiftieth anniversary. The Academy has, among other notable things, dignified ten Parisian Medical men with its diploma. We know not if it has remembered its English brethren in this distribution of its honours.

REVACCINATION.—M. Vleminckx has endeavoured to show the value of this proceeding. His conclusions were drawn from observations made on 1660 individuals; and they are these:—1. Revaccination of subjects well vaccinated is generally of very little utility. 2. Those who have suffered from small-pox have greater reason to be vaccinated than those who have been already vaccinated. 3. Revaccination succeeds better in proportion as it is practised at a distant period from the insertion of the first vaccination or attack of small-pox. 4. Up to the age of 25 it is generally useless. 5. Between the age of 25 and 35 it produces useful results in a very small number of individuals: without, therefore, entirely proscribing it, we need not urgently press its use. 6. After the age of 35 it becomes really preservative, and consequently is necessary. 7. The revaccination of boys at schools, etc. is useless. 8. The revaccination of soldiers in armies constituted as the Belgian army is also unnecessary.

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REVIEWS.

The Principles and Practice of Operative Surgery. By F. C. Skey, F.R.S. Surgeon to St. Bartholomew's Hospital. Second edition. Pp. 736. London: 1858.

Seven years have elapsed since the first edition of this work was published, and during that period many improvements have been effected in the art and science of Surgery, especially in that department which this work more particularly treats of. As was to be expected, Mr. Skey has made some considerable additions to his book, and has discussed fully and freely some of the most important points in Operative Surgery which have, during the period alluded to, chiefly claimed the attention of practical Surgeons.

Of one of the most recent innovations in Operative Surgery, viz. the écraseur, Mr. Skey does not form a very favourable opinion; for although he states, "At the present date it yet claims to the indisputable charm of novelty, and its real merits have yet to be ascertained;" he further on finishes his remarks on its use in operations, by stating, "The time consumed in the operation is longer than removal by other means; the pain without chloroform is great, and the principle as much allied to the period of barbaric surgery as any invention of the olden time."—p. 45. Doubtless the écraseur is one of those instruments which may be used in many operations with considerable benefit, and does not deserve the unqualified condemnation which has been cast upon it.

Much consideration is given to the chapter on aneurism, and especially to the treatment by compression, of which Mr. Skey speaks highly. Regarding the introduction of this method by the Surgeons of Dublin, he very properly remarks: "Its discoverers merit something more than a passing tribute of professional approbation." He discusses with calmness Mr. Fergusson's ingenious method of treating certain forms of aneurism at the root of the neck by manipulation and displacement of the fibrinous clots, and thus blocking up the artery beyond the sac. We question very much whether this method of curing aneurism has been appreciated by Surgeons as it deserves to be, for it has been clearly proved that a subclavian aneurism not amenable to treatment by ligature beyond the scalenus can be cured by the process adopted, and Mr. Skey is correct in saying that "the evidence already afforded furnishes matter for much and interesting inquiry, and that it may hereafter become the agent of much practical good."—p. 243.

To the very important subject of excision of joints, which has of late years claimed so much attention, Mr. Skey devotes mature consideration; but it is somewhat difficult to know what his real opinion is on this interesting subject, for he talks of it as the "fashionable" operation, and pretty broadly intimates in several places that a large number of the excisions which have been performed have been uncalled for; and yet the same author speaks of amputation as the most "discreditable operation in Surgery."

We are sorry to find Mr. Skey using such expressions regarding either operation. No Surgeon has a right to speak of amputation generally as the "most discreditable operation in Surgery." It may be rendered so, indeed, when it is performed unnecessarily, when the lesser operation by excision will suffice, or when the actual severance of the limb alone from the body requires twenty minutes. But when an amputation is skilfully performed, for the purpose of removing an incurably diseased or injured limb, the Surgeon may rest satisfied that, instead of doing any discredit to Surgery, he may point to the successful results of such operations with as much pride as to any other proceeding. Most truly amputation may be, and is, discreditable to some Surgeons; but Mr. Skey does not wisely or reasonably in speaking of the operation generally as he has done; nor do we think Mr. Skey should speak of excision of joints as a fashionable remedy, or "endeavour" to cast imputations upon those excellent Surgeons who have boldly stepped out of the old beaten track, and have brought almost to perfection one of the most beautiful and useful innovations in modern practice.

As regards the particular operation of excision of the knee-joint, the opinion of Mr. Skey can carry with it little weight, for he does not appear to have had any personal experience of the operation, and only alludes to one very unfortunate and badly treated case, which was, most probably, that single instance occurring at St. Bartholomew's Hospital, and which from inattention to after-treatment, turned out badly—the consequences being, in the author's words, "irritation, amputation, death." Mr. Skey has, however, a right to form some opinion on the propriety of this operation, from the large amount of information which has of late been supplied by the various operators; and the following is the estimate formed by him:—

"If excision or resection of the knee-joint could be divested of its danger, it would stand forth as one of the most brilliant discoveries of modern Surgery."—p. 441.

Mr. Skey then goes on to give statistical accounts of the operations which have been performed, and is compelled to state as follows:—

"As compared with amputation of the limb, it is doubtful whether the one or the other operation possesses the greater immunity."

Now one of the greatest arguments of those who oppose this operation is, that excision of the knee-joint is more dangerous to life than amputation; but those who have looked well into the subject affirm the contrary. Probably Mr. Skey's estimate is pretty correct, that the danger is about balanced. If so, and if useful limbs can be saved for the patients, of which there is abundant proof, surely no Surgeon is warranted in amputating a limb for disease of the knee-joint which may be amenable to resection. Of course there must always be considerable danger in the operation of excision, especially when performed on the adult; nevertheless, the fact of this danger existing should not be a bar to the operation, provided it be adopted for the purpose of removing incurable disease and saving life. The same danger is incurred in amputating the thigh for similar purposes, and therefore the patient has a right to demand that mode of practice which may, without increased risk, leave him something better than a wooden leg.

On the very important subject of extirpating ovarian tumours, with the consideration of which the book closes, Mr. Skey gives the following opinion:—

"Abundant evidence is obtainable justifying the resort to it as the radical means of removing a disease, the records of which have ever testified to its fatality, provided the cases be selected with skill and experience."—p. 713.

Ovariotomy is a perfectly justifiable proceeding, provided it be undertaken only in those cases where life is threatened, or the health is seriously impaired. That the most formidable cases may be treated with success, has been especially demonstrated of late. Mr. Skey has made one very important omission, or rather error, in giving the details of the operation. He says that, "the neck or root of the cyst is to be surrounded by a strong and well-waxed cord of silk." In some cases where the pedicle is very thin, merely tying the ligature around it may suffice; but it is a most dangerous practice where the pedicle is thick, as the ligature is very liable to slip and cause fatal hæmorrhage. The pedicle should always be carefully transfixed with double ligature, or perhaps, what is even better, the clamp lately used by Mr. Hutchinson, Mr. Brown, and Mr. Wells should be employed.

We have now referred to some of those subjects in Operative Surgery which must of necessity claim, in a particular manner, the attention of a writer detailing the improvements in the art up to the latest period. And we can say that Mr. Skey has executed his task well in the main; there is a high tone about his work, which evinces an amount of devotion to the study of Surgery in its highest aspects which cannot fail to strike the reader. There are, however, some faults which, in a work professing to be as it were a handbook of Operative Surgery, cannot be overlooked. Some of the subjects are treated of in the most meagre manner; as an illustration of this we may refer to the observations on hare-lip. There is not a word about double harelip, or any directions for the operation in those various and complicated cases which every now and then present themselves, and which require the greatest skill.

Moreover, Mr. Skey entirely omits to refer to the practice of his contemporaries on some very important points. Thus, for instance, while speaking of resection of the upper jaw, he does not even allude to that modification of the operation by Mr. Fergusson, by which the whole jaw can be removed by a simple incision through the upper lip into the nostril. Neither, in speaking of excision of the scapula does he say one

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word about the meritorious operation of Mr. Syme, who removed the entire bone, leaving the arm; which precedent, although unsuccessful, has been followed by such brilliant success in the hands of Mr. Jones, of Jersey. We may refer again to the remarks on amputation at the ankle-joint. Mr. Skey has actually forgotten to direct that the malleoli should be removed; and there is not the slightest attempt to come to any appreciation of the value of this interesting operation.

With all these faults, however, there is much sound and wholesome doctrine in Mr. Skey's work, and much that is creditable to the author. His reputation as a good Surgeon cannot fail to be advanced by it.

Medicines; their Uses and Modes of Administration. By J. M. Neligan, M.D. Fifth edition. Dublin: 1858. 8vo, pp. 620.

It can be scarcely necessary to do more than announce the appearance of a fifth edition of this well-known work. But it is right to state that the author has made many additions of such new medicines as are likely to prove of permanent value.

Treatise on the Administration and Organisation of the British Army. By E. B. De Fonblanque, Assistant Commissary-General. London: 1858. 8vo, pp. 452.

All those who wish to know how the British army is raised, organised, maintained, and governed, would do well to look over this, the first work of recognised authority in our language on the science of Military Administration.

Observations on the History, Pathology, and Treatment of Cancerous Diseases. By Oliver Pemberton, Surgeon to the Birmingham General Hospital. London: 1858. 8vo, pp. 38.

The first part of this work only is yet before us, containing a paper on Melanosis, which appeared in the *Midland Quarterly Journal of the Medical Sciences*. It is illustrated by some beautiful plates. When the work is complete it will require a full notice.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON OCCLUSION OF THE VAGINA.

By Dr. CHANNING.

Dr. Channing was called in consultation on the case of a lady aged 27, who had been delivered two years since of her first child by means of instruments. Since then the urine had passed involuntarily, none coming by the natural passage. On the present occasion moderate pains had lasted for two or three days, and on examination a semi-lunar shaped structure, having a firm, sharp, free edge, looking horizontally towards the sacrum, was felt. On passing the finger within this, it was found to be a blind pouch, looking towards the front of the pelvis, and having no other issue. In no part of the vagina could anything like an os uteri be detected. Next day, a catheter having been passed through the urethra, its end was found by the finger within the valvular opening described. "The opening was thus shown to be in what remained of the bladder, the sharp, thin, semi-lunar edge being a portion of its anterior surface." The contents of the pelvis had been forced somewhat lower down through the continuance of the uterine contractions; and a slight, irregular, radiated puckering, with a little depression, was now felt at an inch or more from the urethra. On firm pressure being made, something like an opening was thought to be felt, but none was found on careful exploration with Simpson's smallest sound. As no urgent symptoms had set in, it was resolved to leave the case yet another day: but in the course of the night an altered condition of the patient had taken place, and she was found next morning with an anxious countenance, and a weak pulse of about 160. The uterus had become forced down still lower, and on firm pressure being made on the spot, an opening was either found or made, and this yielded to continuous pressure, so that the scalp could be felt by the finger. The aperture was of a gristly hardness, and thick as well as firm. It was enlarged by a bistoury, and the cranium was perforated by means of Meigs' craniotomy forceps, an instrument to which Dr. Channing gives a decided preference, after having tried all others. The operation was difficult (but unattended with hæmorrhage), not only from the resistance of the parts and the great care necessary, but also from the yielding condition of the cranium of the macerated fœtus. The placenta was easily delivered. The operation performed under etherisation, lasted for two hours, and the patient continued for some time after in a state of alarming exhaustion. Eventually she completely recovered.

During a long life Dr. Channing has only met with two other cases of apparently perfect vaginal occlusion. The first of these occurred in a woman said be a primipara, and on labour setting in nothing but a smooth *cul-de-sac*, separating the pelvic from the abdominal cavity could be felt. Four days and nights were passed at the bedside, when a light swelling, without any depression or puckering, was perceived near the hollow of the sacrum. As the strength continued good, it was determined to wait yet longer, notwithstanding that the labour had been so long and so painful; and after a time, not specified, a fissure or mere line, not a round hole, was detected, and through this the membranes began to be felt. The aperture was mechanically dilated, and after many hours a dead child was born. The patient died from phlebitis following venesection for pleurisy. In the other case, the patient had borne children, and suffered since from enlargement of the os and cervix-uteri, for which she had been treated by a specialist, and had since conceived. Taken in labour, no os uteri could be felt, the *cul-de-sac* being as smooth and even as in the above case. After some hours a roughness was felt in the back part of the pelvic roof, and an opening was detected by Simpson's sound. Dilatation was accomplished by means of the finger, and mother and child did well.

Many cases have come under his notice of partial uterine or vaginal closure, or both. There has been, in all cases except the two above mentioned, some opening to the os uteri, of different sizes indeed, but always sufficient for guidance. There has been trouble in these cases, but the course to be pursued in them has been indicated with sufficient clearness, and the needed steps have been taken.—*Boston Medical Journal*, vol. 58. pp. 349—355.

ON ACCIDENTS OCCURRING AFTER REVACCINATION.

By M. H. LARREY.

M. Larrey, in a communication to the Academy of Medicine, gives an authentic account of the accidents which had followed the revaccination of certain artillerymen stationed at Toulouse. Sixty men were revaccinated on the 21st of June, with the usual precautions, from the arms of healthy adults. In nine of these serious accidents supervened, which were divisible into two categories, viz. general accidents of a typhus form, and local accidents of an erysipelatous form. The former occurred in three of the cases, and in these local accidents only appeared consecutively. In the other six the local symptoms appeared after, to be followed secondarily by fever. These cases were, however, no less serious than the others, for all the phenomena of severe phlegmonous erysipelas were developed. One fact is to be remarked, viz. that, with the exception of one, in all the cases, although vaccination had been performed in both arms, engorgement was only observed in the right arm. In appreciating the causes of this singular occurrence, M. Larrey adverts to the unusually high temperature, and to the fact that erysipelas was all that period prevalent in Toulouse. The artillery at that time too had to undergo unusual "fatigue," and it was ascertained that several of the "men had declined to avail themselves of the exemption of grooming their horses allowed for some time after revaccination." The force of this latter circumstance is seen in the fact that all the men were seized in the right arm, with the exception of one who was left-handed.—*Bulletin de l'Académie, Tome* xxiii. pp. 992—9.

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EXCERPTA MINORA.

Chloroform in Itch.—Professor Back reports the great advantage that has resulted from his treatment of itch by painting the surface with chloroform. Not only does the chloroform act beneficially by killing the acari, but by relieving the irritation of the skin which has been induced by scratching. The painting of even large surfaces was unattended with ill effects, and the temporary burning sensation produced was very supportable as compared with the itching which it superseded.—*Schmidt's Jahrb.* No. xi. p. 180.

Pumpkin Seeds in Tænia.—M. Cazin adds an additional one to the numerous cases on record in which the tænia was expelled by the use of pumpkin seeds. A delicate child, 5 years of age, took the medicine (the bruised seeds and sugar āā ʒviiss.) for two mornings in succession. The cure was completed by bitters and iron.—*Gaz. des Hôp.* No. 135.

Tincture of Iodine in Corns.—Dr. Varges states that corns may be rapidly cured by the application of the tincture of iodine, the corn disappearing in the course of a few days if touched with the tincture several times a day. If the corn be situated between the toes it should be covered with a piece of linen steeped in a mixture of the tincture and glycerine. —*Journal of Prac. Med.* Nov. p. 528.

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, January 3, 1859.

M. Jobert, a few days ago, made some remarks, which, from the fact of their being at variance with the practice of certain of our best Surgeons, are entitled to notice, the more especially as he holds a high rank among the Surgeons of the French capital. These remarks were made at the bedside of a patient suffering from stricture of the urethra, and had direct reference to the management and cure of this affection. In all cases of urethral stricture, one method of treatment is, in his opinion, admissible, viz. that of gradual and progressive dilatation. This system, which has been in use for a long series of years, he designates the "vital mode of treatment," and by means of it, and by no other, can a radical and permanent cure be effected. Scarifications and incisions he condemns as useless and dangerous; useless, inasmuch as the benefit derived from them is but of a temporary kind; dangerous, in consequence of the risk incurred of producing serious, and occasionally fatal accidents. All interference with the integrity of the canal cannot, he adds, be too strongly reprobated, and this he maintains in defiance of the practice of those who have specially devoted their attention to this department of Surgery. He states that he has seen Ricord and other eminent men operate on urethral strictures by means of incisions and scarifications; but in almost every case he has remarked the occurrence of some serious complication, or in absence of this, and where a cure had apparently been accomplished, a relapse, within a given time, after the operation, has taken place.

However much opposed the above views may be to the general tendency of the present day, we can conscientiously subscribe to their author's adherence to them, as in all cases which have come under his care in the Hôtel Dieu we have invariably observed that his practice has been in perfect consonance with his theory.

At the conclusion of his clinical lecture, the other day, M. Laugier performed the amputation of the upper third of the right breast, leaving the nipple and the lower two-thirds of the gland intact. The history of the case is as follows: —Two years ago the patient, aged about 50, and the mother of three children, observed, for the first time, an eczematous eruption in the neighbourhood of the nipple attended with heat, pain, and intense itching. Sundry applications were employed with a view to its removal, but to no purpose. Twelve months from the first appearance of the eczema she remarked a small hard lump, about the size and form of a marble, in the upper portion of the breast. This small tumour continued stationary in size until about three or four months ago; since which time it has increased with considerable rapidity. The morning before the operation we made a careful and minute examination of the breast, and found the tumour to be of a globular shape, and as large as an ordinary apple—it evidently formed part of the gland with which its base seemed intimately incorporated. It was firm in texture, and no fluctuating point could be detected; in the axilla of the same side was perceptible an enlarged gland of stony hardness. The remaining portion of the mamma and surrounding tissues seemed perfectly healthy. The patient, although thin, appeared in tolerably good health, there being no cough nor any other constitutional derangement calculated to interfere with the immediate success of an operation. M. Laugier, in whose opinion the case was one of true scirrhous, resolved on the extirpation of the diseased mass by the knife, notwithstanding the extension of the diseased action to the axillary glands. He did not consider that the eczematous eruption in any degree necessitated the removal of the nipple.

Operation.—The operation was performed in the usual manner, by means of two semi-elliptical incisions, beginning at the axilla and meeting at the epigastric region a little beyond the inner border of the gland. The central portion of the convexity of the second or lower incision approached to within an inch or thereby of the nipple. The diseased portion of the breast having been separated from the healthy, two enlarged glands, about the size of walnuts, were afterwards removed from the axilla. These glands were found loosely imbedded in cellular tissue, and were easily taken away by means of enucleation. The operation terminated, the edges of the wound were brought together by the introduction of seventeen needles, around which ligatures were twisted in the usual manner. A section of the morbid mass was made after the operation, when all the characteristics of true scirrhous were recognised. The glands removed from the axilla presented the same appearances in a modified form. Should no secondary accident supervene, we have no doubt that a temporary cure will be the result in the present case; but we question very much the propriety of an operation in all cases of scirrhous breasts in which the disease has extended to the axilla to the same degree as observed in this instance; and we are quite sure that many of our best Surgeons at home would have refrained from operating under similar circumstances.

A man of a certain age was admitted last week into the Salle St. Marthe, under the care of this same Surgeon, labouring under strangulated crural hernia. On examining the patient it was accidentally observed that he had but one testicle in the scrotal sac. On being questioned in reference to this peculiarity, he made the following singular statement: —When young he was much addicted to solitary habits, and on one occasion, during the act of masturbation, the right testicle appeared to be suddenly and powerfully drawn up towards the abdomen, into which it seemed to enter. From that moment up to the present time it had never reappeared in its accustomed place. As the peculiarity thus noticed was, under the circumstances, but of minor importance, the Surgeon's attention was directed to the relief of the strangulated hernia. The taxis and other means having failed, recourse was ultimately had to an operation, which was successfully performed. Peritonitis, however, supervened, and the unfortunate man died on the fourth day. The morbid appearances, usually found in similar cases, having been noted, the "Chef de Clinique" made a careful and minute dissection, with a view to the discovery of the long-lost testicle. It was found lying in the inguinal canal, immediately above the lower border of Poupart's ligament, a very small portion of it emerging. The body of the testicle was much atrophied, being about one-fifth of the size of its fellow, soft, and pulpy. The vesicula seminalis corresponding with this testicle was much smaller than that of the opposite side; it contained but a small quantity of seminal fluid, sufficient, however, to show that it had performed its peculiar function, although in a limited degree. The "vas deferens" presented no marked peculiarity, the canal being almost as large and perfect as that of the opposite side. M. Laugier, in his remarks on this interesting case, stated his belief that the sudden disappearance of the testicle from the scrotum had been caused by the powerful contraction of the cremaster muscle, excited to action during the venereal orgasm. He further said that the presence of spermatic fluid in the corresponding vesicula seminalis was due to the fact of a small part of the atrophied testicle having escaped the pressure to

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which the remaining portion of the gland had been subjected in its abnormal situation.

In the Salle St. Paul, in the service of M. Robert, is a girl affected with ozena, or fetid discharge from the nostrils. She is about seventeen years of age, and has suffered from this painful and disagreeable malady for nearly four years. Its origin cannot be attributed to any appreciable cause. From her age at the time it first made its appearance the idea of a syphilitic taint is out of the question, nor can it be accounted for by the presence of carious teeth, or injury direct or indirect, that the nose has sustained. The natural conformation of the organ is good, but it has a stuffed appearance, as if the nostrils were filled with some foreign body. Her lips and aspect generally indicate a highly sorofulous constitution. On her admission into the hospital the discharge was thick and profuse, and of such a fetid character as to render her existence loathsome to herself, and her presence obnoxious to those in her immediate vicinity. Her sense of taste was so much impaired that she was unable to distinguish between different kinds of food, however opposed they might be in their qualities or taste, and no odour, however strong, seemed to make any impression on her olfactory nerves. From the history of the case, M. Robert attributes the discharge to a generally diseased condition of the pituitary membrane occurring in a cachectic habit. She has now been upwards of four months under treatment, which has consisted of the frequent sluicing of the nostrils with tepid disinfecting fluids, the application to the entire pituitary membrane of tincture of iodine, and latterly of a very strong solution of the nitrate of silver. Symptoms of amendment have recently made their appearance, the sense of smell is returning gradually, and that of taste is now nearly natural. In addition to topical remedies her general health has been improved by means of medicine and nutritious diet. There is now reason to anticipate a cure.

GENERAL CORRESPONDENCE.

PHYSICIANS' INITIALS.

Letter from Dr. Moore.

[To the Editor of the Medical Times and Gazette.]

Sir,—I cannot at present inform your correspondent, "An Old Surgeon," what the law in Great Britain is in reference to the above subject (probably some of your numerous readers at your side of the channel will do so); but in a paper which appeared in 1848 in the *Dublin Quarterly Journal of Medical Science*, entitled, "An Outline of the History of Pharmacy in Ireland," I have quoted some acts of the Irish Parliament bearing on the point.

At page 35 of the paper alluded to it is stated, that in the year 1735, an Act (9 Geo. II. cap. 10), "for preventing frauds and abuses in the making and vending unsound, adulterated, and bad drugs and medicines," received the sanction of the Legislature, by which it was provided, "that every physician, surgeon, or other person, taking on himself to prescribe medicines, should sign the prescription or recipe with his name or initials; and should express the quantity of all drugs in words at length and not by marks, under a penalty of forty shillings for every omission."

A quarter of a century later it was enacted by 1 Geo. III. c. 14. (made perpetual by 30 Geo. III. c. 45), entitled, "An Act for preventing frauds and abuses in the vending, preparing, and administering Drugs and Medicines," "That all and every physician, surgeon, or other person or persons taking upon him or them to prescribe medicines, whether for internal or external use, or application for the health of man's body, shall prescribe [subscribe] every such prescription with his name or surname, or the initial letters of his name and surname, and with those also of his profession, whether physician or surgeon, and if a physician, with the name, or the initial letter of the University or Universities of which he is a Doctor, or other Graduate in Physick, under the penalty of forty shillings for every omission, unless he be a Member of the Royal College of Physicians, in which case, the initial letters of his name alone may be sufficient."

The statute, of which the foregoing is the 25th section, was called Lucas's Act, the bill having been brought into Parliament by Dr. Lucas, who, at the time of its passing was Member for the City of Dublin, and kept an apothecary's shop in Charles-street. It is still in force, and under its provisions inspectors of apothecaries' shops are annually appointed by the King's and Queen's College of Physicians in Ireland.

As the customs which at present obtain in this part of the United Kingdom, in reference to this subject, differ somewhat from those observed in England, it may be interesting to some of your readers if I briefly state them. Prescribers, whether Physicians or Surgeons, usually sign their recipes with their initials only, no indication of their degrees or profession being appended. Some few Practitioners, however, subscribe their names in full. In case of consultation, the attendant Physician or Surgeon writes the prescription, and he alone signs the document with his initials or his name. A few prescribers have of late adopted the system of giving the directions in English, and unabbreviated.

I am, &c.

William D. Moore.

7, South Anne-street, Dublin,
January 3, 1859.

UNGUENTUM SULPHURIS AS A REMEDY IN GRANULAR CONJUNCTIVA.

Letter from Mr. Wharton Jones.

[To the Editor of the Medical Times and Gazette.]

Sir,—Allow me to bring to the notice of such of your readers as may be interested in the matter, that the common Unguentum Sulphuris of the Pharmacopœia, has of late been tried at the Eye Infirmary of University College Hospital, as a remedy in granular conjunctiva, with very encouraging results.

In my work on "Ophthalmic Medicine and Surgery," the local procedure recommended in the treatment of granular conjunctiva, consists in scarification of the affected part every second or third day, and immediately thereafter, the application to it of some strong salve, such as the red precipitate.

In scarifying, small crucial incisions are recommended to be made through each granulation; or, when the granulations are small and closely compacted, a number of cross hatches all over the surface of the affected conjunctiva.

The mode of applying the salve, again, which is recommended, is as follows:—A piece the size of a split pea is to be taken up on the point of a probe, or on the point of the nail of the little finger of the right hand, and insinuated under the upper eyelid, while this is drawn forward from contact with the eyeball. When the salve is fairly on the eye, the upper eyelid is to be gently drawn down and rubbed over the eyeball with the finger for a minute or so, in order to diffuse the salve, now melted by the heat of the eye, between the eyelids and eyeball, and consequently all over the conjunctiva.

In using the sulphur ointment, I have adopted exactly the same procedure.

The sulphur ointment causes rather more pain than the red-precipitate ointment.

Marked as the good effects of the sulphur ointment have been found to be so far, it remains for experience to show whether we shall be indebted to it for anything like a complete and permanent cure of that miserable complaint of the eyes—granular conjunctiva.

Reflecting on the peculiarly inveterate character of granular conjunctiva, the idea occurred to me that the disease might possibly depend on, or at least be kept up by the existence of some parasitical organism, and that accordingly sulphur might prove a remedy. I was thus led to try the unguentum sulphuris (the most convenient form of the remedy for the purpose), instead of the red-precipitate ointment which I had previously been in the habit of using.

Whether this conjecture shall turn out well-founded or not, is a matter of comparatively small consequence, so long as the remedy which it suggested is useful. It would, however, be well worth the trouble of any one engaged in the study of Ophthalmic Medicine and Surgery, to devote some time to the microscopical examination, in reference to the point mooted, of the affected conjunctiva and the matter discharged from it.

I am, &c.

T. Wharton Jones.

35, George-street, Hanover-square, Jan. 8, 1859.

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REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

MONDAY, JANUARY 3rd, 1859.

Dr. WATSON, President, in the Chair.

THE ANNUAL MEETING.

The usual routine business of the Annual Meeting was this evening gone through. The Report of the Council was read and adopted, and votes of thanks were carried to the retiring officers. Amongst those who took part in these proceedings were, Dr. Risdon Bennett, Mr. Fergusson, Mr. Lee, Mr. Curling, etc. The principal changes in official staff this year are those of the President and Surgical Secretary. Dr. Watson vacates the presidential chair in favour of Mr. Fergusson, and Mr. Mitchell resigns his secretaryship into the hands of Mr. Henry Thompson.

In reply to a vote of thanks which had been carried by very warm acclamation, Dr. Watson spoke as follows:—

GENTLEMEN,—When, two years ago, I thanked you, from this place, for the honour which you had just conferred upon me by electing me as your President, I thanked you in a manner prospectively. Far from thinking that I was making any such sacrifice as Mr. Fergusson in his complimentary speech has supposed I might have made in assuming this new office, I felt persuaded that under the wholesome compulsion which it imposed upon me to be present at your meetings, I could not fail to see and to learn much which it greatly concerned me to know, and which I should otherwise have missed. Now, when I am about to vacate this chair, my thoughts as naturally take a retrospective direction; and I can truly affirm that the advantages which I then contemplated, and the pleasurable interest to which I then looked forward, have been more than realised; while I have the satisfaction of having made many acquaintances here, which it would have been a loss and a real regret to me not to have made. Experience has confirmed also what reason had suggested, of the great utility of societies like this—where specimens of morbid structure in all its varieties, the results of bodily disease and decay in their multiform and countless shapes, are submitted to the scrutiny of numerous and practised eyes; where short discussions are permitted and encouraged concerning the nature, the origin, the tendencies, and the cure or prevention of such morbid changes; where, in short, the crumbling fragments and relics of mortality are made to enrich and fertilise the whole field of scientific medicine. I confess that I have been astonished at the abundance of these materials for thought and for inquiry which, fortnight after fortnight, have been displayed upon your tables; and I should do violence to my own feelings if I did not take this opportunity of declaring how much I have been gratified,—how often, indeed, very greatly instructed,—by the intelligence and zeal which have been brought to bear by many of the gentlemen whom I have now the pleasure of addressing, upon questions of much importance and interest, and by the light which statements and discussions in this room have thrown upon doubtful or disputed points in the science of Pathology. So copious indeed has been the supply of specimens, that we have sometimes been embarrassed by our riches of that kind. A casual visitor might be inclined to regard this abundance as an evil; to think that the list was hurried through, and to lament that some pieces of morbid anatomy were shown merely, and passed by with insufficient notice, or with no spoken commentary at all. It would, however, be a mistake to suppose that specimens exhibited and described, without eliciting any question or debate, are therefore necessarily, uninteresting specimens. Many, of much significance, simply require to be looked at. They tell their own tale, and read their peculiar lesson so plainly, as to need no further explanation. It is even useful, sometimes, to have brought again under one's view, illustrations of truths already well known. To see these things is proverbially more impressive and informing than merely to hear or to read about them.

> "Segnius irritant animos demissa per aurem,
> Quam quæ sunt oculis subjecta fidelibus, et quæ
> Ipse sibi tradit spectator."

"Seeing," says the old English adage, "is believing;" but the adage admits of amplification—seeing is remembering also. Facts, too, innumerable, and of great value, are garnered in societies such as this, which would otherwise run entirely to waste; and not garnered merely, but thrashed, winnowed, and laid up in the memories of those who witness them, or in the pages of the volumes that record and perpetuate them. It is to me a matter of gratification, Gentlemen, although I cannot pretend to claim the smallest credit for it to myself, it is a matter of gratification to me that the Society has continued to prosper under my incumbency, as it had prospered under my predecessors, and as it will doubtless prosper under the rule of the distinguished Surgeon whom you will, I am confident, this evening choose as my successor. The Society is prosperous in its numbers. It contains more members at present than it ever counted before. You will recollect that at a very recent meeting no less than fifteen new members were added to us at one ballot. It prospers also in its scientific reputation. Its published Transactions are more and more appreciated and sought for by pathologists who are not members of the Society, both in this country and abroad; and I am not without hope that, costly as they are, the sale of these volumes may come at last to defray all the expense of publishing them. And the Society is prospering in its financial aspects. During the last year our income, irrespectively of that part of it which it is now an obligation of the Society to invest, our ordinary income has exceeded our expenditure. We are beginning to save money. A part of our business this very night affords satisfactory evidence of this. We are about to appoint trustees to take care of our funded property; which, though marvellously small at present, will gradually increase, I make no doubt, into a sum by the proceeds of which the growing wants and works of the Society may hereafter be largely promoted. To this bright side of our affairs I know of but one drawback: the loss, the inevitable loss by death, of some of our most valued members. It is not customary in this Society, as it is in the sister Society whose rooms we occupy, it is not the custom of your President on these occasions to dwell upon, or even to enumerate, the names of those members who may have passed from among us in the course of the preceding year. But there is one sad loss, which we have recently sustained, to which I trust you will permit me to make a very brief reference. Dr. Richard Bright was one of the original members of this Society, as he was one of its most distinguished members. His name is known throughout the civilised world, as that of an eminent English Pathologist; and it will go down to the latest posterity especially and indissolubly associated with one most important and formidable renal disease which his sagacity and industry, some twenty years ago, first brought to light. It has been my fortune to run almost, I may say, side by side, though with unequal steps, with this great man through many years of active practice in this town; and it was my mournful office to watch, with others, by his dying bed. I venture to affirm that, as a zealous and truthful cultivator of Medical Science; as a sound, wise, and practical Physician; as a frank, liberal, most honourable and kind-hearted man, he has not left behind him his superior within the whole compass of the Profession. One who had known him even longer than I had, though he could not esteem or lament him more, said to me the other day, that during the course of their lengthened intimacy, extending over well nigh half a century, he had never heard Dr. Bright say an unkind thing of any human being. Of blameless life, benevolent towards all, patient and uniformly cheerful even under circumstances of considerable bodily pain and distress, his character, in whatever light we view it, professional, social, or domestic, was throughout harmonious, praiseworthy, admirable. Enemies, I suppose, he could have none. Among his sorrowing friends, in that Profession of which he was so great an ornament, he has left a blank that will not easily be filled up.

> "Multis ille bonis flebilis occidit,
> Paucis flebilior quam mihi."

Before we separate, Gentlemen, I beg leave to thank you for much indulgence during the time that I have had the honour of presiding over you, and especially for the kindness which you have shown me this evening. With the expression of

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every good and fervent wish for the continued prosperity and usefulness of this Society, and for the success and happiness of every one of you individually, I now bid you, as your President, but not I trust in any other capacity, a final and a hearty farewell.

At a previous meeting a paper was read by Dr. WILKS on

MYELOID TUMOUR OF THE FIBULA,

FOLLOWED BY SECONDARY GROWTHS OF THE SAME IN THE LUNGS.

The subject of this disease was Daniel R., aged 32, who was first admitted into Guy's Hospital, under Mr. Cock's care, in September, 1856, for a tumour growing on the outside of the left knee. He was a farm labourer, and had always enjoyed good health until seven months before, when he perceived a lump on the leg; he knew of no cause for its occurrence, and since its discovery he had been able to use the limb except for the last three weeks. On October 7 the limb was amputated above the knee, and on section being made a very perfect example of myeloid tumour was seen developed in the head of the fibula. It was quite round; enveloped in a fibrous capsule continuous with the periosteum; the cartilage was perfect on the side next the joint, and at the lower part the fibula ended abruptly by a jagged edge in the midst of the tumour. The interior resembled the spleen, consisting of a fibrous texture, containing in its meshes the peculiar red myeloid matter, at once recognisable by the naked eye as well as by the microscope. The stump healed, and the man left to resume his agricultural employment: he continued in robust health, until he again entered the hospital, nearly two years afterwards, in October, 1858, with some tumours on the stump. These, he stated, he had found accidentally only two weeks before (although they must have been of longer growth), his health being very good. On the inner side of the stump was a tumour the size of the closed fist, and on the outer side two smaller ones. The man was remarkable as tall, healthy, and muscular, and made no complaints of any kind. Mr. Cock removed the smaller tumours, which were found to be pure myeloid, with the cyst ossifying in some parts. When the wound had healed at the end of November, the larger tumour was removed, which was also simple myeloid. This was not actually in contact with the bone, though contiguous with it. The man died a few days afterwards of acute pleurisy, when on post-mortem examination the lungs were found each occupied by three or four tumours, the largest the size of the heart. These on section were red, soft, and at once recognisable as myeloid. Their peculiarity was shown by their mode of growth; they were not in the tissue itself, but were pendulous from the surface, and from their development in a confined space they were of polygonal form with plane surfaces. The rest of the body was healthy; no lymphatic glands affected. Dr. Wilks stated that opinions varied as to the definition of a myeloid tumour; but if it were true that it had a peculiar formation and characteristics at once recognisable by the naked eye, this was, he believed, the first pure and simple case of myeloid recorded where the disease had recurred in the internal organs.

Mr. HENRY thought that the assertion as to the non-malignancy of the myeloid tumours was not well founded. He doubted the correctness of the distinction which many drew between fibro-plastic and myeloid tumours, and held that all tumours containing the polynucleated cell, peculiar to fœtal marrow, ought to be classed under the latter name.

Dr. WILKS replied that the naked eye characteristics of the true myeloids was abundantly sufficient to distinguish them. They were usually developed within the condyles of bones, and not, as often was the case with the fibro-plastics, either externally or in their outer layers. He thought tumours ought to be named after the structure which constituted their chief element. It was well known that a few myeloid or marrow cells might be found by careful inspection in most tumours developed in bones; but growths within bones were not on that account to be all classed under that head.

Mr. HUTCHINSON remarked upon the fact that the different classes of tumours merged gradually into each other. They were like the colours in the spectrum, and although very different, presented no abrupt lines of demarcation. Classification was a matter of convenience, not of strict scientific accuracy. Malignancy was a quality which might vary in degree. We could not say of one tumour, "this is always malignant," and of another, "that is never so." It was well known that in rare instances, tumours presenting merely a fibrous structure had exhibited unmistakable features of malignancy, *i.e.* had returned rapidly after removal, had produced cachexia, and had been developed in internal organs. From medullary cancer, the most malignant, down to fatty tumours, the least so, there was no morbid growth, of which it might be asserted that it would never under any circumstances deviate from the type of its class. The popular terms, "semi-malignant," "locally malignant," "cancroid," and the like, were, he held, quite well founded. The interesting case brought forward by Dr. Wilks, was, he believed, the first in which a purely myeloid tumour had returned like a cancer in internal organs, while there were numerous instances on record in which, after the removal of such, the patients had remained in good health for many years, and there had never been any return. The myeloids must, therefore, take rank with those which are very exceptionally "malignant." The Hibernian verdict of "Guilty, but not much," would hold good against them, as, indeed, against many other kinds of tumours.

Dr. MURCHISON exhibited

TWO SPECIMENS OF PERFORATING ULCER OF THE SMALL INTESTINE IN TYPHOID FEVER.

The first was obtained from the body of a male patient, aged 19, who had died on the twentieth day of the fever. He had all the symptoms of typhoid fever well marked—rose spots, red tongue, abdominal pain, and urgent diarrhœa. He had also, from the time he came under observation (ten days before death), much noisy delirium and restlessness. For two days before death he passed a large quantity of liquid blood *per rectum*. The case was remarkable, inasmuch as there were no symptoms to indicate that perforation had taken place. There was no sudden aggravation of the symptoms, no augmented rapidity of pulse, no increase of the abdominal pain or tympanites, and there was no vomiting throughout. After death there were found all the signs of recent peritonitis; and in the pelvic cavity there was half a pint of dirty yellow fluid, having a marked fecal odour. There was extensive ulceration of the lower end of the ileum, but not extending higher up than fifteen or eighteen inches from the ilio-colic valve. In one of the ulcers, twelve inches from the valve, there was a perforation one-eighth of an inch in diameter. The recent appearances of the part were shown in a coloured drawing.

The second specimen was taken from the body of a man, aged 21, who died on the twenty-fifth day of the fever. The case furnished a good example of what not infrequently occurs, viz. the supervention of perforation and peritonitis, in the course of what had previously been considered a mild attack of fever. Up to the twenty-third day the symptoms were not such as to lead to any apprehension of danger. The patient slept well, had no delirium or restlessness, and was perfectly conscious. There was diarrhœa, but not urgent, and there was no tenderness, even on firm pressure of the abdomen. The pulse seldom rose above 90, and the patient could get up without assistance. On the twenty-third day, about forty hours before death, the pulse rose to 120, and he had a sudden attack of pain in the lower part of the right side of the abdomen, which gradually extended upwards. The abdomen was exquisitely tender. These symptoms were followed by urgent diarrhœa and vomiting, and shortly before death the vomited matters had a feculent odour. Profound collapse ensued; but the patient continued perfectly sensible till within a few minutes of death. Here also there were found all the signs of recent peritonitis, extensive ulceration of Peyer's patches, and a perforation just large enough to admit a No. 1 catheter five and a half inches from the ilio-colic valve. The contents of the intestine had been prevented escaping in any quantity, by the edges of the perforation being partially glued by recent lymph, to an adjacent coil of bowel.

Dr. MURCHISON expressed his belief that perforation of the intestine and consequent peritonitis, was a far more common mode of fatal termination in typhoid fever than is generally believed. Out of 133 fatal cases examined after death, and which had either come under his own observation, or had been recorded on good authority, perforation was found in 23, or in a proportion of 1 in $5\frac{14}{23}$.

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Dr. MURCHISON also presented a drawing of the skin of a patient recently under his care, which was remarkable as

AN EXAMPLE OF "TYPHOID FEVER,"
WITH VERY COPIOUS ERUPTION OF ROSE-COLOURED PAPULES.

It was calculated that, at one time, there had been upwards of 1000 on the body. On the abdomen and chest alone 260 had been counted on one day. These had all been surrounded by a circle of ink, and two days later many of them had disappeared, and there were 160 fresh ones. The spots were rounded, elevated, and disappeared on pressure; and the case presented all the usual symptoms of the so-called "typhoid fever."

Dr. BUDD exhibited,

A LARGE HYDATID CYST IN THE LIVER.

The specimen had been removed from a patient who had died in King's College Hospital. The tumour was very large during life, and as it pressed upon the diaphragm an attempt had been made to tap it. No fluid was, however, obtained. After death it was found to contain more than two gallons of what looked like thin pus, and in which floated innumerable hydatid cysts of very various sizes. In the mesentery were several other distinct small hydatid tumours. Echinococci had been found in the interior of the cysts.

The PRESIDENT asked Dr. Budd whether he considered that the presence of echinococci was the invariable rule in these cysts. He had himself never failed to find them, but a gentleman (Mr. Bryant) who had brought a specimen before the Society some few meetings ago, had stated that he had frequently not been able to discover them.

Dr. BUDD replied that he thought all evidence went in support of the theory of the necessary connexion of these little animals with their cyst envelope. He had always found them present.

Mr. HUTCHINSON said that, in Mr. Bryant's absence, he might state that he had spoken with that gentleman relative to his statement at a former meeting, to which the President had alluded. In saying he had but seldom found them, Mr. Bryant explained that he did not mean it to be inferred that he thought them often absent, but only that he himself had not succeeded in always discovering them. There could be no reasonable doubt that the two were inseparably connected.

Mr. HUTCHINSON next brought forward casts and specimens of

HEREDITO-SYPHILITIC TEETH.

At a former meeting he had, he said, endeavoured to illustrate certain peculiarities of form, etc. in the permanent teeth, which he believed to be indicative of the fact, that their possessor had in infancy suffered from syphilitic stomatitis. On the present occasion he wished to allude to other peculiar conditions, which in the course of his inquiry on this subject he had fallen in with, and should say nothing of the more common type. The first cast shown exhibited a peculiar form of black caries, extending in a line along the gum edge of the permanent teeth in the upper jaw. This condition was, he was well aware, often seen in others; but it was more than usually frequent and well marked in the subjects of syphilitic taint. The second cast showed certain peculiar tubercles left on the milk teeth, by their irregular wearing down. Other casts showed the presence of small tubercles or exdentoses on the surface of permanent teeth. One tooth, a canine, showed an outgrowth in its extremity of very peculiar form, and surrounded by a distinct neck. These tubercles were, it was observed, usually developed symmetrically on the two sides of the mouth.

WESTERN MEDICAL AND SURGICAL SOCIETY.

DECEMBER 3, 1858.

Dr. FINCHAM, V.P. in the Chair.

DR. MARCET related the results of his treatment of chronic disorders resulting from long-continued excesses in alcoholic beverages, stating that he would enter into a detailed account of some cases in a future communication.

The symptoms that presented themselves to his notice were referable to a functional disturbance of the nervous system, as want of sleep, trembling, vertigo, tinnitus aurium, muscæ volitantes, and occasional hallucinations. Many of the patients had abandoned the habit of excessive drinking for weeks, months, and years previous to applying for advice. These cases were effectually cured or relieved by the administration of oxide of zinc in doses of two grains twice a-day an hour after meals. The dose was gradually increased to six or eight grains.

The therapeutical action of oxide of zinc appeared to Dr. Marcet to be connected with its physiological property of producing drowsiness, as many of the patients felt sleepy about an hour after taking it, and slept for an hour or two. Of sixteen cases which had come under his care among the out-patients of the Westminster Hospital, seven were dismissed cured, three left off the remedy, considering themselves well, three had improved, and three remained under treatment.

Mr. BARNES related a fatal case of inflamed bowel, which was found to be enclosed in a band of adhesion. A girl, aged 12 years, in the enjoyment of perfect health, was seized one night with severe pain in the bowels, accompanied by sickness. She was first seen on the following morning, when the countenance indicated great suffering, the pulse was quick and wiry, and there was tenderness over the whole abdomen. Death took place that evening. The post-mortem examination revealed an inflamed state of the peritoneum, investing the jejunum and ilium, and upon tracing the small intestine from the stomach, a portion of it just before its entrance into the cœcum was found to be in a state almost sphacelus, having a band of adhesion surrounding it, apparently the result of inflammation. The obstruction at this point was complete. The intestine on either side of the stricture was healthy. The colon was loaded with scybala. The portion of strangulated bowel was exhibited.

Mr. CUMBERBATCH brought forward a similar case to the above, occurring in the practice of Mr. Haig. A healthy child, 4 years of age, was taken, on the morning of March 19, with pain in the stomach, which lasted for about ten minutes. When seen an hour afterwards it was found pulseless and cold: clammy perspiration was observed on the skin, which was livid; breathing hurried; the legs drawn up towards the abdomen, and the countenance anxious. The urine passed unconsciously. The bowels had been opened the previous evening. It never rallied, but died in the afternoon suddenly.

Post-mortem examination.—The cavity of the abdomen contained a small quantity of serum darkly tinged with blood. In the lower part of the abdominal cavity a portion of the small intestine about a foot in length was found highly-congested and dark coloured, and a small part of this was much more congested than the rest. This was found to depend upon a band of false adhesion enclosing it, which produced complete strangulation of the gut. The band was attached by one extremity to the point of an appendix, by the other to the mesentery. This appendix was a congenital malformation, consisting of an outgrowth from the small intestine, about an inch in length, and communicating with the cavity of the bowel at its attached end, but closed at its free extremity, to which the band of membrane was united. These together formed a ring an inch in diameter, through which the intestine had passed and had become strangulated.

The intestine, with band of membrane enclosing it, was exhibited.

Mr. KEEN related a case of convulsions, which occurred to a married woman, aged 37, about six months advanced in pregnancy. She was suddenly seized one evening with severe pain in the epigastrium, having previously eaten heartily and rapidly of boiled pork and greens. She was seen at 10 o'clock, and at 1 o'clock she complained she could not see, and immediately afterwards was seized with violent convulsions, and soon became comatose. The pupil of the left eye was dilated and the right fixed. She died at 3 o'clock, five hours from the commencement of the attack. The os uteri remained undilated throughout. Mr. Keen regarded this case to be one of epileptic convulsions, excited by a large quantity of undigested food in the stomach, and predisposed to by the pregnant state. That the undigested food was the exciting cause he substantiated by narrating two cases which had occurred in his practice of children who had died from convulsive fits, and in whose stomachs large quantities of undigested food was found. In both the brain was found

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slightly congested with some serous effusion. The treatment of the first case consisted of mustard poultices to the epigastrium, with the internal exhibition of laudanum and antimonial wine for the relief of the pain. Venesection was put in force when the convulsions came on, and an attempt was made to rupture the membranes.

Mr. J. R. Lane exhibited a testicle which he had removed from a man who, after a blow, had had an abscess formed in it, and from the cavity of which a fungoid mass sprouted out. To remedy this, Mr. Syme's operation of dissecting up the skin, and bringing the edges together over it, was performed. The pressure so brought to bear upon it was, however, ineffectual in restraining its growth.

Mr. Webb exhibited a deformed fœtus of about seven months' growth.

Mr. Marcet exhibited some excretine, and an apparatus for artificial respiration.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, January 6, 1859:—

Smith, Charles Wyatt, High-street, Poplar.
Thomas, William Smith, Dew-street, Haverfordwest.

DEATHS.

Armanah.—On December 25, at 31, Ranelagh-street, Pimlico, C. L. Armanah.

Batcheler.—On the 1st instant, at Brighton, John Batcheler; aged 70.

Bury.—On the 11th instant, at Wandsworth, John Bury; aged 69.

Clack.—On the 5th instant, at Eton, William G. Sadler Clack, M.R.C.S. Eng. 1831; L.S.A. 1830.

Clarke.—On the 3rd instant, at Cork Barracks, Frederick Clarke, Staff-Surgeon 2nd Dépôt Battalion; aged 33.

Pickering.—On December 18, at Wilton-house, Denton, William B. Pickering; aged 43.

APPOINTMENT.

Dr. Priestley has been appointed Physician to the Samaritan Free Hospital.

A Bedfordshire Medical Registration Association has been organised. Mr. Stedman is treasurer and secretary.

Dr. Kendrick has been placed on the Commission of the Peace for the county of Lancaster.

The Plague, it is asserted, has again broken out at Benghazi, and has spread into Fezzan.

Mr. Robert Chambers, of Edinburgh, refused to accept the paternity of the "Vestiges of Creation," as foisted on him by the catalogue of the British Museum.

The Health of London is still below par. There died last week 1494 persons, or 48 in excess of the calculated average.

Dr. J. R. Taylor, C.B., the principal Medical officer at Fort Pitt, Chatham, has been promoted to be Inspector General of Hospitals in India.

Dr. Daubeny, the Oxford Professor of Chemistry, an authority on Volcanoes and Earthquakes, is at Naples watching Vesuvius.

The late Dr. Engledue.—The funeral of this deceased gentleman at Portsmouth was very numerously attended, and showed that after all the conflicts of local differences, he was regarded as a public benefactor.

Anæsthetic Electricity.—M. Robin tells us that the contradictory conclusions arrived at by different observers concerning this agent, result from the fact that they have not taken note of the different effects which result from the electricity according as it acts feebly or with intensity.

The Swiney Prize.—The next award of this prize takes place on the 29th of January, 1859. The prize is a £100 silver goblet filled with 100 sovereigns, for the best work on Jurisprudence. The first prize was awarded to the late Dr. Paris.

A Medical Registration Committee has been formed at Chichester, and Mr. C. Sturges Jones, surgeon, of Chichester, has been appointed secretary and treasurer. A similar association has been formed at Carlisle, of which Dr. Elliot is secretary and treasurer; and one at Stoke-upon-Trent, for North Staffordshire, of which Mr. Yates fills the same offices.

Harveian Society.—Officers for 1859.—*President.*—E. Hart Viner, M.D. F.L.S. *Vice-Presidents.*—Graily Hewitt, M.D.; J. E. Pollock, M.D.; Henry Thompson, Esq.; Haynes Walton, Esq. *Treasurer.*—Henry W. Fuller, M.D. *Honorary Secretaries.*—Weedon Cooke, Esq.; Charles H. Stewart, Esq. *Council.*—William Adams, Esq.; H. A. Aldred, M.D.; W. H. Allchin, M.B.; Thomas Ballard, Esq.; I. Baker Brown, Esq.; Walter Bryant, Esq.; R. H. Goolden, M.D.; Headlam Greenhow, M.D.; George Reece, Esq.; J. Burden Sanderson, M.D.; W. Wadham, M.D.; Charles Webber, Esq.

At a Meeting of the members of the Medical Profession of Bedfordshire and Northamptonshire, held at the George Hotel, in Bedford, Jan. 6, 1859, for the purpose of forming a Medical Registration Association, and of considering the heads of a "Scheme for Poor-Law Medical Relief," submitted by the Poor-Law Board, it was resolved, *nem. con.* "That this meeting expresses its confidence in the judgment of Mr. R. Griffin, relating to the 'Heads of a Scheme' lately issued by the Poor-Law Board; that Mr. Griffin be requested to negotiate for the alterations suggested in the several clauses of his amendment, and for the addition of Clause 17. That Mr. Griffin's attention be directed to Clause 10, which, in the opinion of this meeting does not leave the diet of the patient sufficiently under the direction of the Medical officer; and, lastly, that he be requested, if possible, to procure the withdrawal or modification of Clause 3, inasmuch as it appears that this Clause will be likely to act prejudicially to the Profession.

Marylebone County Court (Monday), before J. L. Adolphus, Esq.—*Edwards v. Sharpe.* The plaintiff, a Surgeon of Glocester-crescent, Bayswater, sought to recover £4 12s. 6d. under circumstances of more than usual interest to the Medical Profession. Mr. George Keene appeared for the plaintiff, and the defendant, who is a wealthy man residing at Westbourne-park Villas, conducted his own case. Mr. Edwards stated that in consequence of a letter written to him by the defendant, he examined the defendant's man-servant. Mr. Sharpe informed him that there was always on the man's shirts a quantity of blood, and the washerwoman refused to wash the shirts. The defendant also desired to know if the young man had periodical ailments the same as women, and whether it was natural or exceptional. He found the servant was suffering from condyloma, and he told the defendant it was necessary the poor fellow should undergo an operation, and have the cause of the complaint removed, and the defendant instructed witness to perform the operation. The penis was very much enlarged, and witness, with the assistance of another Medical gentleman, put the man under chloroform, and took off nearly a wine-glass full of the excrescence. The defendant also particularly wished witness to dress the man, as it would save the unpleasantness of a nurse attending. He only charged two guineas for the operation, and £2 10s. 6d. for dressings and lotion. Mr. Henry Daubeny, surgeon, of York-place, and Mr. W. Archer, surgeon, of Montague-street, were called by Mr. Keene, and proved that the charge made was excessively moderate. Mr. Sharpe said he had no idea that the operation would have entailed so much expense. That by becoming a subscriber to St. Mary's Hospital, and for the payment of one guinea, he would have been enabled to have placed his servant in that institution, and the operation would have been performed. In cross-examination by Mr. Keene the defendant admitted that he understood that by paying a guinea to the Hospital he would have become a member, but he should only have paid it for the particular occasion of relieving himself of a Surgeon's bill. To complete this defence the patient was called. Women were ordered

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out of court, and the poor fellow endeavoured to show from a diary that the plaintiff had not attended so often as he had charged for. The Judge, with some warmth, said, the evidence of two respectable Medical men relieved him of deciding whether the charges were fair. He was surprised at the defence; and it did not add to the credit of any gentleman to say that he would pay a guinea on the pretence of becoming a member of an institution devoted to the most holy of charities, and then to send his servant to take the full benefit of it. (Applause.) Verdict for the plaintiff, less 3s. 6d., but with full costs.

At a Meeting of the Poor-Law Medical officers of North Wilts, held at Chippenham, Jan. 10, 1859. Resolved:—"That this Meeting accepts Mr. Estcourt's invitation to comment upon the scheme submitted to Medical officers, and are unanimously of opinion—1st. That every Union appointment should be permanent: and such opinion having been affirmed by a Parliamentary Committee, and sanctioned in most cases by the Poor-Law Board, those gentlemen holding Union appointments regard them as vested rights, and are unwilling to make any surrender or modification of a privilege conceded to all other public officers. 2nd. That their own interests, and the public service, would both suffer by a system which would subject the Medical officers to pauper suffrage—introduce a system of professional rivalry into every village—unnecessarily concentrate the Medical staff of a Union on every parish in succession—and entail considerably increased expenditure, by rendering the area of service unlimited—and also interrupt that professional harmony which recent legislation tends so much to encourage. 3rd. The Meeting unanimously accepts the principle of a sufficient fixed salary, based upon a system of payment per case, revisable triennially, and begs to call attention to the undermentioned notes agreed to by them, and signed by their Chairman:—

"Clause 1. Dissented from. Appointment to be permanent.
" 2. Agreed to, but residence in district not necessary.
" 3. Dissented from in toto.
" 4. Dissented.
" 5. Agreed to.
" 6. Ditto.
" 7. Ditto.
" 8. Ditto.
" 9. Ditto.
" Clause 10. Agreed to.
" 11. On a uniform and definite scale, with mileage, if one mile from residence.
" 12. Remuneration insufficient both on 1st and 2nd heads, and 3rd head a definite sum necessary.
" 13. See No. 3.
" 14. Agreed to.
" 15. Ditto.
" 16. Ditto.

ARTHUR ADYE, Chairman."

VITAL STATISTICS OF LONDON.

Week ending Saturday, January 8, 1859.

BIRTHS.

Births of Boys, 886; Girls, 852; Total, 1738.
Average of 10 corresponding weeks, 1849-58, 1561.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	695	648	1388
Average of the ten years 1849-58	615·3	611·3	1226·6
Average corrected to increased population	...	...	1349
Deaths of people above 90	...	...	...
Deaths in 15 General Hospitals	33	19	52

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	9	11	5	..	2
North....	490,396	2	8	34	11	1	7
Central ..	393,256	4	4	16	10	1	4
East	485,522	5	6	27	9	..	3
South....	616,685	4	16	31	10	4	15
Total..	2,362,286	15	43	119	45	6	31

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30·421 in.
Mean temperature	35·4
Highest point of thermometer	43·5
Lowest point of thermometer	29
Mean dew-point temperature	33·6
General direction of wind	N.E.
Whole amount of rain in the week	0·4 in.
Amount of horisontal movement of air in the week ...	90 miles.

TO CORRESPONDENTS.

Dr. Monckton's letter on Diphtheria shall appear next week.

Dr. Hillier's paper on Diphtheria shall appear as soon as possible.

Mr. Hall's case of tracheotomy in syphilitic laryngitis shall appear.

Mr. Wells, New York.—The pamphlet has not been received here.

Dr. Fowler's note arrived too late for his request to be complied with.

Mr. Gay's letter on Arsenical Paper-hangings shall appear next week.

Inquirer.—All the advertisements in the column had reference to Mr. Bowmer, whose address was at the top and bottom of the column.

Nemo shall receive a reply by letter to his question respecting the Irish Apothecaries.

E.P.—Dr. Simpson's work on Homœopathy may be procured of Messrs. Sutherland and Knox, or Messrs. Black, Edinburgh.

Mr. Hornidge's case of Poisoning by Cyanide of Potassium shall appear in our next number.

A Registered Apothecary cannot legally call himself *Surgeon* according to the New Act, unless he become a member of a College of Surgeons.

Dr. Aveling's paper on the "Antiquity of Metallic Sutures," shall appear next week.

T.P.C.—1. Yes. St. Mary's, Manchester. 2. Commonly, but not universally. 3. Golding Bird's book. 4. White of egg in some agreeable form, easily devised by a cook.

A Union Surgeon and many other gentlemen who have written to us on the New Scheme of Poor-Law Medical Relief are requested to refer to our leading article this week.

A Surgeon and Apothecary.—Fellows and Licentiates of the Royal College of Surgeons of Edinburgh are now legally entitled to be registered under the provisions of the new Medical Act, on producing to the Registrar of the Branch Council the diploma evidencing their qualification. By this document, the College declare the holder to be qualified to practise "Anatomy, Surgery, and Pharmacy." These privileges were conferred upon the Edinburgh College in various Royal Charters granted by several Kings of Scotland prior to the union with England, and they were confirmed by sundry Acts of Parliament passed in Scotland before that event. Until the year 1815 the diploma of the College in question was considered a sufficient authority to practise Surgery and Pharmacy throughout the United Kingdom. In that year, however, the Apothecaries' Act was passed, whereby all persons, whatever their qualifications, might be precluded from acting as Apothecaries in England and Wales, unless they were first licensed by the just-named Society in London; while the monopoly thus conferred on Licentiates has been hitherto strictly enforced. A question of moment has now, however, been raised, whether the late Medical Act does not really relax, in favour of the Fellows and Licentiates of the Edinburgh College of Surgeons, the exclusive privileges heretofore granted by the Apothecaries' Act of 1815. In the opinion of a legal friend, that monopoly still exists; the new act only enlarging the rights of those who are qualified to practise either "Medicine or Surgery, or Medicine and Surgery," but not affecting the rights of any person who is legally entitled to practise Pharmacy, or to act as Apothecary; these being left entirely untouched. Fellows and Licentiates of the Royal College of Surgeons of Edinburgh cannot, therefore, yet be advised to migrate to England or Wales, and there act as Apothecaries. At present, it is not necessary to enter upon the mooted question, whether they may now legally practise Surgery by virtue of the same qualification; that point being left for subsequent consideration. Nevertheless, in the meantime, we may add, that the existing exclusion against practising as Apothecaries in England and Wales still extends to certified Licentiates of the Apothecaries' Hall in Dublin; as also to all Graduates of Universities whose diplomas profess to grant holders the qualification to practise Pharmacy. The monopoly enjoyed by the Apothecaries' Company of London may or may not prove injurious to the general public, or their exclusive privileges considered proper to be abolished, and the practice thrown freely open to every person who may possess a diploma professing to confer the right to practise Pharmacy. With that discussion we, however, have nothing to do at present; our chief object being now to read the law correctly, and thereby to aid the Profession in their attempts to keep within its provisions—a task which is not rendered easier by recent legislation.

POOR LAW MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Mr. Griffin presents his compliments to the Poor-Law Medical Officers, and hopes they will not reply to the "scheme" of the President of the Poor-Law Board until they have received the re-amended plan, now in preparation, in which important changes will be made, founded upon the suggestions already received.

12, Royal-terrace, Weymouth, 12th January, 1859.

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Vaccination.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I beg leave to submit that it may be useful through your periodical to call attention to this subject, as recently noticed in the "Public Health Act," in which Registrars and Union Surgeons are authorised to enforce the penalties of the "Vaccination Act." The question may be asked, have they done it, or will they do it? The Medical man, it seems to me, would not like to make himself obnoxious to his patients in this matter, although he is vastly more interested as to fees than the Registrar, who only gets threepence for each case of vaccination, and for which he has more to do than for each case of birth or death, for which he gets one shilling. I cannot but think that if the Registrar were paid after the same plan a shilling for vaccination, he would bestir himself for one branch as well as the other, and that the public would soon be brought into the same regularity and obedience to rule in this as the other registrations.

I am, &c. A Country Surgeon.

The Maternity Department of St. Mary's.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Your correspondent "A. A." under the high-sounding pretext of zeal for the honour of the Profession, states only such circumstances as happen to suit his purpose.

In the instance in which Mr. Harper was sent by Mr. Brown to a labour at which his presence had been requested, it so happens, that the question upon which he lays most stress—"Is it right to the woman?"—was the one most considered. Mr. Brown had requested Mr. Harper to attend to avoid loss of time, and had given directions that the cab which brought him should then go for Dr. Tyler Smith; this, however, was rendered unnecessary, the case being over before the arrival of Mr. Harper.

As the gentleman in attendance, it did not occur to me that any discourtesy was intended towards me; and any such idea would have been removed by the full explanation which Mr. Brown hastened to give me at the earliest opportunity.

I am, &c.

W. H. Broadbent,
Resident Medical Officer to the Maternity Department
Jan. 12, 1859. of St. Mary's Hospital.

Obscene Advertisements.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The Medical Practitioners' Act, so anxiously and long-looked for by the Profession, will, I fear, turn out but a dead letter, if the enclosed disgusting notices are still allowed to be put forth. They are taken from to-day's impression of a weekly paper in large circulation, and you will observe that one of the parties has the effrontery to challenge the community to a reference to the "Medical Directory." Is this state of things to be perpetuated, and in the absence of a public prosecutor, are there no Medical Societies to enforce the penalties under the Act? For truly this filthy exhibition and mendacious audacity are a disgrace alike to our social economy and moral pretensions.

I am, &c. J. L. E.

[Our correspondent encloses two of the filthy advertisements which may be seen in many newspapers otherwise respectable.—Ed.]

Registration.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Many of your readers will no doubt sympathise with your Correspondent, "A Man of Business," who complains of the defective arrangements for the registration of diplomas.

The off-hand manner in which information is given to applicants is very disagreeable; and surely cannot be known to Dr. Hawkins, who would deprecate such conduct, I presume.

How is it that Dr. Hawkins does not personally superintend the registration. Unless the Medical Press interferes, and the Profession insists upon better arrangements, I fear that despite of the Registration Associations many unqualified men will be registered under false pretences.

There is no time to be lost; and we look to you, Sir, to help us, and call upon the Registrar to make new arrangements.

I am, &c. D. Z.

[This is one of several similar letters we have received this week.—Ed.]

Deaths after Perineal Section.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The *Fife Herald* (a provincial newspaper in the county where his Lordship's domain and estates are) in alluding to the demise of the Earl of Rothes, says, "The proximate cause of his premature decease, we understand, was fever supervening on an operation for fistula." The following particulars have been obtained at the office of Registration, etc. for the St. Andrew's District, in the burgh of Edinburgh, within whose bounds his Lordship died, the extract bearing date of the 8th inst.:—

"I. Surname and name—Leslie George William Evelyn Leslie, Earl of Rothes, single. II. When and where died, with hour of death—1859, January 2nd, 9h. 30m. a.m. 98, Albany-street, Edinburgh. III. Age—23 years, 11 months. IV. Cause of death, and how long disease continued, etc.—Fever consequent on operation for urinary fistulæ, eighteen days, as certified by James Hunter, M.D. who saw deceased January 2.

(Signed) "Geo. C. Adams, Registrar."

From unquestionable authority, I have learned that Professor Syme was the Surgeon who recommended and performed the operation. The report specifies the nature of the disease, for which the operation was undertaken. And to prevent any misapprehension regarding the operative measures employed, Mr. Syme himself has distinctly pointed out what these should be in his treatise on "Stricture of the Urethra and Fistula in Perineo." At pages 50, 51, in the second edition of his observations, he remarks, "It may be stated that of all means hitherto devised for the remedy of fistula in perineo, a free division of the contracted part of the canal (urethra) is the most effectual, as might be expected from the state of matters concerned."

Can any one doubt that this is not a well-marked case of death occasioned by the perineal section, one of the fatal instances which now and then ooze out accidentally?

I am, &c.

John Renton, M.D. L.R.C.S.E. etc.

5, Eastfield, Leith, January 10, 1859.

Homœopathy at Liverpool.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I do not wish to occupy any more of your valuable space with a controversy which does not appear likely to lead to any definite conclusion. I write simply to correct certain misconceptions as to my meaning, which are evident in your last article. Firstly, as to the question about which we have been arguing. I have not attempted to define the relations of medicine and homœopathy; I attempted only to refute certain arguments which had been urged to prove that it was our duty to pass the homœopathic disabilities bill proposed for our adoption. I endeavoured to show that, whether the necessity for the proposed law were asserted either because of the character or because of the creed of those against whom it was directed, either ground was untenable—the former because I believe the ballot to be a sufficient barrier against the admission of any one unworthy to come among us; because our laws at present provide for the expulsion of any member whose conduct renders him unworthy to remain among us; and because if there be (as you admit there may be) honest homœopaths, it is unjust to impose on them any disability, the reason for which is based on the assumption of the necessary dishonesty of such persons. Nextly, as to creed, I argued that inasmuch as we are not in any way responsible for the opinions of our members, we cannot be reasonably held to give any sanction to the creed which they may hold. I neither made nor implied any imputation of persecution, illiberality, or bigotry; and though I object to any legal restriction as to what we shall discuss at our meetings, I never hinted that I thought it right that the time of our meetings should be wasted in the discussion of such follies as that of which you quote an example. I said, "We (and by *we* I meant the members of the Medical Society) meet to inquire, to investigate, to learn from each other, not to practise," intending thereby to give a reason why it was possible to meet at a Medical Society those with whom we could not act in the treatment of a case. Finally, as I am most willing to acknowledge that those who propose and advocate the new law do so with the view of upholding the honour of the Profession, and promoting the interest of Medical science; I hope I shall be believed when I say that I oppose the enactment of this law, not from any want of loyalty to the Profession, nor from any doubt of those principles of Medical science which the great body of us hold, but because I believe that for the full development of truth we must give equal rights to the heterodox and to the orthodox, and allow fair play to the wrong side as well as to the right.

I am, &c. F. D. Fletcher.

13, Mornington-terrace, Liverpool.

[We may safely leave Mr. Fletcher to have the last word on this controversy, referring those who wish for our opinion to former numbers.—Ed.]

Harper *v.* Lamercraft.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Having supplied the *Medical Times and Gazette* with law reports for several years past, I feel called upon to notice the complaint of Messrs. Harper and Brown, in respect to the report Harper *v.* Lamercraft I sent to the *Medical Times*, the *Lancet*, and the *British Medical Journal*, on the Monday preceding its publication in your Journal. I would at the outset declare that the sole cause of my delaying the report was to afford Mr. Brown the opportunity I had reason to believe he would have had upon a new trial, of being present to answer the sharp practice alleged against him. I considered I was acting "as I would be done by," and exercised a discretion generally claimed by a reporter, in withholding the report of the trial. I did so at some pecuniary loss, as it prevented me supplying the daily papers, which no doubt would have used the report, with copy.

Mr. Harper complains, I perceive now, of the report being "garbled." Surely he must have a very bad memory, or a total disregard for the feelings of Mr. Brown, his employer, or he would not act so inconsiderately as to desire a full report; and had Mr. Harper communicated to Mr. Brown the whole of that which transpired, and laid before his principal the reporter's "sins of omission," I may presume from the generous way that Mr. Brown treats his assistant with a salary of £600 a-year!—leave to practise for himself, and act as apothecary in ordinary—I will assume that Mr. Brown, from interested motives, and out of common gratitude, would have sent the reporter a butt of sherry for his "garbled" report, and have deducted its cost from the salary of the assistant.

If you desire it, Sir, I am prepared to rectify my "sins of omission;" but I may assure you, in adopting that course, neither Mr. Brown nor Mr. Harper would be satisfied.

In conclusion, allow me to state that the report was as accurate as an abbreviated report could be written; that it is the reverse of an unkind tone towards Mr. Brown; and I truly consider I have served that gentleman by my omissions.

I am, &c.

The Reporter.

[It will be seen that this letter is a full reply to the insinuations of some low-minded persons that our publication of the report of this trial was intentionally delayed. The report was sent to this journal and to the other two Medical journals on the same day, namely, the Monday preceding its publication in this journal.—Ed.]

Can a General Practitioner be Surgeon-Accoucheur to St. Mary's Hospital?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I know that many of your readers agree with me, that Mr. Brown's answer, as given in the last number of the *Medical Times*, is not altogether satisfactory, that it does not thoroughly purge him of all connexion with what is called General Practice. As a Governor of St. Mary's Hospital, I venture to say, either that this point ought to be definitively made clear by Mr. Brown; or that the Governors should declare that their office of Surgeon Accoucheur may be held by a General Practitioner.

Mr. Brown, if my memory does not sadly fail me, obtained his appointment at that Hospital on the distinct understanding that he had entirely relinquished General Practice. More than this; other gentlemen, equally as well fitted as he to fill the duties of that appointment, were disqualified from becoming candidates for it, by the fact of their practising as General Practitioners. Now is it or not true, as is widely understood, that since his election Mr. Brown has been in partnership with at least two gentlemen, one or both of whom have dispensed medicines—not including the

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instance (as supposed) of Mr. Harper; who is (as Mr. Brown asserts) not a partner, but an Assistant?

Again, in the case which has brought this matter forward, I would ask, Is it possible that medicines could have been from time to time supplied without Mr. Brown's knowledge by Mr. Harper, who is admitted to be his Assistant—that for months together prescriptions could have been made up for Mr. Brown's patient by Mr. Brown's Assistant, without Mr. Brown's knowledge? Mr. Brown denies that they were sent to Mr. Harper by his authority. He does not deny that they were made up by Mr. Harper. Now is a man, who pays his Assistant £600 a-year, responsible for the conduct of his Assistant, or is he not?

Here, then, is the position of things. We have Mr. Brown and his Assistant admittedly acting in the threefold capacity of pure Surgeon, General Practitioner, and Dispensing Chemist. Now I would ask, whether such ought to be the position of a man attached to St. Mary's Hospital in Mr. Brown's office? Evidently, as I see the matter, the Governors of St. Mary's Hospital ought to have the positions of their Medical officers distinctly defined. It is only fair to other gentlemen who may be candidates for those positions. Mr. Brown, if he will, may make all this clear; and I think for the sake of the Hospital and of his Colleagues he should do so. He should tell us that Mr. Harper did never on other occasions make up his medicines; that none of the other gentlemen, with whom it is understood he has been in partnership, ever made up his medicines, or dispensed medicines; and he should distinctly define also the relation in which he stood to the gentleman with whom it is supposed he was in complete partnership; he should, in a word, show that he has not practised as a General Practitioner since his appointment to St. Mary's Hospital.

London. I am, &c. A Governor of St. Mary's Hospital.

Instrument Makers and Lithotrity Instruments.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have purposely delayed to write to you again, on the subject of Lithotrity Instruments, in the expectation that your kindly expressed willingness to admit communications on the subject would induce those who felt a business interest in, or the professional importance of the question, to give their opinions upon it. I am sorry my expectation has not been realised, for up to the present Mr. Bigg's is the only letter I have observed on the subject; the excellence of that communication, however, is ample compensation for the lack of writers. I thank Mr. Bigg for his approval of my suggestions, and for the interest he has shown in the question I took the liberty of submitting.

Mr. Bigg prefers cutting the groove of the external blade of the Lithotrite to bending it; and he defends that principle of construction by much scientific and practical reasoning, though his arguments founded on the molecular structure of steel, appear to me to bear more forcibly on the working of steel in the cold state than in its heated condition: when steel is subjected to a red heat, as is a Lithotrite in the process of bending, and also again in the tempering a readjustment of the ferruginous particles occurs, and the whole substance resumes its uniformly compact nature. If this is correct, no weakening of the steel can be caused by the slight bending which is required in forming the groove; and if not correct, then the bending which all Lithotrites undergo at the angle near the point (which is the weakest part of a Lithotrite), places both constructions on a par, as far as bending is an objection.

In constructing a Lithotrite, the great aim should be to make the two blades of the instrument equal in strength and resisting power; any superiority of the one blade can only be obtained by the undue weakening of the other, and as in a chain, the weakest part determines the strength of the whole. To me the blades of a cut grooved Lithotrite display great inequality, and consequently weakness; I therefore decidedly prefer bending the grooves to cutting them. It is upwards of twenty years since I devised my method of bending the groove, and I have as yet seen no reason to change; about that time I made the Lithotrite figured in Ferguson's Surgery (page 792), and I find in the last edition of that highly practical work that Mr. Ferguson still gives a preference to it. My opinion is thus fortified by high authority, and by my own experience.

I leave to each party the selection of the form or shape of groove he views most suitable; I never contemplated limiting others, or being bound myself to any particular shape, unfettering, and unfettered, excepting forming the groove by bending. I shall be glad to submit one or more of my Lithotrites to competition with the cut grooved Lithotrites; and any tribunal of Surgeons shall decide which is the "Strongest Instrument."

Mr. Erichsen in his able work on Surgery, having prejudged the case, by emphatically declaring that "the Lithotrite should always be cut out of a solid bar of steel," I should be happy to see the Instrument which induced this declaration, along with Mr. Bigg's Lithotrites, enter into the competition; and if the principle of bending prove defective at the trial, I will then set aside the dictates of twenty-five years' experience, and will yield to the excellent arguments of Mr. Bigg, and to Mr. Erichsen's commands.

I am, &c.

William Buxton Hilliard,
Instrument Maker to the Glasgow Royal Infirmary

Are Apothecaries Surgeons?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your last number was a letter from Dr. Hinds on the subject of the Title Column in the New Medical Bill, and for which individually I beg to thank him, and in which I have no doubt the greater number of my professional brethren will join.

I cannot see any object in filling up the column in question, or what good it would answer; and I do hope those parties who are attempting to raise quibbles on this point will not persist in such a futile object, or most assuredly it will recoil on themselves. I quite agree with Dr. Hinds that we have every reason to feel thankful and grateful that the Council consists of honourable and worthy men; and we may rest assured that the honour and safety of the Profession is in good hands; and those who endeavour to raise paltry questions, and who endeavour to thwart the Council in carrying out the intentions of the Act, are no friends to the Medical Profession.

Dr. Hinds in the latter part of his letter mentions a subject on which I must beg to differ from him, viz. his considering that persons who are Licentiates of the Apothecaries' Company only should be allowed to call themselves Surgeons, and that they have an undoubted moral right to do so from long usage. With all due deference, I consider that by assuming the title of "Surgeon" they have been acting undoubtedly morally wrong, as they have been imposing upon the public, and by so doing have been the cause of ignorant quacks, bone-setters, etc. assuming the title of Surgeon, and giving as a reason that they have as good a title as an Apothecary. Besides, if an L.S.A. be allowed to style himself "Surgeon," why not allow a B.M. or even an M.R.C.S. to style himself M.D.? the style Doctor being far more familiarly used by the public than Surgeon, let the qualification be what it may.

I can assure Dr. Hinds that my opinion is not formed from prejudice, as I have always considered the Hall by far the greater test of a man's abilities, and that it has done more within the last few years to raise the standard of the Medical Profession than any other body; but I must say that to sanction an Apothecary calling himself Surgeon is an anomaly I cannot understand, and is in direct opposition to the spirit of the Medical Bill, which is that every one in the Profession is to show himself in his true colours.

I have seen an L.S.A. trephine the sternum and thrust an exploring needle into the heart for a supposed abscess, the patient dying on the spot.

Another case where an L.S.A. after pulling a man about with three or four other stout men for dislocation of the shoulder, it turned out to be a fracture; the same L.S.A. treated a dislocated thigh as abscess.

I could cite many other cases; but these are sufficient to show that a man who undertakes Surgical cases, and calls himself Surgeon, being only an L.S.A. is acting undoubtedly morally wrong.

Jan. 4, 1859. I am, &c. A Country Practitioner.

COMMUNICATIONS have been received from—

Mr. S. Swan; Mr. J. Little; Dr. D. Griffin; Mr. J. T. Hoskins; Mr. J. Lawlor; Mr. H. L. Heath; Mr. Dakyns; Mr. T. S. Upton; Dr. M. Brown; Mr. J. Burman; Mr. T. Stokes; Mr. H. Curling; Mr. J. Crosby; Dr. T. Dickson; Mr. Hall; Mr. Croft; Mr. Silver; Mr. Crossman; Mr. Francis; Mr. Griffin; Mr. Hornidge; Mr. Richardson; Mr. Gramshaw; Mr. Broadbent; Professor Simpson; Dr. Priestley; Dr. Renton; Dr. Hillier; Dr. F. Hawkins; Dr. Gay, New York; Mr. Gay; Dr. Alexander; Dr. Arnott; Dr. Leared; Dr. Jackson, Boston; Mr. W. Cooke; Mr. Ballard; Dr. Elliot, Carlisle; Mr. Wells, New York; Dr. Silvester; Dr. B. D. Thomson; Dr. Skinner, Liverpool; Mr. Horeau; Mr. C. S. Jones; Mr. Dale; Mr. Yates; Mr. Fletcher.

APPOINTMENTS FOR THE WEEK.

January 15. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

17. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8 p.m. Dr. Rogers "On Diphtherite."

18. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Pathological Society, 8 p.m. (Council at 7.)

19. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

20. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

Harveian Society of London, 8 p.m. (Council 7½.) Mr. Ernest Hart "On the Successful Treatment of Popliteal Aneurism by Flexion of the Knee."

21. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m.

Western Medical and Surgical Society of London, 8 p.m. Dr. Marcet "On the Treatment of the Effects of Chronic Alcoholisation."

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

For Hydrocele; Lithotrity; Removal of Breast. By Mr. Fergusson. For Necrosis of Tibia; Plastic Operation on Face. By Mr. Bowman.

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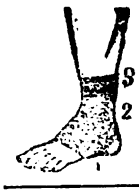

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture IV.—On Cancer of the Uterus.—Palliative Treatment of the Disease.

Gentlemen,—There is one point in reference to the diagnosis of cancer of the uterus, which I forgot to allude to in my last lecture, and of which I was reminded by seeing a patient in Westmoreland yesterday; and that is, the difficulty of sometimes determining the true nature of the case when the disease has assumed the soft or encephaloid form. In the case which I saw yesterday, there was a tumour on the exterior of the right side of the pelvis, firmly attached to the bone, and another similar but smaller mass inside the ileum. The Medical attendants were at variance as to the nature of the disease, some holding it to be an abscess, and some regarding it as an aneurism. Without letting me know, Mr. Page had come to the same conclusion as that which I arrived at, viz. that it was a case of encephaloid cancer. At some points the mass was very soft, and had a very deceptive feeling of fluctuation; but a decisive proof of its nature was obtained by introducing an exploring-needle into its softest point, and bringing away no pus. A few weeks ago, I saw, along with Dr. Walker at Glasgow, a patient with a soft tumour extending from the left side of the uterus. It felt extremely like a purulent collection in the cellular tissue of the left broad ligament; but dissection afterwards showed that it was in reality a soft cancer connected with the body of the womb.

But it is time that we should pass on to the study of the

VII. Treatment of Carcinoma Uteri.

In the way of the constitutional treatment of uterine as of other forms of cancer, we then do nothing or almost nothing, except, perhaps, retard and alleviate the course and the effects of the malady. Nearly every form of mineral and nearly every form of vegetable remedy has been exhibited and tried which seemed at all likely to stay the progress of the malady, but as yet with little, or indeed with absolutely no success whatever. All that we can do constitutionally is to keep the patient as near the standard of health as possible by generous diet, by invigorating regimen, and by tonic medicines, and thus enable her to bear up against the debilitating and destructive march of the disease.

But we can employ various measures which are of more or less avail to stay and stem, at least, the local symptoms and sufferings, and smooth the patient's progress to the grave.

With this view, we have three leading indications to attend to, viz., 1. To use means to alleviate the pains and sufferings attendant upon the disease; 2. To use means to prevent and arrest the attendant menorrhagia; and 3. To use means to counteract the offensiveness and acridity of the attendant discharges. Let us first consider the

1. *Measures calculated to palliate the attendant pains.*

To relieve the pain you must learn to administer opium by the stomach or rectum, or to apply it locally to the uterus, according as you find the patient can best bear it. Begin it always in small doses. Most women suffering from this or from other painful forms of malignant disease, become, as it were, opium-eaters; and I think it is our duty to teach them how to keep themselves as easy and comfortable as possible, whether the object be best attained by the use of opium or in any other way. It is certainly our duty to alleviate, when it is beyond our power to cure. Where opium disagrees with a patient, you must have recourse to some other anodyne drug. You will find that conium has been much employed and recommended by some authorities, who have supposed it not only to be of use in relieving the pain, but to have some specific power of checking the progress of cancer. I have never been able to satisfy myself of the existence of this power; but I believe it to be a very good sedative. So also are belladonna, lupuline, stramonium, and Indian hemp, in some exceptional instances. Besides being used by the mouth, most of these anodynes may, if it be deemed better, be administered by the rectum in the form of a suppository, or applied to the cervix uteri in the form of a medicated pessary. By this term of "medicated pessary," I mean, as most of you know, small balls of a round or ovoid form, and of the size of a walnut, made of some medicinal substance mixed up with ointment, and brought to a proper degree of consistence by the addition of yellow wax. Our Edinburgh druggists keep medicated pessaries of various kinds, containing morphia, belladonna, tannin, etc. The patient can usually introduce them herself, and they have the advantage over injections and lotions of applying the medicinal agent in a more continuous form. They are made of such a consistence as to dissolve gradually in the vagina at the temperature of the body. Generally they are coated with a layer of ointment made firmer from containing a larger proportion of wax, with the view of facilitating their introduction.

We have other local sedatives in the vapour of chloroform, and in carbonic acid gas, which may be used to supplement the action of these anodyne remedies, or to supplant them entirely where some indiosyncrasy prevents their use. The carbonic acid has been chiefly employed here within the last few years, and I imagined for a time that this application of it was something new and modern. But I may as well warn you, that should any one of you imagine that he has made a discovery of something practical in Medicine, if he will take the trouble carefully to look over the works of Hippocrates, or Galen, or Paul of Ægina, or of some other ancient Medical writer, he will very probably get all the glory taken out of him. When the ancient Greek and Roman Physicians burnt various herbs, the fumes from which were conducted by a tube to the os uteri in cases of uterine pains, ulcers, etc., they in reality applied carbonic acid gas. In Germany the waters of some of the baths, such as those of Marienbad and Nauheim, have long been used as local sedatives to the uterus, and these waters contain always a proportion of free carbonic acid. Dr. Dewees, a distinguished American author, also speaks of having used the pure gas in this way as a sedative for the pains of carcinoma uteri. My attention was first called to the subject by a paragraph in one edition of Dr. Pereira's "Materia Medica;" but Dr. Pereira himself con-

Fig. 1.

Fig. 1.—Arrangement for applying carbonic acid to the uterus—viz. a long caoutchouc tube of three or four feet in length, with a nozzle at its free extremity, and fixed at its other extremity into a common wine-bottle, with a tubular or perforated cork. In the specimen here drawn there is a metallic box affixed to the top of the cork, which, when filled with sponge, may contain a teaspoonful of chloroform, so that, when desired, the two local anæsthetics, carbonic acid and chloroform, may be used together.

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sidered this paragraph of so little importance that he expunged it from the last edition of his work. The paragraph was to the effect that his friend, Dr. Clutterbuck, had been requested by a lady suffering from uterine pain and irritation, to be supplied with some means of applying carbonic acid gas to the womb, as she had formerly experienced great benefit from such an application at the hands of an Italian physician. Latterly, I have used it extensively in many cases of uterine pain, and in some with excellent effect; for it is, in fact, a good and powerful local anæsthetic. The application is very easily accomplished. A table-spoonful of crystallised tartaric acid is mixed with a tablespoonful of crystallised bicarbonate of soda in an ordinary wine-bottle, three or four wine-glassfuls of water are added, and the gas which is evolved is carried off through a caoutchouc tube, and applied to the womb by means of a gum-elastic nozzle attached to the extremity of the tube. (Fig. 1.) Our chemists have got into the way of supplying patients with boxes such as that I have beside me, containing twelve powders or packets, with six drachms of tartaric acid in each, and other twelve with an ounce of bicarbonate of soda. They furnish them also with the appropriate tubes, which, let me add, are sometimes provided with a sort of brass box (see fig. 1) immediately above the cork or stopper to hold pieces of sponge, and by pouring on these sponges some chloroform, you may have the combined sedative action of the two anæsthetics. Usually, however, the hollow cork and tube used are simple, like this (fig. 2), and without any box; and if you wish to apply chloroform vapour along with carbonic acid, you require when employing the simple tube, to add merely a teaspoonful of chloroform to the contents of the bottle before introducing the cork. When the tube is introduced into the vagina, after the evolution of carbonic acid gas has commenced, there is perceived first of all a rush, and a slight feeling of heat; by-and-by a soothing effect is produced. Besides its anæsthetic properties, carbonic acid is one of the best of local curative applications that can be made to an ulcer. In the last century, Dr. Ewart, of Bath, made the experiment of applying this gas to two open cancers of the breast constantly and for a considerable time, and with this good result, that one healed up completely, though of course only temporarily; and in the other the pain was relieved and the ulcer partially healed. When carbonic acid fails to relieve the pain, the vapour of chloroform may be superadded to it in the manner I have indicated: or chloroform vapour by itself may be applied by means of an ordinary Higginson's (barrel) syringe, which, let me add, is the cheapest, best, and most convenient of all syringes for all purposes. The long or free extremity of the syringe is introduced into the vagina, and the other end of the instrument is inserted into the mouth of a four or six-ounce bottle, about one-third or one-half filled with chloroform, and then the application of the fingers to the middle part or barrel being in the way of alternate compression and relaxation of the barrel, sends speedily a current through the apparatus. If the bottle were full, or nearly so, there would be a risk of the liquid chloroform getting into the instrument, and being pumped into the vagina, which it would blister and scald, and thus produce an effect quite the opposite of that which is desired. After the tube has been introduced into the vagina, by working the barrel in the ordinary manner, the vapour of the chloroform rises into the instrument, and may be projected for any length of time against the uterus: for you can send through the instrument a current of air or vapour as easily as a current of liquid. Applied in this manner to mucous surfaces generally chloroform vapour has a very soothing and sedative effect. Ten minutes usually suffice for the application at one time, either of carbonic acid gas, or the vapour of chloroform; but patients sometimes desire it to be continued longer. Either of them, or both, may be repeated, if necessary, many times a-day.

FIG. 2.

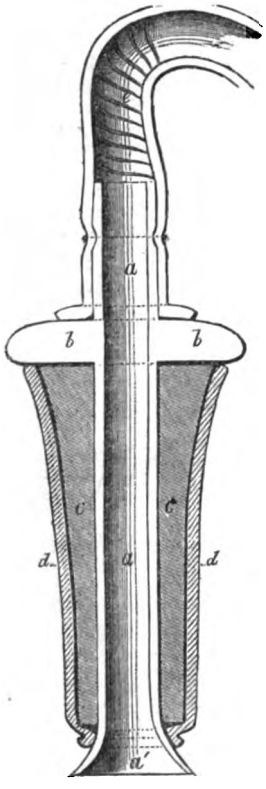

Fig. 2.—Section of the perforated cork used in the local application of carbonic acid gas to the uterus. *a a* Metallic tube passing through the centre of the cork, and receiving the gas at its wide extremity *d*. *b b* Metallic ring, in which the metallic tube is fixed. *c c* The perforated cork, sheathed by a layer of caoutchouc, *d*. *e* A coil of wire in the commencement of the india-rubber tubing, to prevent it from collapsing at the point of flexion: the metallic tube may be prolonged and bent, and in this case the coil of wire can be dispensed with.

FIG. 3.

Fig. 3.—Arrangement for injecting the vapour of chloroform—viz. a common barrel syringe inserted by one extremity into a four-ounce phial containing only a small quantity of chloroform. The free or upper extremity is introduced into the vagina. For this purpose it is well sometimes to have attached to it a longer portion of terminal tube than is here represented.

I would just add one other remark in regard to chloroform, as a supplement to my observations on the constitutional, as contrasted with the local sedative treatment, of the pain which attends a cancer of the womb, and it is this, that where opium disagrees with the patient, or where she requires such large doses that she is deterred from using it, you may relieve the pain by bringing her occasionally under the general anæsthetic influence of chloroform, by inhaling small quantities from time to time, and thus you may occasionally procure for her a rest and a respite from her suffering, more easily and completely than by any of the usual forms of anodynes. I have seen chloroform, when swallowed, also answer well for a time as a general sedative in cases of cancer. One of the best modes of exhibiting it, is by making a mixture of chloroform with compound tincture of cardamons, in the proportion of five or ten drops of chloroform to each drachm of the tincture. A teaspoonful of the solution or mixture may be given in a wineglassful of water several times a-day, or whenever the pain becomes severe. Laudanum or solution of morphia may be added to this mixture in appropriate doses, if you wish to combine it with an opiate. Remember to order the dose of the solution of chloroform in the tincture of cardamons to be added to and stirred up with the wineglassful of water; for, if you reverse this, and add the water to the mixture, part of the chloroform is generally separated and precipitated.

There is another means by which you may sometimes succeed in alleviating the pain of cancer. I allude to the application to the part of some freezing mixture. Dr. J. Arnott, who has directed particular attention to the anæsthetic effects of a low temperature to various parts of the body, has suggested that the freezing of a cancerous part may be of use not only for soothing pain, but also as a means of curing the disease. And when first experiments began to be made with it, some cases

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of temporary cure were reported, just as in the last century, Ewart and others met with partial and temporary healing of open cancer of the mamma from the continued application of carbonic acid gas. We had a patient with ulcerated carcinoma of the cervix uteri in the Hospital a few years ago, whom we treated by the occasional application of freezing mixtures to the os. These generally relieved her pain, and seemed to check the discharge, and make the ulcer partially contract and heal up for a time. But ulceration soon set in again, and the condition of the patient speedily got as bad as before. Yet possibly the application of a refrigerating mixture might prove a useful adjunct to our means of treatment, and might be much more frequently and regularly employed if we could get over the one great objection to its use which lies in the difficulty of its application. At present the method employed is to introduce a speculum into the vagina, and through this to apply to the os uteri, in a muslin bag, a freezing mixture. The mixture most commonly employed consists of two parts of ice to one of common salt. The ice must be pounded or bruised, and when thoroughly mixed up with salt in the proportion I have just stated, and applied in a muslin bag to a part for a certain length of time, the circulation there is stopped, and the part becomes cold, pale, and insensible. This condition remains for a short while after the removal of the bag, and then the parts gradually return to their previous condition. Perhaps some simpler and more manageable method of applying great cold may yet be devised, and if this do happen, it may prove a valuable boon. For we know that the application of ice, or, to speak more correctly, of a temperature at or below the freezing point, to other parts of the body, has the effect of temporarily alleviating pain, or temporarily inducing an insensibility during which some of the slighter surgical operations can be performed without causing any pain to the patient. Thus I have lately seen two gentlemen have each several teeth extracted without pain, from having their gums previously frozen. One of these gentlemen, my friend Dr. Small, from whom seven teeth were extracted after a stream of water of a temperature of from 10° to 20° Fahrenheit had been for some time allowed to pass through a thin metallic box accurately fitted to his gums, certainly made very wry faces during the operation; but he explained afterwards, that the contortions of his countenance were not excited by pain, but by the mortal terror he was in at every application of the forceps, lest the "grunch" which he distinctly felt would be accompanied by pain. If, I repeat, we had some simpler means of freezing the os uteri and other parts affected with cancer more easily, we should more frequently perhaps have recourse to this expedient. As yet our only means are only a source of irksomeness to the patient and of difficulty to the practitioner. It has always seemed to me that solid carbonic acid applied in a caoutchouc bag, or otherwise, and mixed perhaps with ether, ought to be the most convenient and best freezing agent for producing local anæsthesia in the practice alike of the dentist, the Surgeon, and the accoucheurs, and that we may find some easy means of applying this to the os uteri; but I have not yet been able to obtain the acid in the solid state, so as to have an opportunity of reducing the theory to practice. Patients with cancer of the uterus will often require your Medical care for other forms of distress and suffering than the mere local uterine pain connected with the disease. They have sometimes their sufferings aggravated by a tendency to constipation, particularly when they first begin to use opium, which is kept up in the later stages by mechanical obstruction of the bowel from the spread of the carcinomatous deposit. Gentle aperients, or what often serves better still, mild enemata, are required under these circumstances. In the same way the bladder is apt to be irritated during the progress of the deposit, and you will find it occasionally necessary to relieve the symptoms of dysuria with infusions of uva ursi, bucker, etc. and with the addition of alkalies or acids, as indicated by the condition of the urine. Besides the secondary or sympathetic pains which may spring up in different parts, and of which I have already told you, occasionally demand for their alleviation local anodyne liniments or plasters, or even the injection of a few drops of the watery solution of morphia into the subcutaneous cellular tissue of the affected part. Occasionally you will find that they will disappear after the application to the ulcerated surface of the cancerous uterus of slight caustics or sedatives, such as a solution of nitrate of silver, acid nitrate of mercury, and the like.

2. *Measures calculated to arrest the attendant hæmorrhages.*

But there are other indications which require to be fulfilled besides that of the alleviation of pain. Thus you will sometimes be called upon to check and counteract the hæmorrhage which occasionally occurs to an excessive and exhausting extent in cauliflower excrescences, and other malignant diseases of the cervix uteri. In these cases you have large, tortuous, thin-walled vessels coming up in loops towards the surface of the papillæ, and merely surrounded by radiating layers of epithelial-looking cells, as shown in Virchow's memoir on "Cancroids of the Os Uteri." From these vessels, which are very liable to injury, profuse floodings readily occur, debilitating and destroying the patient, who would not be so rapidly worn out by the disease if we could always manage to arrest them. Such a flooding, let me again repeat, is often the first symptom that attracts the patient's notice. It is apt frequently to recur in some cases, rapidly ruining and running down the patient's health and strength, and not infrequently proving the more immediate cause of her death. This bleeding, therefore, you will often be called upon professionally and practically to abate and arrest; and as one means of attaining your object you may occasionally require to have recourse to plugging of the vagina. But a mere plug of lint or sponge will not always suffice; you will sometimes have to medicate them with some agent which has the property of coagulating the blood. Some have recommended the use of a concentrated tincture of iodine as possessed of this property in a high degree. Others have spoken in favour of a strong solution of nitrate of silver. In either case it has usually been proposed to apply the medicaments through a speculum introduced into the vagina, and pushed up to the cervix. But when I stated to you in reference to the diagnosis of uterine cancer, that the speculum was a useless instrument, I should have added also that it was a dangerous one, for coming in contact with the vascular mass it almost necessarily excites more or less hæmorrhage, or aggravates it when it has already been established; and we gain a very important point, if, in the application of our styptics, we can dispense with its employment. We have two remedies, the application of which is easy, and in almost every case is perfectly sufficient. One of these is tannin, which, when applied in the form of a fine powder through a small tube, or mixed up in the form of a medicated pessary, serves as a valuable means of coagulating the effused blood, and thus preventing the further flow. Matico and other vegetable astringent washes are useful merely in proportion to the quantity of tannin which they contain. But we possess a still simpler and surer styptic in the perchloride of iron, which I generally use as made at my suggestion by Messrs. Duncan and Flockhart, Druggists, dissolved in glycerine. A saturated solution of it in glycerine is more adhesive to the surfaces with which it is placed in contact, than the solution of it in water. Perchloride of iron was proposed, as you know, by some Physicians and Surgeons on the Continent not very long ago, as a preparation which—when injected into the sac of an aneurism, or the cavity of a varicose vein—would produce coagulation of the blood in them, and so lead to the permanent cure of these morbid states. For stopping the hæmorrhage from leech-bites, it is the best and readiest agent we possess; and for arresting the bleeding from small orifices over an extended surface, such as exists in piles, I know no better remedy. A gentleman in our Profession, for whom I have a very high regard, told me lately, of the great success which had attended its use in his own wife, who had long suffered from internal hæmorrhoids, which frequently came down and bled to a great degree. Six months ago, she had a very bad attack, at a time when her husband happened to be from home. There had been much hæmorrhage, and she was reduced to great weakness and faintness. Though the wife of a doctor, she was one of those ladies who have a great and salutary aversion to seeing doctors professionally; and so when she sent one of the members of her family to ask me for something to relieve her, I sent simply some perchloride of iron in glycerine, with instructions to apply it on a piece of lint. The bleeding was checked by this means at once, and her symptoms relieved; and, what is better still, the hæmorrhage has never since returned. In connexion, I say, with hæmorrhages from the uterus, it is likewise a most valuable agent, and may

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be applied in various ways. It deliquesces very readily, so that it cannot be kept and applied in the form of powder; but it may be made up for use into a medicated pessary. I apply it most frequently, however, on some lint or on a piece of sponge, to which a string is attached for its easy removal afterwards. Introduce a piece of sponge or lint partially dipped, or rather wetted in its centre, in glycerine, saturated with perchloride of iron, into the vagina; push it up to the os uteri, and leave it there for twenty-four hours; and usually you will find this result, that the bleeding is completely arrested, and there is no recurrence of it for a time. I sometimes see a patient at present in whom the hæmorrhage from an ulcerating cancroid of the cervix had been allowed to go on for three months, under the idea that it was only an ordinary menstrual discharge of unusually long duration. Early in my attendance upon her there occurred a sudden and profuse drain, which rendered her almost pulseless. A sponge was applied, steeped in the solution in the manner I have told you, which at once put an end to the bleeding. There has been no recurrence of hæmorrhage from that time to the present—a period of three months; but the disease is progressing in its fatal course, and lately has perforated the bladder, so as to allow all the urine to escape per vaginam.

3. *Measures calculated to counteract the offensiveness, etc. of the attendant leucorrhœal discharges.*

Another symptom which you will sometimes find it necessary to do something to relieve, is the fœtid and acrimonious discharge. The odour it exhales is occasionally sickening to the last degree; the very breathing of it fevers the patient; and therefore, the discharge must be checked or its effects counteracted as far as possible. This may be effected in some instances by the frequent injection of a weak solution of chloride of zinc, in the proportion of a grain to the ounce of water; or one or two grains may be applied occasionally in the form of a medicated pessary. Or you may endeavour to fulfil the indication, as we have attempted it in the two cases in the Hospital, by using pessaries containing from three to ten grains of M'Dougall's disinfecting powder. This deodorising powder was discovered, not by Mr. M'Dougall, but by Dr. Andrew Smith, the late director of the Army Medical Department. It contains, I believe, as its active ingredients, carbolic sulphite of magnesia and lime, with the addition of five per cent. of carbolate of lime, and has the property of precipitating all fœtid and decomposing animal matters in foul waters, etc. When applied here in the form of a pessary or lotion it is of great use in relieving the odour, and serves at the same time as a cleansing and non-acrid application to the ulcerating surface.

Sometimes the vaginal discharge in cases of carcinoma uteri is, for a long period, watery and serous, without offensiveness or acridity, but weakening and detrimental from its great abundance and copiousness. This occurs particularly in instances in which the disease has a warty or cauliflower character. Such patients occasionally require to use many napkins each day in order to absorb this excessive serous discharge as it escapes from the vagina. In these cases the abatement and arrest of this profuse and debilitating drain becomes occasionally an important indication of treatment; but it is an indication which it is by no means easy to fulfil. Sometimes the assiduous and repeated use of astringent vegetable or mineral injections has the desired effect. More frequently their effect is only either very partial or very temporary. In order that they may be successful you generally require to change every few days from one astringent to another—as from a solution of tannin, or from a strong infusion of oak bark or green tea, to a solution of sulphate of zinc or sulphate of alum, one of the least irritating and astringent of all—being a solution of the so-called aluminated iron, or sulphate of alum and iron in the proportion of three or four grains of the salt to the ounce of water. Sometimes these astringents answer more effectually if the patient apply them in the form of a small plug of sponge dipped in the fluids or solutions.

In all cases of carcinoma uteri, accompanied with discharge, due cleanliness and frequent ablution of the external parts and lower portion at least of the vagina, is a matter of moment, with the view of obviating the disagreeable and irritating effects of the acrid fluid which is passing over them, and adds greatly to the comfort of the patients. Sometimes the mucous membrane of these parts and the surrounding skin can be protected much from the irritation of profuse and irritating discharges, by the free application of liniments or ointments after each use of the bidet, or after each washing. Equal parts of glycerine and simple ointment, or of glycerine and olive oil, or of lime-water and olive oil, often answer this purpose well.

Before I conclude these observations on the palliative treatment of carcinoma uteri, I must add one observation, lest my remarks may have misled you, so as to make you too officious in your management of your cases. Do not unnecessarily oppress your patients with the *nimia cura medicinæ*. In instances where the pain of the disease is not very great, nor the bleeding or discharges at all great, you will perhaps only aggravate the one and the other by unnecessary and meddlesome local treatment. You will frequently find cases of uterine cancer, particularly those of a slow type, go on better without any local treatment at all than with it. Such patients are often happier and more comfortable when cleanliness merely is duly attended to, and nothing special in the way of treatment is attempted or done. Reserve the palliative local measures I have spoken for these cases—and they form a large class—where such measures are really called for by the severity of the attendant symptoms.

But has nothing been done, and can nothing ever be done in this terrible disease in the way of Surgical or radical treatment? I shall try to answer that question in my next lecture.

ORIGINAL COMMUNICATIONS.

CASE OF POISONING BY CYANIDE OF POTASSIUM.

By T. K. HORNIDGE, M.B. F.R.C.S.

Now that cyanide of potassium is becoming the fashionable poison, I believe the following chemical notes of a case which came under my observation a few days ago, in the laboratory of Dr. Bernays, at St. Mary's Hospital, will be found interesting to the Medical public.

A man, aged about 55, who, from failure in business, and the cares of a large family, had been for some time in very distressed circumstances, was found dead on his bed on the morning of Friday, the 7th inst. He was lying near the edge of the bed, with one leg extended, and the other drawn up; but the bedclothes were not disarranged, and there were no signs of struggling or convulsions having preceded death, except some marks of the teeth on the tongue. At the side of the bed was a chamber-pot containing three and a-half pints of hazy, straw-coloured liquid, in which were floating several lumps of bread. The tumbler in which the poison had been dissolved, was also found in this utensil. This liquid, and the stomach, with its contents, were brought to the laboratory for examination three days after death. A note, written by the deceased, mentioned that he had taken the precaution of eating some meat, in order to assist the stomach in retaining the poison, as he had once before been foiled in an attempt on his life by laudanum.

The stomach contained no solid, and scarcely any liquid, matters. The whole of its posterior surface was in a state of intense congestion, so that networks of small vessels could be distinctly traced with the naked eye. The whole of this congested part was covered with a thick layer of viscid mucus, and dotted here and there on its surface with small patches of grey exudation. All along the large curvature, the mucous membrane was raised into prominent ridges. In several places it was softened, and could be peeled off with the pressure of the thumb. The stomach emitted a very distinct odour of prussic acid, and the fumes from it, without the application of heat, whitened a glass coated with nitrate of silver. Its contents were feebly alkaline. Steeped for a time in cold water, it yielded to distillation an amount of hydrocyanic acid corresponding to three-quarters of a grain of cyanide of potassium. This was not, of course, all the salt contained in it; but distillation from the stomach itself, which alone could have separated it all, would have spoilt the appearance of that organ, which was required for a preparation.

The liquid from the chamber utensil was highly alkaline, and smelt very strongly of prussic acid. When boiled, it had

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the characteristic odour of vomited matter. A few drops of it gave readily all the indications of prussic acid. It was distilled in a retort with excess of sulphuric acid, and the vapour passed into a solution of nitrate of silver. The cyanide of silver obtained (purified from any possible admixture of chloride) corresponded to 55 gr. of cyanide of potassium.

It appears, therefore, that the deceased took (or endeavoured to take) at least 1 dram of this poison, but that the greater part of it must have been vomited almost immediately. It is certain that 3 grs. is sufficient to destroy life. Probably little more, if so much, was retained in this case. The extreme congestion of stomach seems to indicate the duration of life for some time after it was taken. Survival for an hour is not unprecedented, though quite exceptional; and after making every allowance for the empty condition of the stomach, I can scarcely imagine that so much inflammation could have been induced in a much shorter time than that. These are the main points of interest in the case—the vomiting, and the gastric inflammation. They are both more commonly met with in poisoning with cyanide of potassium than with prussic acid; and show that the former partakes more of the nature of a narcotico-irritant than the latter, though it is usual to regard them as analogous in their effects.

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FURTHER OBSERVATIONS ON THE

EFFECTS OF CHLOROFORM ON THE RESULTS OF SURGICAL OPERATIONS.

By JAMES ARNOTT, M.D.

(Concluded from page 56.)

If we had had as much opportunity of learning the ulterior effects of ether and chloroform as we have had those of alcohol, there would exist no delusion respecting their innocuousness. It may assist in explanation of the subject, to suppose that excessive intoxication by drinking spirits were substituted for intoxication by chloroform, as a mode of producing anæsthesia in operations. What would be the result? All the good, or life-preserving effects attributed by some of its advocates to chloroform, would be found in this substitute. The stimulus of the alcohol would support the patient under the shock of a severe accident; there would be no pain nor dread of pain. Why, then, should we fear such an administration of alcohol? We should fear it, because, although there are no more symptoms of its ulterior bad effects than there are of those produced by chloroform, we know by the experience of thousands of years, that the system is dangerously depressed by intoxication, and thus rendered liable to the attacks of fatal disease. These ulterior effects outweigh all the above-named advantageous properties alcohol may possess, and would probably kill ten times the number of patients that such properties might save. It has never, therefore, been used in lieu of chloroform in the severer operations. In an address on anæsthesia in dental surgery, lately delivered by Mr. Matthews, the President of the College of Dentists, he mentions that one of his patients, an elderly gentleman, had made a practice, when he wished to have a tooth extracted, of coming to him in a state of extreme intoxication. Whether this was the gentleman's usual prophylactick against all the evils of life, or was confined to bodily pain, and therefore an anticipation of the discovery of etherisation, is not related. Of course, in so trivial an operation, no danger could be apprehended from the ulterior effects of the Bacchanalian anæsthetic.

In the posthumous work of Dr. Snow, lately published, there is an argument against the doctrine, of the mischievous effects of chloroform in amputation and lithotomy, which, from its being brought forward as one of great weight, I am compelled to notice. It is said that as chloroform is given for a much longer time in other operations from which the entire mortality is less than 12 per cent. the increase of mortality from amputation and lithotomy cannot be attributed to this cause. The obvious mistake here is, that no distinction is made between the character of different operations in respect to safety. Of course, in operations which are themselves of little danger, the use of chloroform cannot much augment the risk of the patient by its *ulterior* effects on the system. Any addition to great danger from the operation itself, must, it is equally obvious, often prove fatal. Dr. Snow has overlooked the remarks on this point in the fourteenth and twenty-eighth paragraphs of my paper.

Enough has been said to show that there is nothing in respect to the nature or properties of chloroform which renders it unreasonable to attribute the great increase of mortality that has unquestionably taken place after certain dangerous operations to its universal employment. There can surely be no doubt that we have abundant evidence of its noxious properties, both immediate and more remote, to consider it a real or sufficient cause. But, doubtless, other circumstances or changes in the practice of Surgery, insignificant though they may be in comparison with the introduction of chloroform, have taken place during the last ten years, and as they may have influenced the result of operations, they must not be passed over in the present inquiry. Some of these circumstances have had the tendency to increase the former mortality after amputation and lithotomy; others to diminish it.

It has been said that lithotomy is more fatal than formerly, because lithotrity has superseded it in all the more favourable cases. The cases, however, of this description are too few to have caused a perceptible difference. In only one instance was lithotrity performed in the London Hospitals during the last year of the period of my statistics, and it is expressly mentioned in the report of the case, that lithotrity was perferred to lithotomy, because the circumstances were unfavourable for the latter operation. In the same way, the substitution of excision of joints for amputation has been supposed to account, partly at least, for the increased mortality.

But here again the cases were, during the period referred to, not only too few to make an appreciable difference, but in the greater part of those that did occur, amputation would not have been performed in so early a stage of the disease. There can hardly be a doubt, however, that frequently when excision has been performed, rest, and the other remedies of inflammation, would have effected a cure; and in the cases where for the removal of mere deformity excision has been adopted, it is unlikely that amputation would have been employed. When an operation is novel, or is confined to a few operators taking a peculiar interest in it, the occasions for the supposed necessity of its performance multiply wonderfully. We have another curious illustration of this in the new operation of perineal section for stricture of the urethra, and in the remarkable difference of success that has attended different operators. When it is only made use of as a last resource in comparatively unfavourable cases, we cannot expect the same number of recoveries as when, instead of the exception it has become the rule, and is systematically employed in cases that might be equally well relieved by measures unaccompanied with danger.

Mr. Erichsen, while admitting in his "System of Surgery," that part of the increased mortality after operations may be accounted for by the deleterious agency of chloroform, thinks that another part is due to the absence of pain inciting the Surgeon to operate in cases in which, from the little chance of success, he would have formerly declined operating. This may have occurred in certain instances: but has not any such effect been more than counterbalanced by the fact that since chloroform has been in use, many cases in which operations have been performed, have been more favourable than they otherwise would have been? The constitution of the patient has not suffered from a long-continued dread of pain; nor have operations been delayed, and the chances of recovery lessened by dread. To this advantage of chloroform must be added its effect in putting nervous and inexperienced operators at their ease, by preventing the cries and struggles of patients, and thus enabling them to operate more correctly and safely.

Those who have endeavoured to account for the increase of mortality by alleging that for the above or other reasons, such as improved means of cure, there is a less number of amputation cases than before the introduction of chloroform, and that these cases are of a more unfavourable kind, do not reflect that the period referred to is much too short for such a change to have occurred in it. It is very true that forty or fifty years ago, amputation was more common than at present; but it is long since the discovery was made that the common disease of the joints for which it was then almost invariably resorted to, namely, white swelling, generally admits of better

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remedies. Within the last twenty years there has been no such change of practice.

Other causes than those enumerated have been assigned for the late increase of mortality, which I have elsewhere considered; but they have too little plausibility to authorise my occupying valuable space by again noticing them.

On the other hand, and as a compensation for the lesser causes of mortality which have been mentioned, it will be enough to allude to the increasing improvement in the construction and management of Hospitals, particularly as respects their ventilation, and to improvements of operations and in the management of operation wounds. If the principle of Langenbeck's mode of dressing these wounds be better carried into effect, and, perhaps, also, if Mr. Teale's mode of amputation become general, there will be so much improvement as to render it impossible in future to form any idea of the influence of chloroform on the results of amputation. It is to be hoped, also, that still greater and more beneficial changes will soon take place, as regards the operations for stone. Surely the ample evidence recently afforded of the superiority, in many cases, of dilatation of the neck of the bladder to cutting it, will not much longer prevent the general adoption of this expedient. The immense advantage of the equal and controllable dilatation effected by fluid pressure over all other kinds, is now better understood than formerly. That part of the urethra which is surrounded by the prostate is capable of great enlargement, provided this be effected by proper means; and in the exceptional cases where, from the great size of the stone, this enlargement may be still insufficient, lithotrity, or other means of reducing its bulk, can be more easily resorted to after dilatation than before it.

P.S.—Since the above observations were written, there has been published an elaborate article on chloroform in the *Westminster Review*, containing some incorrect statements relating to the question of its ulterior effects on operations. As the subject is irrelevant, I shall make no further comment on what the writer of this article says respecting the primary effects of chloroform on the system—on his assumption that seventy-five is the whole number of well-authenticated sudden deaths from it—on his passing unnoticed the unreported cases—on his taking it for granted that the cases occurring on the Continent are as well known to us as those happening among ourselves, than to say that probably there is no instance in Medical controversy, of an argument resting upon more unsound data than those on which he has grounded his opinions. He thinks that experience has not confirmed my idea, that the intoxicating vapours cause a depression of the system unfavourable to the healing of wounds, and adduces, in support of this opinion, the statistics of Dr. Fenwick and Mr. Coates. I will only say, in addition to my former remarks on such evidence, that nothing can be more absurd than to suppose, because the mortality shown by the returns from one or two small hospitals made by parties strongly biassed on this subject, differs from that shown by the aggregate returns of many large hospitals, prepared by perfectly unprejudiced parties, that no reliance should be placed on the latter. Is it not obvious that I might, with as much, or even more justice, conclude that chloroform was twice as fatal in certain operations as it has been shown to be from the average of many hospitals, by only reckoning one or two of those in which it has proved most fatal?

As to Mr. Coates' statistics, the reviewer altogether mistakes the purpose for which they were published. So far from doubting the fact that chloroform has produced a great increase of mortality, the whole of Mr. Coates's argument rests on the correctness of this statement. He publishes his pamphlet to show, that if chloroform had been used in the way, and especially in the very small doses, he recommends, this excessive mortality would not have occurred. No one disputes that small doses of opium are useful, and that many lives are saved by them; but who can doubt what the consequence of the habitual use of very large doses would be? I believe that Mr. Coates's views on this subject have been participated by other surgeons, and that for the last two or three years chloroform has not been so freely given by them as it had been for some years previously. The reviewer objects to my tables, because the amputations are not divided into classes according to the limbs operated upon, the causes of the disease, etc.; but in doing so he betrays his unacquaintance with the art of statistics. No doubt there might be an advantage in many such divisions if the data under each were sufficiently numerous; but when they are not so, such a minute division would only lead to the extravagances which I have mentioned when speaking of Dr. Fenwick's returns. There is every reason, however, to suppose that were all those divisions made in my tables, there would be very little difference either against or in favour of my argument in the general result. It is in this balance of circumstances that the utility of statistics consists.

Etherisation is too valuable an addition to therapeutics to stand in need, as regards one of its applications, of such an apologist as this reviewer. The time may come, when by the aid of advancing science, this powerful agent may be employed without danger; but, in the meanwhile, we cannot disregard such a startling fact as that related in the last number of the *Medical Times and Gazette*, namely, that the mortality from lithotomy on the adult, is now more than 50 per cent. of those operated upon. Before the introduction of chloroform, it was only 22½ per cent. Such facts waken us from the dream that chloroform prevents death as well as pain. Ignorance of them may be bliss to the patient who is persuaded to use chloroform; but it is the duty of the surgeon to make himself acquainted with the real state of the case; for, surely, as respects him, it is not "folly to be wise."

THE ANTIQUITY OF METAL SUTURES.

By J. H. AVELING, M.D.

"That which hath been is now," are words singularly verified in the subject of metal sutures. In 1647 we find Fabricius ab Aquapendente giving all the reasons which are now being put forward for preferring the inorganic to the organic ligature. After describing the ligature of Fallopius, which was of thread, and like the one which we until lately have been using, and that of Guido, which was made of metal, and hooked the two lips of a wound together; he says that he provides himself with many flexible needles of iron or of brass, made soft, except at the point, over burning coals. These he passes through the lips of the wound, and then turns back the extremities, the right to the left and the left to the right, fitting them over the wound either straightly and plainly, or by making a knot and allowing them to remain until the wound is almost agglutinated (a).

The following are the reasons Fabricius gave more than two hundred years ago for preferring his metal fibula to that of Fallopius, which was of thread:—

"Quod si licet aliquando paradoxum vobis afferre, dixero potius meam fibulam potiorem esse, propter rationes ex comparatione desumptas à juvantibus, et nocentibus, si quidem fibula Fallopii ex filo facta, mordet ubique carnem, quia filum asperum est, et inæquale, cum sit tortum, acus verò livigata est, et perpolita. Rursus filum mordendo labia vulneris transversè ea perrodit, quod experientia passim patefacit, et confirmat; at acus flexibilis, cum rotunda sit, et levigata, nihil istiusmodi facit: exemplo sint annulli aurei, aut ferri, qui auribus perforatis diutissime gestantur, utcumque penduli sint. Rursus si filum valentius stringatur, interdum rumpiter, quo non patitur acus mollis, ferrea, aut œnea. Amplius filum est materia, quæ facilè tenditur, et laxatur, ferrum verò flexibile neutiquam laxatur. Amplius laxitas ex filo dupliciter succedit, tum ex laxa fili natura, tum ex perrosis labiis, unde etsi à filo labia vulneris ad mutuum contactum adducuntur, non tamen adducta conservantur, quia propter fili naturam dupliciter laxantem disjunguntur, et hiant; sed neutram laxitatem ex acu flexibili rotunda, et perpolita expectare oportet. Ultimò filum non difficulter putrescit à sanie, et ichoribus, at acus ferrea, aut œnea, immunis est ab hujusmodi labe. Quod si tandem addatis, æs, et ferrum habere vim refrigerandi, et adstringendi, vulneris glutinationi consentaneum erit: et hoc est argumentum veritatem pardoxi omnino comprobans, et confirmans" (b).

These advantages may be summed up thus:

1st, Iron does not eat into the flesh.

2nd, It does not ulcerate out.

(a) I think this plan of using needles might be returned to with advantage in some cases of wounds about the face.

(b) De Chirurgicis Operationibus, p. 146.

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3rd, It does not stretch and break.

4th, It is not rotted by the discharge.

What more remains to be said than is here stated? Is it not curious that we are only just now beginning to appreciate the fact which Fabricius gave to the world so many years since?

Thanks to Professor Simpson, the adoption of the metal suture is now becoming general in this country; and I learn from Messrs. Cocker, Brothers, of this town, that they are receiving orders for their prepared iron wire from all parts of the kingdom.

Sheffield.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. THOMAS'S HOSPITAL.

The first of the following cases exemplifies what we suppose is very rare, viz. recovery after the formation and evacuation of a large abscess in the peritoneal cavity. The original cause of the attack cannot be assigned with any certainty.

We have appended to it several other cases in which peritonitis of an acute and fatal kind followed on the rupture of one or other viscus into the sac of the abdomen. To each case are added such remarks as appeared appropriate. We are indebted to Dr. Bristowe for the particulars, etc. of all the cases, under whose care several of the patients were treated, and by whom all the autopsies were performed.

CIRCUMSCRIBED SUPPURATION—PERITONITIS —EXTERNAL OPENING—RECOVERY.

(Under the care of Dr. BRISTOWE.)

Sarah J. a school girl, aged 12, was admitted on the 29th September, 1857. She said she had been troubled with thread worms, and that six days before admission, after taking a worm-cake, she was attacked with sudden pain in the belly, which has continued with frequent exacerbations ever since. The bowels have been kept open by jalap, and she has had nausea and sickness. On admission her face was very pale and anxious, her eyes sunk, and there was a dark discoloration around them; pulse 146. She lay on her right side, with the knees drawn up; the belly was hard, but not distended; and there was great tenderness on pressure over every part of the abdomen except the right lumbar region on which she lay. Skin hot and dryish; had thirst; no appetite; nausea and occasional vomiting; tongue dryish, covered with a whitey-brown fur; respiration exceedingly rapid and shallow, the diaphragm scarcely moving.

Ordered, hirud. x. lat. sinist. abdom.; pul. Dov. gr. iij.; hyd. chlor. gr. i. 6tis horis. Milk diet; and in the evening mx. sol. morph. hydrochlor.

The leeches gave her considerable relief, and the morphia at night procured several hours' comfortable sleep. She continued in very much the same state, though with slight amendments, up to the 5th. During this time the pulse varied from 132 to 152. The respirations were ordinarily about 56 in the minute, and the tongue continued much furred. The nausea, however, diminished, so that she could take a small quantity of fluid food; and the abdominal tenderness gradually became more and more circumscribed, and at length limited to the lower and left quarter of the abdomen, in which situation a decided fulness could be felt, and there was apparent dulness on very slight percussion. During this time her bowels were freely opened; she had had wine gradually increased from one to two glasses; and she had continued taking the pills every six hours.

During the next few days there was a very decided improvement in her health; the pulse, though still rapid, became much reduced in frequency; the respiration began to approach its natural standard; the tongue gradually became clean, and her appetite good; so that on the 8th she began to take meat, and mist. quinæ was ordered in addition to the pills. By the 12th the limitation of the tenderness to the situations above indicated was complete; there was distinct fulness, dulness on percussion, and moreover well-marked fluctuation; these conditions having become gradually more and more decided. On consultation with my colleagues it was determined that an opening should be made, and 32 oz. of thick creamy pus followed the operation with manifest relief. The orifice in the abdomen discharged a considerable amount of pus for two or three days after the operation; the discharge then diminished and finally ceased, and no pus ever passed from the bowels. The wound, however, opened spontaneously on two or three subsequent occasions, and finally closed permanently about the 1st November, seventeen or eighteen days after the operation. She remained in the Hospital three weeks after this date, rapidly improving in health, and during the whole of this time the abdomen remained flaccid, free from pain or tenderness, and no hardness or dulness indicated the position of the abscess. She was discharged well; and I saw her two or three months after leaving the Hospital still in good health.

Remarks.—From the suddenness of the attack in the above case, I regarded it prior to the opening of the abscess, as one probably of peritonitis from perforation, and the fact of a circumscribed cavity having formed containing pus tended to confirm this view. I must confess, however, that when I saw good healthy pus escaping from the puncture, my opinion became less decided. Yet I may remark, that if a patient can recover after perforation, *without* the formation of an abscess, it is quite clear that so little fæcal matter might escape as simply to cause suppuration without at the same time adding to the pus either colour or fœtor.

TUBERCULAR PERITONITIS FATAL BY PERFORATION OF INTESTINE.

History.—M. A. E. a girl, aged 16, admitted on the 5th April, 1855. She was a servant; had been ailing for some time past; had complained of abdominal pains, latterly of diarrhœa, and had emaciated. She was attacked three days before admission with excruciating pain in the abdomen, from which she could obtain no relief. On admission she was in a state of collapse. Her face was haggard and anxious; her skin cool; her tongue was furred; and she complained of thirst, hiccough, and occasional vomiting. Her pulse was exceedingly rapid, and scarcely perceptible; her breathing very frequent and entirely intercostal. She complained of extreme pain in the abdomen, which was tender and somewhat tympanitic; but though her knees were drawn up, she as often lay on her side as on her back. She became rapidly worse, the pain in her abdomen diminished, but it became more tympanitic. She died on the 7th, two days after admission.

Autopsy.—The body was much emaciated. The abdominal cavity contained a little fetid gas, and about a quart of turbid thin pea-soup-like fluid. All the viscera were attached more or less firmly to one another by toughish adhesions, which were thickly studded with tubercles from the size of a pea downwards, but which had a tendency to become clustered, and hence to form masses of considerable size. These deposits were particularly numerous on the surface of the small intestine, and all the larger ones in this situation had caused more or less destruction of the muscular coat, and by their bulk had produced bulgings of the mucous membrane into the canal of the intestine. In many instances ulceration had occurred in the mucous membrane covering the convexity of these masses, and more or less of the tubercular matter had been discharged through the openings, and thus irregular channels had been produced, by which a communication between the intestines and abdominal cavity might easily have been established. Still the parts were all so softened by disease, that even with the most careful handling, numerous communications were artificially made, so that the actual perforation which had undoubtedly existed during life, was not satisfactorily ascertained. Peyer's patches were not affected. The only other organs in which tubercle was detected were the bronchial, and a few of the mesenteric glands. The liver was very fatty. The lungs presented numerous small patches of what looked like pulmonary apoplexy.

Remarks.—The diagnosis of the above case, while the patient was alive in the Hospital, was that she was labouring under peritonitis, the result of perforation, which perforation had taken place three days before admission. And the progress of the case and the autopsy proved its correctness. It was, however, further supposed that the perforation had occurred in the course of typhoid fever. This supposition, however, was erroneous, since the autopsy revealed that the patient had been labouring, not under any form of fever, bu

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under tubercular peritonitis, the symptoms of which affection, I need scarcely remark, are very obscure. One of the chief points of interest in the above case is, that the perforation was produced by disease commencing on the peritoneal surface of the intestines, and gradually spreading through the muscular to the mucous coat, instead of beginning, as usual, on the mucous, and gradually extending to the serous coat.

PHTHISIS.—TUBERCULAR ULCERATION AND PERFORATION OF ILEUM, PERITONITIS.

History.—John E. a servant, aged 21 years, was admitted on the 13th of June, 1854, with all the symptoms of advanced phthisis, under which disease he had been labouring for nine months. He died on the 10th of July, or very nearly a month after admission. During his sojourn in the hospital he presented all the usual signs and symptoms of advanced phthisis, and suffered considerably from diarrhœa and occasional abdominal pain. He was treated chiefly with cod-liver oil, opiates under various forms, once had a warm bath, and once a mustard sinapism to the abdomen. The case having been one of apparently a very ordinary character, no notes of any value were taken, and there is no statement on record that the patient ever laboured under the symptoms of acute peritonitis. The record of the treatment, however, has been preserved, and I find that on the day before his death a blister was ordered to be applied to the belly, which was followed in the evening by a large dose of Dover's powder—sufficient indication that the patient, during the last twenty-four hours of life, was labouring under an exacerbation of his abdominal symptoms.

Autopsy.—The body was emaciated. On opening the abdomen a quantity of fetid gas escaped; its cavity contained much turbid yellowish fluid; flakes of soft discoloured lymph were scattered over the surface of the viscera, and the small intestines were slightly attached to one another by similar material. On separating them from one another, seven or eight distinct points of perforation, large enough to admit a probe or director, were discovered in the course of the ileum. The ileum contained numerous tubercular ulcers, from the size of half-a-crown downwards. The transverse muscular fibres were in every case exposed by them, frequently partially destroyed; and in some instances the floors were formed in part by the serous membrane only; and it was in these situations that the perforations before mentioned had occurred. There was much tubercular ulceration in the large intestine also. The lungs were far advanced in phthisis, and in the apex of each were large tubercular cavities. There was extensive tubercular pericarditis, and slight excoriation of the trachea; but all the other organs were tolerably healthy.

Remarks.—The above case is interesting, as furnishing an example of what is exceedingly rare, namely, perforation of the intestine, resulting from tubercular ulceration of the mucous membrane. The post-mortem showed that the peritonitis was quite recent, and therefore that the perforations must have occurred a very short time prior to death; probably the day before, a little antecedent to the application of the blister.

PERITONITIS FROM RUPTURE OF HEPATIC ABSCESS.—PERFORATION OF INTESTINE.

History.—W. S. a painter, aged 29, had suffered about 7 months before his death from dyspeptic symptoms with a sense of weight and fulness in the epigastrium. These yielded to treatment, and about three months afterwards he first complained of pain in the right hypochondrium and between the shoulders. Six weeks before his death this had disappeared; he was then in a hectic state, weak, pallid, and with occasional sweats: two or three weeks after this profuse diarrhœa came on, and in a week or two more, or three weeks before his death, an opening formed near the umbilicus, which discharged offensive pus copiously; the discharge continued up to the time of death, but the nature of those evacuated per anum was never carefully examined. The abdomen at no time appeared distended, nor did he complain of pain in it while under observation; latterly, however, he had had a little pain about the groins, and some pain in breathing.

Autopsy.—On opening the abdomen the organs were found united to one another, and to the parietes, for the most part, by soft but healthy-looking adhesions. A circumscribed cavity containing a large quantity of thin, yellowish, somewhat offensive pus occupied the epigastric region, being bounded below by the great omentum, and behind by the stomach. Another large circumscribed cavity filled with thick, greenish brown, fœtid pus, having a fæcal odour, occupied the right hypochondriac and lumbar regions, being separated from the former one partly by the colon and great omentum, partly by the lesser omentum, and by adhesions between these parts and the abdominal parietes. It communicated through the foramen of Winslow with the sac of the great omentum. It was bounded above by the liver, in which was an abscess about as large as a hen's egg, which opened freely into it; and though infiltrating the adherent great omentum it had produced a communication with the external air a little below the umbilicus, and several communications with the transverse colon; it had also opened into the large intestines by several orifices in the cæcum.

Remarks.—The history does not seem to throw much light on this case. It is pretty certain, however, that the patient never had any of those sudden symptoms which usually follow on rupture or perforation; and hence the peritoneal mischief probably crept on gradually. The sequence of events was, no doubt, 1st, abscess of the liver; 2nd, rupture of the abscess and peritonitis; and 3rd, escape of pus from the peritoneal abscess through the abdominal parietes, and into the colon.

FATAL PERITONITIS FROM RUPTURE OF A PSOAS ABSCESS.

History.—W. H. a valet, aged 23, was admitted the 12th Sept. 1854. He had been ailing for four years with symptoms which probably depended on the formation of a psoas abscess; but had been worse for ten days before admission. What his symptoms were during the latter period, and during the nine days he was in the Hospital, I have no means of ascertaining; but he was treated with nitric æther, squills, acetate of potash, juniper, and gin; had occasional purgatives with slight mercurials; and hence it is not improbable that he was supposed to be suffering under some form of dropsy, and, as the kidneys turned out to be diseased, probably renal. The day before his death, a mustard poultice was applied to his abdomen, and 10 grains of Dovers' powder were administered in the evening.

Autopsy.—The peritoneal cavity contained a pint or two of serous fluid rendered turbid by admixture with pus, and containing in suspension flakes and masses of soft opaque fibrin. The viscera were unadherent; but the entire surface was lined by a thin layer of lymph, and was universally congested. In the right lumbar region a psoas abscess was discovered, which had partially destroyed the psoas muscle, and extended to within two or three inches of Poupart's ligament. It had formed a small communication with the peritoneal cavity, and had thus given rise to peritonitis. Several of the lower dorsal and upper lumbar vertebræ were carious. The liver and spleen were waxy. The kidneys were large and fatty; all the other viscera (both abdominal and thoracic) were healthy.

Remarks.—Although the history of the above case is very imperfect, the autopsy showed conclusively that the peritonitis of which the patient died was produced by the escape of the contents of a psoas abscess into the abdominal cavity; and that this could only have occurred a very short time prior to death is satisfactorily demonstrated by the fact, that, notwithstanding the irritating nature of the fluids in the peritoneal sac, the membrane itself presented scarcely anything abnormal beyond decided congestion. I am inclined to believe that the perforation must have taken place on the day previous to death.

THE LATE POISONINGS AT BRADFORD.—The number of persons now known to have been poisoned by eating the lozenges with which arsenic was mixed at Bradford is 225, of whom 18 have died. Five or six others are still suffering from the effects of the poison, and the recovery of two of them is doubtful. 136 of the persons poisoned were adults. A few days ago, by direction of the magistrates, Mr. Leveratt, the chief-constable, caused the 35lb. of poisoned lozenges which the police took possession of when the tragedy was revealed, to be destroyed. The lozenges were burnt in the furnaces of Messrs. John Rand and Sons' worsted mills.

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Medical Times & Gazette.

SATURDAY, JANUARY 22.

HEALTH OF OUR ARMY AND NAVY.

The great Powers of the Continent reckon up their armed hosts by hundreds of thousands. Our small sea-girt island calculates her battalions by tens of thousands; and she is the centre on which falls the envious hatred of the despotism and oppression which is all around in Europe grinding civilisation under its heel. A few years ago, the long peace which followed upon Waterloo, and the prosperity derived from an enormously developed commerce, had brought men's minds to the belief that the sword was for ever sheathed among civilised nations. These dreams of a new golden age, however, were rudely broken by the tramp of the Cossacks' horse, and the sudden appearance of the standard of the Black Eagle on the banks of the Danube. Every one remembers the shame and the glories of that history. Slumbering in the security of her pride and prosperity, England was found utterly unprepared for the occasion. Her unarmed condition gave a striking proof of that want of foresight and little wisdom of rulers, by which, it has been said, the world is governed. The disgrace of the moment, however, was amply redeemed by the heroism of her soldiers; but the sacrifice was awful —and still more awful, because so unnecessary. It was a costly lesson which must not soon be forgotten. We have learnt the value of a soldier's life to his country; but do we yet even care for him as effectually as we might? Have we even yet made him as capable of resisting disease as he is daring in the face of his enemy? If our soldiers are so few in proportion to those of the countries around us, ought they not to be as perfect in body and discipline as science and skill can render them? Every one must more or less be wont to revolve these matters in his mind at a time like the present, when the political horizon around us looks so sullen and gloomy. One little incident alone is wanting —and it may arise at any moment—to set all Europe in commotion, and again let slip the dogs of war upon us. And this time the battle may not be fought at the other extremity of Europe; we ourselves may perchance in this very island hear the roar of the cannon at our own doors. Are we prepared for this tremendous occasion? Have we realised the fearful consequences which may attend a too confiding insecurity?

In such a crisis as this the health of the men of our Army and Navy becomes a matter of paramount interest to all of us; for the god of war, as Napoleon most truly said, is ever on the side of strong battalions. Are our soldiers what they might and ought to be? Of their discipline we say nothing; but are their bodies duly cared for? That is to say so cared for as to be in the best possible condition to resist the baneful influences to which they must necessarily be exposed in war. If once again cast into the melée of war, is due provision made through the light of sanitary science to anticipate and avert those *preventible* causes of destruction which are the true and most effective destroying angels of armies? The experience of a thousand campaigns has clearly proved, that it is not in combat, under the rifle and the sword, that armies melt away; few are the soldiers who thus perish in comparison with the number who sink down poisoned by the unseen but far more deadly influences which hover, like famished birds of prey, around the camps, and dog the passage of accumulated hosts. In the deadly combat, when armies meet, death must rage and run his riot; but over other still more fatal influences Science has undoubted power; their destructive tendency it can assuredly arrest. Of this we had demonstration strong in the Crimea. Under the *régime* of incapacity and red-tapism, hunger, fever, and dysentery prostrated the finest soldiers in the world; but out of this sad ruin was seen to arise, under the force of sanitary science, the most perfect and the most healthy and vigorous and largest army that this country had ever accumulated. At the end of that campaign, when everything that skill and science could do was done for the soldier's welfare, the health of the troops was better than it has ever been, even in time of peace.

Of the highest importance, then, it is for us to be assured that Sanitary Science holds that position in the army which will enable its representatives to be heard and their advice obeyed; and that we at this moment so cultivate the health of our soldiers and sailors as to render their bodies capable (as far as human nature is capable) of resisting the destroying agencies attendant upon warfare.

We have seen what Science can do, under the urgency of necessity, for the soldier in the camp a thousand miles away from home; and we have had reason to be astounded at learning what incapacity can do for him here in England at home in a time of peace. Need we remind our readers of the facts told us by the Army Commissioners of the extraordinary mortality of our troops? Men picked and selected, by reason of their bodily vigour, dying in numbers far beyond the mortality of any other classes in the country, and of causes evidently in great part of a preventible kind.—70 per 10,000 of the London Fire Brigade die per annum, but of the Foot Guards 204 per 10,000. Of towns Manchester has, perhaps, the blackest lists of mortality to show; its deaths are 124 per 10,000. In all England the mortality is 92 per 10,000: but in the Infantry of the Line it is 187; in the Foot Guards, 204; in the Household Cavalry, 110; and in the Dragoon Guards, 133 per 10,000.

The Commissioners who investigated the causes of this superabounding mortality, attributed it mainly to overcrowding and want of ventilation in barracks; but we do not think that they paid sufficient attention to some of the many other influences which, though not immediate, can scarcely fail to be strongly predisposing causes of pulmonary disease (a). And the misfortune which arises from their not having been duly recognised is this—that the morbid agencies referred to are apt to be too slightly regarded as predisposing causes of disease. It is certain that all diseases, no matter their nature, which produce a cachectic state of the body are strongly predisposing causes of disease—secondary syphilis, for instance—and yet on syphilis the Report of the Army Sanitary Commissioners is silent; in fact, the whole matter is there summed up in half-a-dozen lines. Neither does a perusal of the Report satisfy us that drinking has not a seriously injurious influence on the soldier's bodily condition. The Commissioners may have hit on the main causes which blow these pulmonary diseases immediately

(a) It is a curious fact, worthy of note, that Mr. Neison persuaded himself, by the aid of statistics, that crowding and insufficient ventilation are not causes of phthisis. We may truly say that statistics are in one respect like fire, good servants when rightly used, but most bad masters when ill-applied.

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into life; but they assuredly have not disproved the probability of numerous other agencies coinciding in action, though more remotely and less directly. Besides this, we do not want to know merely what are the causes which occasion the enormous excess of mortality in the Guards beyond what is the ordinary average of the kingdom; we ought to go further, and endeavour to restrain all promoting causes of diseases. It is not enough for us to be told that these other causes do not operate upon the soldier more injuriously than upon the civilian; even if the fact were true, the implied conclusion is plainly faulty; instead of being satisfied with reducing the mortality of our troops down to a level with the general mortality of the country, we ought never to cease working in this direction until we have brought it far below the general average. With the healthiest men to deal with, and all the appliances of the kingdom to carry out our dealings with them, it becomes as evident as any fact can be, that there must be some fault in our method of handling these men, so long as the deaths among them are not on a level with the lowest average in any class of men in the kingdom. Herein, we think, the report of the Commissioners is defective; it is satisfied with too little.

Thus the effects of drinking on the individual may not be such as to produce immediately injurious consequences. The slow chronic changes induced by continual imbibition of alcoholic liquors make themselves clearly manifest only when the mischief thereby induced is irremediable—until organic changes have occurred; and therefore it is not easy, in a rough way, to connect drunkenness with disease. But even in its immediate influence continual drinking must be most baneful, *by rendering the body prone at all times to take on diseased conditions, and also by rendering it less able to resist their destructive influence than when in a healthy state.* When is a person more susceptible to disease than at the time when his nervous and bodily powers are depressed after a debauch? To illustrate the state to which soldiers may be thus reduced, we may mention a fact related to us some years ago by one of the Medical officers in the Guards. On asking him the reason why he attended the firing exercise of his regiment when practising early in the morning in Hyde-park—and this was just before the Russian war broke out—he informed us that he had received orders to do so, because so many of the men *fainted*. Naturally enough, we inquired the meaning of such an astounding fact—of Grenadiers fainting at morning drill—and discovered that *drink* was at the bottom of the business. The men came in to their sleeping rooms half drunk, and turned out early in the morning without breakfast, or any desire for it, and just when the reaction of depression was setting in this fainting was the consequence. Now if men's bodies are continually brought to this condition by drink, is it not self-evident that they must be at all times peculiarly prone to take on disease—any exciting cause provoking it? In other words, would the Guards be so readily the victims of pulmonary or other constitutional disorders when exposed to bad air and wet clothes, if their vital forces were not previously depressed and impaired by the agency referred to? An answer to this the Commissioners have not given. Of the large amount of drinking which is continually going on among soldiers, especially in large towns, any one may convince himself by watching the state in which they roll into barracks at night.

The Commissioners have also slurred over, as before mentioned, in half-a-dozen lines that other fact—syphilis; but who is to believe that the cachexia induced thereby, the permanent injury to the constitution so constantly resulting from it, do not operate most banefully as promoting causes of other diseases? Some idea of the amount of venereal diseases in the army may be obtained from facts stated by us last year (*Medical Times*, Feb. 13, 1858). In 1848 the number of troops in the United Kingdom was 62,000; and among them the cases of venereal diseases were reckoned at 16,700. Are we to suppose that a disease, which affects the health of one-fourth of the whole army, and compels the subject of it to remain on an average fifteen days in Hospital, can fail to be indirectly a highly predisposing cause to the invasion of other diseases? And this especially when we recollect, as above stated, that syphilis is a disease which too often leaves its mark permanently indented on the constitution. There is also evidently another injurious consequence which arises from these diseases. If one-fourth of the army is prostrated for fifteen days of the year by venereal diseases, the other three-fourths have so much extra duty to do.

Dr. Combe, of the Royal Artillery, who has had twelve years' experience of Army Diseases, tells us that chancre is more rife in the army now than it was formerly; that buboes follow it more rapidly and more frequently; and that secondary symptoms ensue in a larger number of cases. He attributes these facts mainly to the circumstance that the modern soldier is younger, and his condition inferior to that of the soldier of past years; and, therefore, that he is less able to resist the incursion of disease, and suffers more from it. Besides, he adds, that together with this diminished force of body has come a greater degree of physical labour to the individual. He admits that he has no statistics to back him; but these are the facts which have been forced upon him by his many years of experience.

Venereal Diseases have also, of late years, much increased in the Navy, according to the Statistical Report just published by Dr. Bryson:—"The average number of cases occurring annually for fourteen years in 1000 of mean force, did not exceed 74; whereas for the present year, 1856, it is more than double the amount, namely 168."

Now, if our opinion in this matter be correct, and we see not how it can be controverted on any sane Medical grounds, then it follows that the Report of the Commissioners contains a very serious defect, and by its silence is productive of serious injury to the army. And in this way. If drunkenness and venereal diseases are of so little account as promoting causes of pulmonary and other diseases, then of course, we need not be so desirous of seeing them rooted out; and no strenuous efforts will be made in that direction: but suppose the Commissioners err, which we believe they do, then most assuredly it becomes a matter of the most serious interest to the authorities, not in a moral point of view alone, but for the health of the Army and Navy, to endeavour to alleviate and lessen the spread of these polluting diseases. Some attempt by the exertion of moral and sanitary influences should be made to arrest this evil, if merely for economical purposes. The loss of the services of 16,700 men out of 60,000 of our army, from syphilis, for fifteen days, may be readily reckoned. And we may conclude that the loss of service is just as great in the navy. The total number of days' sickness from venereal diseases in the *Brunswick*, with a crew of 500, during nine months, was 2441. In the navy, the extra duty thus thrown upon the rest of the crew must assuredly prejudice their health. Almost the whole of these venereal diseases are contracted in our chief naval ports. "It is a fact," says Dr. Bryson, "which deserves to be more generally known, that syphilitic diseases are more prevalent in this country, especially in the garrison and sea-port towns, than they are in any other part of the known world;" and he complains bitterly "that the municipal authorities of those towns where it is most rife refuse to co-operate with the Government in establishing hospitals for the cure of the degraded creatures that swarm along the pavements."

We have not nearly exhausted this subject; and may hereafter return to it. Our main object has been to direct attention to the immense increase of venereal diseases in our Army and Navy; and to ask, if it be not absurd to ignore the fact as a strongly promoting cause of all other diseases? On

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another occasion we would ask whether some effort might not be effectively made to arrest or diminish a scourge which is sapping the constitution of our men, and of course seriously impairing the efficiency of our soldiers and sailors?

THE WEEK.

We accidentally omitted to notice last week the appointment of Dr. Watson as Physician Extraordinary to the Queen, in the place of Dr. Bright. It must be quite unnecessary to add that this appointment will give the most universal satisfaction to the Profession.

A full report may be seen in another column of the proceedings in the first prosecution under the Medical Act. At the present stage of the proceedings, it would be improper to do more than simply publish the law report, which of itself is sufficiently suggestive.

We are glad to record facts of the following kind; they indicate a hopeful advance in the status of our soldiers; and also show that our Profession is, as usual, active in promoting their best interests. A private in the 96th Regiment stationed at Devonport, Usher by name, a few days ago delivered a lecture to his comrades on the "Lives of Great Men." He showed his hearers that the great stumbling-block in the way of the soldier's progress was drunkenness, and urged his comrades to take the pledge. The chairman was Dr. Brown, who also advised the men strongly in the same direction.

A letter from Sir John Forbes will be found in another column respecting our publication last week of the Draft of the proposed new Charter of the College of Physicians. Sir John seems to have taken blame to himself without good reason, as we had offers of two copies of the draft in addition to that supplied by the friend alluded to by Sir John. There is a College rule, which ought to be regarded as obsolete, enforcing secrecy as to College proceedings upon the Fellows; but with some few exceptions the Fellows feel that the great liberality in the spirit of the proposed new Charter, and the general interest with which it has been looked forward to by many of the Profession, are strong grounds for making it known, as we did, simply as a contemplated measure to be submitted to discussion.

The scheme of Poor-Law Medical Reform lately proposed by the President of the Poor-Law Board continues to excite intense interest among the Union Surgeons, and numerous meetings have been held to discuss the subject. A meeting took place at Norwich on Wednesday week, presided over by the Senior Physician to the Norwich Hospital; and two important meetings were held on Thursday and Friday in last week, at the Freemason's Tavern, to discuss the provisions of the new scheme. The assembly in London on Thursday week consisted of the Medical officers of all the Metropolitan Unions, and was very numerously and respectably attended, Dr. J. G. Sparke being in the chair. The opinions expressed by the different speakers were nearly all condemnatory of the new plan; and we may mention, in confirmation of our own views expressed last week, that not only at this meeting, but at every other, the proposition to elect the Medical officers triennially was unanimously repudiated. At the Metropolitan meeting a series of resolutions were passed in opposition to Mr. Estcourt's scheme, the following, which was the first, being passed unanimously,—"That while expressing its satisfaction to the President of the Poor-Law Board for the fulfilment of his promise made on May 7, 1858, to the Deputation of the Poor-Law Reform Association, of framing a new measure of Medical relief, and of communicating the same, in draft, to all Medical Practitioners holding office in the administration of the Poor-Law, 'with a view to learn their opinions on its provisions,' this meeting is nevertheless of opinion that 'the scheme for a suggested new arrangement of Medical Relief,' will not, in its present shape, conduce either to the comfort and interests of the sick poor, or to the alleviation of the grievances of the Poor-Law Medical Officers." All the other resolutions condemn the scheme in detail. And at the close of the proceedings a subscription was entered into to defray the expenses of the movement, and Mr. Blenkarne, of Dowgate Hill, was appointed treasurer, and Dr. Robert Fowler, of Bishopsgate-street Without, was appointed honorary secretary of the Metropolitan Association. On the next evening, January 14, another meeting was held, consisting both of Metropolitan and Provincial Poor-Law Medical Officers, when it was unanimously resolved to pass a vote of thanks to the President of the Poor-Law Board for submitting to the Medical Officers his new scheme of Medical Relief; but it was added, "that this meeting considers that the plan, in its present form, does not meet the views of the Medical Officers, and will not be conducive to the interests of the poor:" and the meeting thereupon proceeded to suggest so many alterations in the new scheme that we doubt whether the President of the Poor-Law Board will recognise his offspring when it is returned to him in its modified form. The system of triennial appointments is, of course, disapproved, and the proposition to elect *two* Medical Officers to each district is changed to a suggestion, that when parishes are very large, two or more Medical Officers may be appointed to each—as is done at present. The mode of fixing the remuneration of the Poor-Law Surgeons, by taking the number of paupers and of patients in each union on an average of three years is not disapproved, although a higher rate of payment is suggested in the cases where the Medical Officer finds the medicines. A concluding clause was added at this meeting to the effect that there should be a Medical Commissioner attached to the Poor-Law Board; that the person so appointed should have been in Union Practice at some period of his life, and that he should have especial control over the Medical Department. The subject of Poor-Law Medical Reform is attracting considerable notice from the Provincial press; and in a leading article in the *Northern Express*, which has been forwarded to us, the claims of the Poor-Law Surgeon are very eloquently advocated, and the scheme of the President of the Poor-Law Board is vigorously denounced as falling very short of the concessions which were anticipated, and as being likely to lead to general dissatisfaction among the Poor-Law Medical Officers.

Since our last number appeared, death has removed from our ranks two men of considerable mark in their respective spheres. Dr. John Scott, who has been for many years past the examining physician to the East India Company, and who on the recent change in Indian Government was made Physician to the Secretary of State for India in Council, died on Tuesday, after only a few days' illness but great suffering, of disease of the heart. He was a most worthy, excellent, kind-hearted, conscientious man; and there are very few among us who could be more sincerely regretted by a large circle of friends and patients. Mr. Squibb, another genial open-hearted friend, has been one of the leading General Practitioners of the metropolis for many years past. His home has been the centre of many a professional gathering, where his choice collection of Medical prints and curiosities always became a source of lively interest. Many of our illustrations

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of the "Great Ones of the Past" in former volumes were copied from his portfolios, which were always thrown open for general use with characteristic liberality.

Since our leading article was written we have seen an article in the *Westminster Review* for January, on the sanitary condition of the army, which is known to be from the pen of Mr. Sidney Herbert, and is, therefore, worthy of unusual attention. Mr. Herbert, before taking stock of the progress "made during the past year," ably discusses the various objections that have been advanced against the conclusions of the Royal Commission as to night duty, overcrowding of barracks, and defective ventilation, and shows the fallacy of the opinions advanced by Mr. Neison on the latter subject at the meeting of the British Association at Leeds. It appears that the suggestion to appoint several sub-commissions, which should prepare the details of the various measures recommended by the Sanitary Commission, was adopted by the War minister; but except the new warrant for the Medical Department, and sundry improvements in the barracks which have been inspected by the Barrack and Hospital sub-Commission, no practical measures have resulted from their labours. No steps have yet been taken to organise general hospitals at some of those stations where large bodies of troops are quartered, in which Medical officers might become practically acquainted with the best system of conducting such establishments. "You cannot do without them in war," says Mr. Herbert, "and you cannot have them effective in war unless you give them a good organisation, simple, and suited to the rough exigencies of war, and in which those who conduct them have been thoroughly practised during peace." Another recommendation, which has not yet been acted upon, is the establishment, at one of the chief military hospitals, of a school where the candidate for an Army Medical appointment might be instructed in those specialities which are not taught in civil hospitals and schools, particularly military hygiene. Prevention of disease is, and ever must be, the first duty of the Army Surgeon; and it is of the utmost importance that he should be fully instructed in the mode in which this may be best effected, before he is entrusted with the care of large bodies of men. There is yet another point on which great and injurious delay has occurred. The new Director-General has been installed, but the Council which is to assist him has not been appointed, and no staff has been organised to enable him to carry on the duties of his office in a satisfactory manner. This is unjust to him and very injurious to the army. To expect an officer to carry out efficiently the duties of such a department single-handed, is an absurdity,—to keep back the necessary assistance from him is in the highest degree reprehensible. Had the Council been named at the time of Mr. Alexander's appointment, it is probable that most of the recommendations of the Sanitary Commission would ere this have been in operation. But, unfortunately, in this matter, the initiative rests with the War Department; and the experience of the Crimea forbids any hope of prompt action from that quarter, especially when expenditure is involved, even where the advantages to be obtained are sufficiently obvious to others. The reviewer states—"We are told that the sub-commissions charged with the elaboration of the details of all these measures have reported, that the Medical regulations have been codified; that a complete scheme of statistics, and a complete organisation of Army Hospitals have been devised; that the whole curriculum of the reformed Army Medical school has been prepared; and that the duties, the relative powers, and the mode of transacting business by the Director-General and his Council, have been defined. They wait and we wait for the action of Government."

One of the most highly-esteemed of our provincial Physicians has forwarded to us a correspondence, which we print as a most conclusive answer to those of our brethren who at Liverpool and elsewhere lecture us on Toleration. This letter was written in reply to a young Practitioner who was anxious to avoid *persecution* of Homœopathy:—

"My dear Sir,—I am glad to infer from your note that I was right in my presumption that you would not co-operate with a Homœopathic Practitioner. But I do not understand your allusion to 'persecution'—as if Homœopathists were subjected to this process. They are perfectly free to practise in this country, and their patients are not subjected to any penalties or restrictions. Nor do I wish it to be otherwise. I am for the extreme of Toleration in everything. I would not debar Jews or Turks from the rights of citizens; but that is no reason why I should take part in the worship of the synagogue or of the mosque, or refrain from the most emphatic expression of my dissent from the opinions of those religionists. The Homœopathic people are very fond of setting up that whining hypocritical cry of 'Persecution.' But consider their position. They tell the laity, who are, of course, quite incapable of forming any accurate opinion on the subject, that the established system of medicine is false and injurious, and ought to be exploded. The professors of that system, on the other hand, tell the laity that the Homœopaths are very silly people, and not infrequently very dangerous in their folly; and refuse to have anything to do with them, or to countenance them in any way whatever. Whereupon the simpletons say they are persecuted. But this is obviously absurd. They can practise, and their dupes can be fooled to their heart's content; no compulsion is or can be exercised to prevent this. Therefore there is no persecution in this respect, and I am not aware that the Homœopathic practitioners or patients are liable [illegible] social disabilities in consequence of their opinions. [illegible] such cases as that in which you have lately been engaged, I grant that there is a difficulty. A patient must not die or suffer from the want of the help which you could afford him, merely because he has been attended by a Homœopathist. But it is your duty in acting to protest against the Homœopathic practice, and to refrain rigidly from coming in contact with the professors of what you believe to be false and dangerous. (I presume this to be your belief, though you content yourself with averring that you are 'no advocate of Homœopathy.') Moreover, your intervention ought to cease as soon as the patient's safety will admit of it. You cannot ignore the constitutional treatment of surgical cases, and you ought therefore to insist, so long as you have continuous treatment of a case, to have it entirely to yourself, or in conjunction with those whose views of constitutional treatment are in accordance with your own. Suppose a patient were under the care of one of the vulgar empirics of the day for syphilis—you might be called in to open a bubo or pass a catheter, and be told that you were only employed as a Surgeon, and that the medicines of Dr. Eady must be continued, the patient and friends having undiminished confidence in that practitioner and his system—would you submit to this? No: you would say that the quack must be discarded if you are to go on with the case; and I think that if you are asked to continue in attendance on a patient on whom you have performed such an operation as tapping the chest, you should make the same requirement. It is surely no hardship to throw upon the abettors of homœopathy the alternative of consistently abiding by their faith, or of giving it up. You are not persecuting them if you decline mixing up your proceedings with theirs—as you must necessarily do, indirectly if not directly, when you are engaged in continuous Surgical attendance with a Homœopathic practitioner. You may see that a tonic, or a dietetic stimulus, or a purgative, or alterative would be good, but your hands are tied. I am, &c."

Retirement of M. Ferrus.—M. Ferrus, the distinguished alienist Physician, has announced his intention of immediately resigning the important post he holds of Inspector General of Lunatic Asylums and of the Sanitary Department of Prisons.

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PROSECUTION FOR CONSPIRACY UNDER THE MEDICAL ACT.

COLLEGE-STREET POLICE-OFFICE, DUBLIN.

We are indebted to the Editor of *Saunder's News Letter* for the following report:—

Pursuant to an information sworn by William Edward Steele, M.D., Registrar of the King and Queen's College of Physicians, two Medical men, named John Edward Protheroe and Charles Evan Reeves, were brought up on a warrant in charge of Serjeant Keegan, of the G division, to answer a charge of conspiracy, at the suit of the College of Physicians, Dublin, under very peculiar and extraordinary circumstances. The information of Dr. Steele went to show that in the month of March, 1857, a person who gave his name as John Edward Protheroe, and representing himself as residing temporarily at Store-street, Bedford-square, London, applied to the King and Queen's College of Physicians of Ireland for permission to be examined for a license from the college to practise medicine. The person of John Edward Protheroe was not known to Dr. Steele, or, so far as he believed, to any other of the examiners, or censors of the college, or to any persons connected with the college. On the days of the 6th and 9th of April, 1857, the person representing himself to be John Edward Protheroe was examined before the examiners of the College, and finally received his diploma in the usual course. In consequence of information received by the College, to the effect that the person who appeared before the examiners on the days above-mentioned, who was examined and received his diploma, was not, in fact and truth, John Edward Protheroe at all, but an entirely different person, his name being Charles Evans Reeves, or Charles Evans, or Doctor Evans Reeves. Doctor Steele went to London in the month of December last, in order to test the truth of the information which the College had received, and he there saw John Edward Protheroe, who was not the person who appeared before the College under the circumstances above stated, and obtained his diploma. The case created considerable excitement, and several Medical gentlemen were present in the office during the proceedings.

Mr. J. E. Walshe, Q.C. and Mr. William Ryan appeared as counsel for the College of Physicians, with Messrs. Smith and Whitestone, solicitors.

Mr. Charles Fitzgerald, junior, appeared for the prisoners.

The facts of the case having been stated in accordance with the foregoing summary,

Dr. William Edward Steele was sworn, and examined by Mr. Ryan, Mr. Fitzgerald declining to cross-examine him with reference to the information. He deposed—I am Registrar of the King and Queen's College of Physicians in Ireland; I have got the charter of the College; I recollect receiving the letter now handed to me; it bears date 12th of March, 1857.

The letter was read as follows:—

"Sir,—I am anxious to present myself for examination for the licence of the College of Physicians, but before forwarding my certificates I should feel greatly obliged if you will inform me whether, from having studied at the Hunterian School of Medicine and in Paris, I am eligible, and the nature of the examination; whether a very large knowledge is expected in anatomy, physiology, chemistry, and botany. I ask these last questions because a long absence from England and bad health prevented me keeping up a minute knowledge of them.

"I am, Sir, your obedient servant,

"J. E. Protheroe, M.D.

"Dr. Steele, &c.

"P.S.—You will also have the kindness to inform me whether the fees are to be sent with the certificates or not.

"18, Store-street, Bedford-square, London,
12th March, 1857."

Examination continued—I saw the latter gentleman (Dr. Reeves) in this country subsequent to receiving that letter; he signed the documents in this country; I believe that letter to be in his handwriting—in the handwriting of the same gentleman who signed the College books as John Edward Protheroe—(roll book of the College produced and signature identified)—he appeared before me for the purpose of being examined for a licence to practise medicine; he presented himself to me in the name of John Edward Protheroe; I remember the 6th of April, 1857; that gentleman was then examined, and again on the 9th of April; the result of that examination was most satisfactory; previous to an applicant being examined he is obliged to sign a declaration that he will not practise as an apothecary; one of these declarations is signed John Edward Protheroe; I also received this letter:—

"18, Store-street, Bedford-square,
18th March, 1857.

"Sir,—I beg to forward you my certificates, and regret that they are, from having been thrown about in a dirty cellar, in such a dirty and dilapidated condition. My diploma was lost with my luggage in the Black Sea in 1844. I have written to the Dryam Mens Caizarques for a certificate, which, as soon as I receive, I will forward. I shall feel obliged by your appointing as early a day as possible for examination. I leave England the 1st of next month.—I am, sir, your obedient servant, "John Edward Protheroe.

"Dr. Steele, &c."

The third letter was as follows:—

"30th March, 1857.

"Sir,—I am so anxious to possess an English degree, that I will delay my departure for a week. I beg, therefore, to enclose you the sum of £46 1s. and certificate from my friend Dr. Reeves. I beg to refer you to Dr. Rigby, 36, Berkeley-square; to Dr. Smith, 7, Upper Grosvenor-street; and Dr. Pettigrew, 7, Chester-street. I shall esteem it a favour if the second examination can be made to take place on Saturday. I shall be in Dublin on Thursday morning.—I am, Sir, your obedient servant, "J. E. Protheroe.

"Dr. Steele, &c."

Examination continued—The certificate alluded to in the letter was as regards education, the other was as to character; from my knowledge of the handwriting it was like the handwriting of the person who represented himself as John Edward Protheroe; there was a second signature entered in the book by the person who called himself Dr. Protheroe; that is the signature to the declaration of the admitted candidate that he will observe the bye-laws and statutes; it was signed in the name of John Edward Protheroe, by the gentleman I have pointed out (Dr. Reeves); diploma authorising John Edward Protheroe to practise Medicine produced and proved; it bears date 9th April, 1857; it is signed by me as an officer of the College; I gave that document to the gentleman who I am informed is Dr. Reeves, but he then passed examination as John Edward Protheroe; the other gentleman I never knew before; he never presented himself before the College in my time; I have been eight years Registrar to the College, and have been present at the admission of every licentiate, and his face is quite strange to me.

Cross-examined by Mr. Fitzgerald: I could very nearly undertake to identify every licentiate that passed; they were not numerous; I saw the gentleman now called Dr. Reeves sign documents twice; I believe the letter to have been written by Dr. Reeves. I never conversed with him upon the contents of these letters.

To Mr. Stronge: The person sighing John Edward Protheroe always acted on the letters I wrote to him; I spoke to the individual I now admit to be Dr. Reeves the day before the examination; I am unable to say whether any direct reference was made to the previous correspondence, but to the best of my belief he paid me half notes at the time; he was frequently addressed by the examiners as Dr. Protheroe.

Dr. William Barker sworn, and examined by Mr. Walshe, Q.C.: I am a Fellow of the College of Physicians; I was one of the examiners in the year 1857; I remember a gentleman under the name of Protheroe presenting himself for examination that year; he is there the gentleman with the plaid shawl. I never saw the other gentleman till this morning.

Cross-examined by Mr. Fitzgerald: I know Dr. Reeves very well, for he was sitting before me for an hour on two days; there was no other person before me at the time; I cannot say whether there were others passed on the 9th of April; if I saw them here I would recollect them; I have no doubt that Dr. Reeves is the person,

Dr. John Moore Neligan examined by Mr. Ryan: I was one of the examiners in 1857; I examined the gentleman next me (Dr. Reeve) some time since while I was censor of the College; I see my signature to the diploma bearing date the 9th of April, 1857; that was the time I examined him; the gentleman next me (Dr. Reeves) is the gentleman I examined as

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Dr. Protheroe; I never saw the other gentleman before to my knowledge.

Henry Lockyer sworn and examined—I am a sergeant in the detective force in London; I saw the gentleman opposite me before; he is known as Dr. Evans Reeves; that is the name he gave at the station-house last night, when the charge was taken; that was the name he went by in London; when I went to apprehend him, I called him Dr. Reeves, and he said "Yes;" I had seen him before, but I did not know his name before; he was asked his name when the charge was taken at the station-house; I think he gave it as Dr. Evans Reeves, as far as I can recollect; I think it was put down in the charge sheet "Doctor of Medicine;" I cannot say he practised in London; the other gentleman I have seen before; his name is John Edward Protheroe; he answered that name to me; I apprehended him on Thursday evening between five and six o'clock, near his own house in London; he lived at No. 1, Lansdown-terrace, and I found the diploma there hanging in his parlour.

Cross-examined by Mr. Fitzgerald: He was pointed out to me by a person who knew him several months ago; I then had an inquiry to make.

By Mr. Walshe, Q.C.: I was present when that gentleman gave his name when entered on the charge sheet; he gave his name as John Edward Protheroe; Mr. Reeves' name is on a brass plate on his door; Mr. Reeves lives at 13, Henrietta-street, close to Oxford-street; he took me and the other officer to his house to get linen for a change when we were about to bring him over here.

Mr. Walshe submitted that he had made a clear case.

Mr. Fitzgerald, on the other hand, contended that there was not a particle of evidence except that the diploma was found in the house of Dr. Protheroe.

The Bench said that was a question for a jury, and at the request of Mr. Fitzgerald the case was remanded till half-past 10 o'clock on Tuesday morning.

On Tuesday, the case was resumed before Mr. M'Dermott, the presiding magistrate, who had ordered the postponemen for the purpose of hearing further evidence and arguments on the question of bail.

After some further examination of the two detective officers, Lockyer, of London, and Keegan, of the Dublin police force, a long argument on the question of bail ensued between Mr. J. E. Walsh and Mr. J. A. Curran, at the conclusion of which the magistrates decided on refusing the application of Mr. Curran to admit them to bail on their own recognisances to any amount that might be named, but they decided to accept bail in £1000; themselves in £300 each, and two sureties each in £100, to appear and take their trial at the next Commission.

The *Dublin Evening Post* adds:—"The parties were then removed in custody, the bail not having been entered into at the time our reporter left the office."

REVIEWS.

The Urine in Health and Disease; or, a Simple Explanation of the Physical Properties, Composition, and Uses of the Urine, of the Functions of the Kidneys, and of the Treatment of Urinary Disorders. With engravings. By Arthur Hill Hassall, M.D. London: 1858. 8vo, pp. 82.

The author, in his preface, hopes that by the aid of his moderate volume of 82 pages "the student and practitioner will be enabled, with little application or chemical knowledge," to become acquainted with the subject of which it treats. "It is certain," he continues, "that the great majority of Medical men neglect to acquaint themselves with this class of diseases." To this great majority he promises an explanation of the subject, "free from all unnecessary detail and complication." The little volume, however, seems not to be addressed exclusively to that "great majority" of the Medical profession. It is intended that laymen, whether sick in mind or body, shall participate in its benefits; for at p. 79, for example, the author gives the following consolation regarding epidemics of spermatorrhœa:—"For the comfort and assurance of such patients I am enabled to state, that I have not found seminal fluid to be present in one-tenth of the cases in which it has been supposed to be contained in the urine." This passage and some others similar to it (p. 76, p. 80) disclose this performance as a popular pamphlet, enveloped in a professional *sheepskin*, and afford at once an explanation of the less than elementary style and manner in which most of the sections are treated. Chapter I. is almost entirely of this character, and winds up with an anatomy of the kidneys, a vertical section of which (it is not said through which point of the compass) is to show an outer "cutical or vascular, and an inner or tubular portion." "Cutical" recurs in the next line. In the same page (13), the author describes, "the true secretory structure of the kidneys, namely, the epithelial cells, which line the tubules." This is the anatomical proof relied on by all physiologists for the assertion that the kidneys are true secretory organs; but in the next page, 14, this proposition is made to appear "very questionable," and the true secretory structure subsides poetically into "a very complete, perfect, and beautiful" *filter!*

As the best table of the composition of the urine which the author could find (for it does not appear that he ascertained it for himself) he gives that of Berzelius, originally published, we believe, in the 9th volume of the third edition of his handbook. In this analysis the author acquiesces with the remark, that creatine and creatinine, and colouring matter were omitted. The latter was only omitted by the author, not by Berzelius. But even with this correction, the list of ingredients, which was framed before 1835, upon very incomplete information, is so antiquated and full of errors, that Berzelius himself, and his translator Woehler, would certainly reproach Dr. Hassall for reproducing it. Assuming that a knowledge of the percental composition of a chance specimen of urine is of any physiological value, the table of Berzelius would still have to undergo great amendment, before it would exhibit, as Dr. Hassall thinks it does, "the chief constituents of, as well as the ordinary proportions in, normal or healthy urine." As an example we will amend one point by means of our author's own writings. Berzelius, in 1835, and Hassall, in 1858, give the proportion of urea as 30·10 per 1000. But in a paper by Dr. Hassall, published January 30, 1858, occurs the following passage:—

"The proportion of urea present in healthy urine varies extremely, but about 14 or 15 parts in 1000 may be said to be the average quantity."

Now, there is surely too great a latitude for any practical utility between 15 and 30, and so the "great majority" must wait until the author has made up his mind. Meanwhile the amendment stands thus—urea per thousand, uncertain.

It would weary the reader were we seriously to discuss the present merit of every item in the analysis of Berzelius; were we to reduce his percental quantities to physiological values with reference to time, to daily or other periodic quantities, and to correct those quantities by the results of analyses by better methods; were we to omit substances that do not exist in normal urine, and substitute or add those that do exist. Such a disagreeable task could have but one object, precarious for a critic to attempt, namely, to teach the author,—what according to the laws of literary propriety he ought to have done—seriously to discuss the groundwork of his facts, and only to adopt those best supported by the evidence, and not shaken by cross-examination. That he has written almost in defiance of this principle constitutes the fundamental error of his performance. He had better sources of more accurate information within easy reach, perhaps on his writing table, when other chapters were penned; for the pathological indications, *e.g.* are mostly derived from the application, and the more detailed chemical knowledge bestowed upon the subject and set forth in larger works by more conscientious authors. But even these extracts are not given without mutilation, and super-addition of much matter having imagination as its only foundation. The only works of which by reference the author permits us to conclude that he had a knowledge, are his own papers. Wherefore this monastic seclusion, this self-devouring solitude, amid so many intelligent workers?

In the classification of the constituents of the urine, p. 8, the chlorides are classed under the head of accidental ingredients. A peculiar logic seems required to classify as accidental that which in health is always present. Hippuric acid figures in the third division as a morbid product. The researches of Hallwachs, which the author had full time to

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make use of, proved that nearly a scruple of hippuric acid is regularly contained in the healthy urine of twenty-four hours; but they pass by him unheeded.

In some instances the author, notwithstanding his preface, has attempted chemical detail. "Phosphorus is found in the human body principally in connexion with the brain." (p. 10.) In this sentence "*brain*" is not a printer's error for "*bones*," unless, indeed, the same is the case in the subsequent proposition, by which "the elimination of phosphorus from the brain" is to be "a measure of the waste and disintegration of the cerebral substance." That this doctrine of the connexion of phosphorus with the brain is false, and not deserving of any confidence, has long since been demonstrated by Liebig. This sort of phosphorus only exists in some brains, and is clearly pathological or abnormal, as is also the "sulphur itself," which according to p. 11 is sometimes present in the urine. There is, by the way, about as much meaning in this phrase "sulphur itself," as there was in another notorious phrase of a once celebrated, but now almost forgotten, chemist, "that iron was contained in the blood in the metallic state," which was condemned and executed by the paraphrase, "Carbon is contained in bread in the form of diamond."

Other chemical assertions in this pamphlet, some of which are relied upon for establishing most important conclusions, are either positively erroneous, or not supported by a tittle of evidence. Thus no such "*bi*-basic phosphate" as that mentioned in p. 33 occurs in the urine; the artificial product obtained by means of ammonia, and all the phosphoric acid in the human body, in plants, or in any other department of nature, is invariably *tri*-basic.

The following is the author's idea of a quantitative analysis: "If a little urine be evaporated in a watch-glass, and then a small quantity of nitric acid being added, a crystalline substance, nitrate of urea, appears, excess of urea is undoubtedly present." (p. 30.) Creatine is detected (p. 30), by allowing two or three drops of urine to evaporate spontaneously on a slip of glass. Plate 7 represents abundance of "crystals of creatinine" obtained in a similar manner from a drop of human urine. We happen, however, to know that this so-called creatinine is only a compound of urea and chloride of sodium, as it crystallises from any concentrated urine. So powerful a base as creatinine, which dislodges ammonia from its compounds, could never, and does not ever, exist in a free state in urine, unless it has been chemically treated. But of chemical proceedings the author has the greatest abhorrence—an unfortunate idiosyncrasy, of which his lectures have shown the most alarming consequences. Thus the precipitate produced in the urine by Liebig's analysis for urea is described in the paper of January 30, already alluded to, as $U+4\,Hy.\,O.$ (usual symbols $\dot{U}+4\,Hg.\,O.$) The unlucky idiosyncrasy has driven out all the nitric acid, which according to Liebig, and according to reality, is contained in it.

The physiology employed by the author is based and pivoted on the doctrine of elimination; most diseases are to him excessive or suppressed elimination, particularly of carbon. The skin, lungs, and liver (p. 26) and the bowels (p. 68) are decarbonising organs; in case they fail, then the kidneys decarbonise. Upon these kidneys the author evidently places his greatest trust. But recently (p. 14) only filters, they now become endowed with true secretory structure (p. 39), and pass into the class of depurating organs, and then finally (p. 40), into that of safety valves, with which latter the author must suppose his future patients to be well provided, for he says, "It is by the kidneys that a whole host of medicinal remedies taken into the circulation are chiefly excreted—a most salutary office, for, were it not for this, life could not, in many cases, be carried on for any length of time."

The especial object of this treatise is to promulgate the author's treatment of "urinary disorders." To induce us to accept this culmination, a Physician, placing so great a reliance upon his safety-valves, the human kidneys, might at least have been expected to bring forward some experimental novelties (for the patient's life being insured by the safety-valves, a little experimenting is justifiable enough); some cured cases perchance, something—anything—to show that a live, not to say surviving, patient had really been "under his care." The "great majority" who were so severely lectured in the preface, had really an honest right to expect some information that would justify the therapeutic pretensions set forth in the title and in the preface. But all they get are "chief indications." Thus, p. 55—"The grand principle of treatment" (of excess of urea, ascertained as mentioned above, by watch-glass and nitric acid), "is to lessen inordinate waste of tissue, from whatever cause this may proceed; the causes leading to this waste are various, as most active fevers and diseases (sic.), and probably also excess of nitrogenous food." How the latter element, as a cause, can lead to inordinate waste of human tissue, the author of the work "On Food, etc." has not promulgated. Excessive ingestion of beef-steak is doubtlessly a waste of bovine tissue. If this is what is meant, the practical value of the whole proposition cannot be overestimated; to make it practicable, the author wisely left to his readers.

The line of "treatment of excess of creatine and creatinine is obvious" to the author (p. 56). "Over-action of the muscular tissue must be moderated; and where there is considerable wasting, this must, as far as possible, be reduced. The exact character of the treatment to be adopted must, of course, depend upon the cause of the wasting." By recommending such feats of clairvoyance, the author turns to sadness the smiles which his less venturesome "principles of treatment" may have created with practical men. His nitro-hydrochloric acid for deposits of cystine, a remedy which is to be persisted in, "although it does not always prove successful" (p. 64), (for which read, "never has proved successful"); and the same royal remedy for deposits of oxalate of lime, in which it "should be continued for a considerable time" (p. 69), has long been condemned by reason, and when not by reason, by experience. His gallic acid, sulphuric acid, alum, tincture of sesquichloride of iron, and sulphate of copper for "pus in urine," are heroic remedies which we would advise our readers not to place much reliance upon; unless, indeed, they acquiesce in his comfortable reliance on the renal safety-valves. Other remedies, among them the "suitable remedies," by which the solution of the fragments of stone in the bladder should be attempted, the author has not divulged. This paragraph on "stone in the bladder" (words which according to Dr. Hassall "sound unnatural"), is a reprint from a contemporary, in which the woodcuts were published, which now, to their advantage, appear on better paper as plates. Some of them would have been useful if they had been accompanied by a better explanation; thus plates iii. iv. xiv. xv. xvii. are really good representations. But plates ii. vii. xvi. xxii. may be drawings of objects which the author has seen; but none of them are clearly identified. Plates v. and vi. are from Robin and Verdeil, and would have been better left as in the original arrangement. Of the crystals of uric acid, plates ix. x. xi. xii., none represent the forms occurring within the urinary passages which are of such great importance in actual practice. As representations of the products of the acid fermentation of the urine out of the body, or of the addition to it of an acid, they are very good. Plates xviii. and xix. seem to have been added for the use of Veterinary Surgeons.

The omissions of important points in the Medical history of the urine are many, and some of them very flagrant. That in acute malignant icterus or yellow atrophy of the liver (*e.g.*), urea may entirely disappear from the urine, being always to some extent, sometimes entirely, replaced by leucine and tyrosine, would have been good practical information. Spontaneous tyrosine deposits might have looked well on a plate; and extended the horizon of a field on which many have for some time been working,—namely, urinary deposits. We might fill pages with the enumeration of subjects, which, although not to be found in Dr. Hassall's book, nevertheless demand notice in even the most elementary Medical treatise of this kind.

We hope that every right-minded reader who has the slightest doubt about the nature of this pamphlet will buy and also read it. We have no doubt of the opinion which men of knowledge and thought, as well as men of routine, men of practice, nay, even the "great majority," so politely adverted to by the writer, will pronounce upon it. Our own conviction is that almost every page contains proof that the author is ignorant of the very elements of the subject upon which he professes to enlighten the Profession and the public.

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PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON PUERPERAL FEVER.

By Dr. BARKER.

Dr. Barker recently made some observations upon this subject at the New York Academy of Medicine, supplementary to the discussion which took place there upon it (a). He takes a review of the opinions advanced then as well as by the various speakers at the discussion in the Paris Academy; and his former opinions have been since additionally tested during an epidemic at the Bellevue Hospital, 178 deaths having taken place from puerperal fever between October, 1857, and October, 1858. In the monthly table of these deaths, there is a remarkable parallelism observed between them and those arising from erysipelas (146 in number).

As to the *pathology* of the affection, Dr. Barker observes: "I do not propose to go over the ground of my former remarks, and give my reasons for believing that puerperal fever is an idiopathic fever which originates from a poisoned state of the blood, and that the quasi-inflammatory processes which generally occur in this disease are in reality the results of poison stirring up its peculiar excitement, wherever it finds the proper amount of combined irritation and exhaustion to insure it a nidus, just as the poison of typhus awakens its pseudo-inflammations in the intestines, the lungs, and the brain. I will only express my belief parenthetically, that the lesions commonly found are not due at all to inflammation, but to a pathological process entirely dissimilar, and in many respects antagonistic to inflammation. The whole doctrine of inflammation is now in a transition state, whether its essential characters be, as Professor Bennett says, an exsudation of the normal liquor sanguinis, or, in the words of Professor Alison, altered nutrition, it seems to me that the lesions found in puerperal fever, indicating destructive disorganisation, are of an entirely different character. I should not allude to this point, were it not for a strong conviction that pathological errors in these particulars have led to grave therapeutical errors. There has been one striking difference between the discussion in the Academy of France and this body, and that is, that in the former, the great majority of the speakers have advocated the doctrine that phenomena are the results of a local phlegmasia, while this view has not found a single advocate here." Dr. Barker refuses to receive the doctrine of purulent infection, advocated by Dr. Clark and some of the French disputants, as an explanation of the phenomena observed. "It is something more and something different to purulent contamination or putrid infection. It is a constitutional disease, primarily acting on the blood. To parody the words of Dr. Meigs, 'the constitutional affection leads the train, and brings on the topical lesions after an indispensable preliminary incubation.' There are a constancy and uniformity in its symptoms which bear no relation to its local lesions, which are infinitely varied, and in some well-authenticated cases no palpable lesions have been found. If they existed they were too trivial to explain the severity, intensity, and rapid progress of the constitutional reaction."

In respect to the *treatment* of the disease, Dr. Barker truly remarks that "the discussion in the Academy of France has been utterly fruitless, as it has added literally nothing to our knowledge of the proper mode of treating puerperal fever. In this respect I think it is not too much to say that the discussion in our body contrasts most favourably. The heroic use of opium in that variety of the fever characterised by peritoneal lesion, first signalised by Dr. Clark, and the use of the 'veratrum viride,' as an arterial sedative, have, and will, I do not hesitate to say, diminished the fatality of this terrible disease by a marked per-centage. It seems to me that each school of the French—those who have advocated the essentiality of the disease, and those who consider the fever as symptomatic of local inflammation—have equally failed in their therapeutic efforts for obvious reasons. The first have apparently been seeking for some specific, some antidote for the blood poison, which they would use as they would employ the hydrated peroxide of iron in arsenic poisoning; while the other school are vainly seeking some antiphlogistic course which will overwhelm inflammatory action. Now, there are no specific therapeutics for puerperal fever, any more than there are in yellow or typhus fevers. The type of the disease varies to an extraordinary degree in the different epidemics. Sporadic cases require very different treatment from epidemic cases; and the constitution of different individuals attacked, and the tolerance of disease, differ to a still more extraordinary extent. There is no disease which requires such acute discrimination in the adaptation of means, none which requires a sounder judgment or more incessant watching to combat every assault which exhausts vital power."

In conclusion, Dr. Barker passes in review the various indications of treatment, and the means that exist for their fulfilment. The first is the elimination from the system of as much of the morbid poison as possible by means of depletion and other evacuants, as purgatives, emetics, diuretics, etc. Unfortunately, as regards venesection, this can rarely be employed except to a limited extent, owing to the peculiar character of the disease. The effects of the poison are developed so rapidly that it is these we are chiefly called upon to combat. However, in the recent epidemic, Dr. Barker has used venesection with advantage in two cases in which there had been marked cerebral disturbance; and from the frequency of this of late, he believes either that the type of the disease is becoming more sthenic again, or that in this epidemic there was greater tendency to cerebral congestion than usual. He has rarely used purgatives, believing tympanites a contraindication, and sometimes finding a diarrhœa, difficult to control. In a few cases, evident portal obstruction or intestinal irritation from prior constipation, has called for an active cathartic: and in a later stage of the disease, when the patient having been supported by a liberal use of beef-tea and alcoholic stimulants for some days, the digestive apparatus refuses to act, a mercurial laxative effectually unloads the portal system and permits due assimilation. Emetics are now rarely used; but in three cases, commencing with nausea and bilious vomiting, they proved of service. For the second indication, controlling the vital disturbances consequent on reaction, the "veratrum viride" is a valuable agent; and paradoxical as it may seem, its use is not incompatible with that of stimulants. As to opium, it must be given to a sufficient extent to entirely subdue pain; and when peritoneal lesion predominates it is our principal agent. Thirdly, the combating local secondary lesions will often tax the resources of the attendant to the utmost. Tympanites is a very troublesome one of these, sometimes relievable by turpentine, sometimes by acetate of lead, and at others by no means that may be used. When lesions of the uterus, its veins or lymphatics are developed, leeching or blistering are of no advantage, the only local treatment of avail being chlorinated vaginal injections employed several times a-day, and a hot linseed poultice kept on the hypogastrium. The fourth indication is the sustaining the powers of the system: and Dr. Barker believes that more patients die from neglect of this point than from any other error of treatment. "The patient is often exhausted by a contest between the Doctor and the disease, both contributing to exhaust the vital powers. In very many cases remedies are utterly powerless, and the province of the Physician is to keep the patient alive until the disease is exhausted. This can only be done by proper nutrition, and the prevention of waste and the restoration of nerve power by the use of alcoholic stimulants. I will not enlarge upon this point; but I still believe that when a patient has lived forty-eight hours, there is a constant encouragement for effort, and that the danger is in a certain sense diminished in proportion to the duration of the disease. I will only allude to two points of practice which seem to me of some importance. First, I have already mentioned the value of a mercurial laxative, when the patient has been supported for some days by the liberal use of beef-tea and alcohol until the stomach loses the power of taking care of what is put into it, apparently from obstruction of the portal circulation, and congestion of the capillary circulation of the mucous membrane of the alimentary canal. There is another class of cases where the stomach seems to give way all at once from another cause, which I will not undertake to explain. Everything is rejected in a few moments with a pain-

(a) Vide *Medical Times and Gazette*, vol. xxxviii. p. 250.

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ful feeling of burning and excoriation. If this condition is not changed, the patient will soon die, as she can no longer be sustained. I have in several instances been able to persuade the stomach to resume its functions by adding to each tablespoonful of beef-tea 1 drop of nitro-muriatic acid, consisting of one part of nitric and two of hydrochloric acid." —*New York Journal*, vol. v. p. 377.

EXCERPTA MINORA.

Lyons' Formulæ.—The following formulæ are much employed by the Lyons' practitioners:—In *pertussis*, Dr. Viricel gives the following: Bicarb. sod. pow. cochineal, āā gr. xii. powd. belladon. gr. iij. sugar ʒij. Divide into 15 doses, one, two, or three times a-day.—*Intermittent or Vernal Remittent* Rochelle salt, powdered bark āā ʒiv. To be given in a cup of warm water every morning for three successive days.—*Slight Hypertrophy of the Heart.* M. Brachet's formula: Sugar of lead gr. xxx. ext. of digita. gr. xv. in 20 pills, one (and after a while two) morning and evening.—*Eczema.* M. Rodet's sedative liniment; oil of sweet almonds; glycerine āā 10 parts. To this oxide of zinc is to be added in increasing proportion until 10 parts are reached. The liniment is to be used after the acute stage has passed, or after the inflammation and pain have been assuaged by poulticing. In chronic eczema we may add from 2 to 4 parts of sublimed sulphur.—*Acute Articular Rheumatism.* After having verified the inflammatory crust by venesection, and coincidently with nitrous drinks, Dr. Bouchut gives one of the following pills every two hours; and he almost always finds amendment take place in five or six days, to be followed by cure in twelve or fifteen days: ext. of guaicum gr. xv. ext. of aconite gr. viij. calomel gr. ij. in pil. x.—*Habitual Cephalalgia.* Dr. Teissier has frequently derived great benefit from the employment of a now almost forgotten remedy, infusion of menyanthes, to which a little syrup of valerian is to be added.—*Rev. Med.* August, p. 183.

Alkaline tooth-powder.—Powder of dried bone, 80, precipitated chalk 20, bicarb. of soda 5, iris powd. 2 parts. This powder should be employed every night after brushing the teeth. It is of especial use to delicate persons whose teeth easily spoil, pregnant women, and in the course of diseases which render the buccal fluids acid. After using it the teeth must not be too much washed, so that a little may remain in the interstices, and thus neutralise the acid as it appears.—*Bull. de Therap.* Tome 55, p. 440.

Danger when local injuries precede the exanthemata.—Dr. Paasoh relates some cases illustrative of a fact that he has often observed, viz. that during the prevalence of scarlatina or measles, a bodily injury, such as a sprain or contusion, which ordinarily is attended with but little fever, occurring in a child who becomes soon after affected with the prevailing epidemic, is frequently followed by death.—*Journal für Kinderkrankheiten*, Band xvi. p. 205.

Quadruple Births.—A Jewess, residing at the little town of Justingsrod, in the Government of Kiew, 30 years of age, was delivered in the seventh month of two boys and two girls. The boys lived for two hours, but the girls were born dead.—In the town of Ploschtschadi, in the Government of Tula, a peasant, aged 36, was on the 3rd of May delivered of two boys and two girls. One of the boys was born dead, and the other died soon after birth; but both of the girls, as well as the mother, remain well.—*Med. Zeitung, Russlands*, October 4.

Extract of Olive as an Antiperiodic.—M. Aran states that from some recent trials he has made, he considers that the antiperiodic power of the olive, successfully employed during the French war in Spain and on other occasions, has been unjustly neglected. He has, at all events, found an extract of the leaves of use in the phenomena of intermittence, occurring in the course of or during convalescence from various diseases as, embarras gastrique, typhoid, pneumonia, and especially phthisis. In this last case it has succeeded where quinine has failed. In ordinary intermittent fever, he has tried it as yet too seldom to compare its efficacy with that of quinine.—*Bull. de Therapeutique*, Tome 55, p. 433.

The National Association for the Promotion of Social Science is to be held this year at Bradford; and efforts are already being made to give the meeting all proper éclat and success.

GENERAL CORRESPONDENCE.

THE DRAFT CHARTER OF THE COLLEGE OF PHYSICIANS.

Letter from Sir John Forbes.

[To the Editor of the Medical Times and Gazette.]

Sir,—Having ascertained that the abstract of the so-called Draft Charter of the College of Physicians that appeared in your Journal of last week, was supplied by the friend to whom I had inconsiderately given, for his own perusal, a copy of the printed document now under discussion by the Fellows, I have to request that you will insert in your next number this note, explanatory of the circumstances under which the publication took place, and stating the precise character of the document from which the abstract was made.

In the first place I have to say that I not only never authorised the publication of this document, or any portion of it, but stated to my friend explicitly that he must be careful not to compromise either the College or myself, if he published anything respecting the College. I conceived that he intended merely to give a short paragraph respecting the general proceedings at the College without at all noticing the contents of the so-called Charter. How my friend came to make so grievous a mistake, as to get a document published which he knew to be still under discussion, I cannot understand; though I am sure that, in doing so, he had no thought of compromising me or embarrassing the College. But these are mere personal matters, and are as nothing compared with the possible inconvenience and evil that may flow from the publication, by embarrassing the discussions of the Fellows of the College, or by disappointing the expectations of the Profession generally. Such a publication may give rise to great mistakes respecting the future arrangements of the College.

As a matter of fact, it must be understood that the so-called draft charter, from which the abstract was made, has no pretensions to be considered as the future Charter of the College. It is merely a series of clauses respecting the future fundamental laws and bye-laws of the College, drawn up by a committee for the consideration of the Fellows; and although the new Charter may contain some of these clauses, it will probably be a very different document from that of which the abstract has been published. I am, &c.

12, Old Burlington-street, John Forbes.
Jan. 19, 1859.

ON DIPHTHERIA.

Letter from Dr. Moncrton.

[To the Editor of the Medical Times and Gazette.]

Sir,—When, three or four months ago, perplexed and uneasy over my first case of diphtheria, I wrote to you for references and information in the matter, even the following commonplace remarks would have been read with avidity and thankfulness; it may be that among your readers some one will care to peruse them now.

Since last winter 21 cases of diphtheria have passed under my hands—4 in consultation, and 17 in the routine of daily practice; of course this figure excludes several times the number of more ordinary disease about the throat and tonsils, and it is worthy of remark that during the prevalence of cynanche diphtheritica, cynanche tonsillaris, faucopharyngeal inflammation, and scarlet fever, have been marvellously rife, and the last particularly severe and fatal. Of the 21 aforesaid, 6 have died and 15 recovered; 3 of the deaths, however, may be eliminated from my proper list in the estimate of average mortality, as they were the very severe cases of neighbouring practitioners, whose successful ones ought to be included, to give a correct ratio of recoveries and deaths, if these 3 were brought in. It would be tedious to record in full detail the history of every case; with your permission, therefore, general conclusions, based upon a study of the whole, shall be jotted down; but let me be understood as not pretending to dogmatise on so slender an experience; I mean only to record the ideas which now

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occupy my mind, and await trial and correction from more enlarged observation and from better men.

1. Diphtheria is a distinct disease, easily recognised, and not to be dreaded till such changes have occurred about the fauces and tonsils, as it is impossible to overlook. A remote kinship there certainly is between it and scarlet fever, but identical they are not: about here, as before mentioned, they have co-existed largely; and in the same little hamlet children have been lying dead at the same time, some of scarlatina and some of diphtheria, not very many yards apart; but still it has never been for a moment difficult to determine of any individual case to which category it belonged;—three times, at least, I have seen diphtheria in individuals where scarlet fever had been previously suffered. Again, though as the diphtheritic membrane loosens and separates from the surface of the throat and tonsil, sloughing ulceration *may* ensue, I feel at present fully persuaded that diphtheria and cynanche maligna are not the same thing.

2. Premonitory symptoms are often absent, and so far as I have seen, always very mild, *i. e.* the first visible deposition of patchy white, putty-form membrane is not preceded by acute fever, sore-throat, prostration, or marked constitutional symptoms. Immediately after a suspicion has arisen that the patient ails, a spot as of soft Pâte de Guimauve, and more or less extensive, becomes distinctly visible about the isthmus faucium, most frequently, I think, occupying the sulcus between the anterior pillar and the tonsil: neither patient nor practitioner, therefore, need timidly apprehend the existence of this malady from either moderate or severe symptoms or disturbances of any sort; in real diphtheria the first suspicions are in a very few hours (from seven or eight to twenty-four) confirmed by the appearance of undoubted deposit in the throat.

3. The order of appearance in the local phenomena seems to be this—first, upon the mucous surface is formed a soft, reasonably coherent cake of epithelial cells, which quickly extends in dimensions, and rather solidifies in substance; underneath this there is not at first ulceration or breach of surface, the cake consists wholly of epithelial cells without pus or fibres, and if removed leaves behind it a raw but unbroken basement membrane rather shining, and with bloody points, exceedingly like the skin from which an eczematous scab has been prematurely torn: this is best seen in cases where a large thick patch has formed upon the under surface of the velum, and begins to separate by a thick crescentic margin across the back of palate about the eighth or ninth day. It would seem, however, that before the separation by natural process takes place ulceration does begin, and with it some change in the character of the false membrane; as the glands often, but not always, enlarge, a few pus globules can be found in the deposit, and some distinct sloughy shreds of basement membrane are to be distinguished; but even when glandular swelling constitutes a painful and prominent feature, the ulceration and sloughing, as I have proved after death, is on a very limited scale.

4. Besides the specially characteristic false membrane, other points are to be noticed; the cervical glands commonly begin to enlarge about the fourth day, and occasionally swell to a very considerable extent, rendering it difficult to medicate the throat topically, or to get down the proper amount of medicine and food. I have also seen two deaths in which the fatal event did seem to be so largely resulting from obstructed breathing, as to bring me to the very eve of tracheotomising; but in one of these cases a *post-mortem* enabled us to attribute much of the dyspnœa to a clearly-developed, but thin, layer of the false membrane down larynx, windpipe, and larger bronchi. As a general rule, I should say that the glands swell in diphtheria more early, more constantly, and less considerably than in scarlet fever. The adjacent tract of mucous membrane is also disordered, tongue foul, but not the clear white coat and punctuation of scarlet fever; nose full and tumid, and sometimes a slight acrid discharge from the nostrils is to be observed.

5. The constitutional symptoms at first altogether slight (the pyrexia, headache and sickness of early scarlatina being altogether wanting), become very real as the disease advances. The main feature is prostration; not typhoid at all, no coma, no sensorial disturbance throughout, no sordes, no heavy lurid look, no suggestion of a frame burdened with an animal poison; and in many cases the practitioner, if not warned by previous experience, *or a careful observation of the pulse*, is surprised to learn that the patient he left with clear countenance, cheerful manner, and little suffering a few hours ago, has just gone off, while casually sitting upright, in a fatal syncope. The theory seems almost warranted, that, whereas in typhus a poisonous nescio quid is gendered in the blood, we have here by the growth of the false membrane, or in some other way, an essential ingredient exhausted from it, precisely as the atoms constituting the difference between sugar and spirit are removed by the growth and vegetation of the yeast plant. The practical fact is, however, this, that after the fourth or fifth day a diphtheritic patient becomes the subject of very real asthenia, not so much perceived by the patient, as discoverable by the lax pupil and feeble pulse, and that this state is the one which about the eighth day is too apt to terminate in death. I have sometimes found albumen in the urine—sometimes not; more frequently in the late stages than the earlier ones.

6. *Treatment.*—Directly patches appear in the throat destroy them with caustic, and, despite biting, scratching, shouting, or remonstance, let there be no mistake about the *fortiter in re*. I can hardly conceive that for this purpose anything can equal the solid nitrate of silver. In the majority of instances it would be right to administer with your own hand at the same time a large dose of calomel. There is no depression now, and the amount of that which is to come will depend on the progress of the throat changes, which the caustic and calomel are designed to arrest. One more vigorous application of the caustic will be doubtless needed in from twelve to twenty-four hours; after that, unless the disease spreads around, discontinue it for a time; and should some large and tender glands begin to show, pencil them over freely on the outside with nitrate of silver; it is a quick, certain, manageable, counter-irritant, less annoying and depressing than a blister. Follow the first dose of calomel with aperients till the evacuations be satisfactory as to frequency and character. The throat mischief often yields as the edges of the tongue clean, and attention of this sort is, therefore, not to be dispensed with. Supply the patient with fresh air, abundant food and stimulus, and, especially after the sixth day, *keep him flat*.

As regards medicine, I give either muriatic acid, with chloric æther, every few hours, or pretty full doses of ammon. sesquicarb. Should you kindly insert at once these very hurried remarks I will endeavour to prepare an amplification upon them with more care in about a fortnight.

I am, &c.

Stephen Monckton, M.D. &c.

Brenchley, Kent.

ARSENICAL PAPER-HANGINGS.

Letter from Mr. John Gay.

[To the Editor of the Medical Times and Gazette.]

Sir,—I read Dr. Taylor's important communication "On Arsenical Paper Hangings," and your editorial comments thereon, in a recent No. of your valuable journal; and I can conceive of no better method of strengthening Dr. Taylor's hands, in his, I trust, *persistent* contest with this enormous evil, than by being allowed to relate in your columns my personal experience of its effects. It is now more than two years since I had my study hung with a dark green and silver flock paper. About the same period a feather-cleaning establishment was erected on a spot of ground which the window of that room overlooks. From that time the health of myself and of some of the inmates of my house became indifferent; a circumstance which, overlooking the paper-hanging, I was led to refer solely to the establishment just named. The proprietor did much to render the works innocuous; but the health of my household did not improve to a corresponding degree, and I at length denounced my house as incurably unwholesome.

A valued servant, whose duty it is to attend to my study, was attacked with a severe cough, which evidently had its seat in the trachea and larynx, and has occasionally been laid up with spasms resembling attacks of colic. I sent her into the country again and again, invariably with the greatest advantage to her health; but on her return her old symptoms came back, and she is now suffering from cough most severely, and

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is feeble and wan. My own health has suffered very much in the same manner. I have been obliged to sleep in the country every once now and then, for days or weeks together, and have returned well, only to be again revisited with my household maladies. At times I have been tortured with flying, apparently neuralgic, pains in my chest, abdomen, and especially in the tips of my toes, occasional attacks of colic, inflamed conjunctivæ, which had become chronic; and, lastly, hoarseness, followed by a severe tracheal cough, from which I am still suffering severely.

As soon as I saw Dr. Taylor's paper, it occurred to me, that, as I passed most of my evenings in the study, the green flock paper might have something to do with these ailments; and I at once collected the little dust that had gathered on the book-case and picture-frames, and sent it to the Dr. for analysis. I was not surprised at the reply with which Dr. Taylor favoured me, and from which I make the following extract:

"I have examined the two samples of dust which you sent to me. That from the picture frames weighed only 0·8 gr. and that from the book cases 1·3 gr. I found arsenic in both samples in small quantity, but very decided as to the results. Your symptoms strongly resemble those of chronic poisoning by arsenic, and the result of the analysis appears to furnish an explanation of their possible origin. . . . The dust had, as you may have observed, a decidedly green colour.

"Yours very truly,

"(Signed) "Alfred S. Taylor.

"Chemical Laboratory, Guy's Hospital.

"January 5, 1859."

I should not have troubled your readers with so much relating to my own personal troubles; but I quite concur with Dr. Taylor in thinking that both the Profession and the public might be benefited by their publication.

How long, may I be permitted to ask, will money-hunters be allowed, in the pursuit of their game, to vitiate the necessaries of life with the deadliest poisons? A pennyworth of arsenic must not be sold unconditionally, "over the counter;" but a ton might be sold, without a question being asked as to what is to become of it, to a manufacturer of paper hangings! Why should not such persons be made amenable to a criminal tribunal for the serious, and sometimes (I have been told) fatal consequences, of their reckless use of these most terrible agents? In the course of a few days (for the picture frames and book-cases had been swept but very recently) the particles from the green flock had deposited themselves, and in sufficient quantity to yield abundant proof of their holding arsenic! The paper had occasionally been "cleaned," *i.e.* brushed; what must, then, have been the quantity of this poison which it gave out when fresh from the warehouse, and what must it altogether have given out for the two years and more that it remained on the walls!

Verily it is quite time to speak out, when we find that, with all our care to avoid the poison that finds its way into our daily food and drink, we are still in danger of being victimised from its being wantonly and artistically distributed through the very air we breathe. I am, &c.

John Gay.

10, Finsbury-place South, Jan. 10, 1859.

HARPER *v.* LAMACRAFT.

Letter from Mr. Lamacraft.

[To the Editor of the Medical Times and Gazette.]

Sir,—My attention has been called to some letters of explanation from Mr. Harper and his employer, Mr. Brown. These letters contain such gross misrepresentations, as documents in their own handwritings will testify, that I must, in justice to myself, beg of you to grant me a small space for my version of the matter.

Mr. Brown's letter would lead your readers to suppose that his enormous charges were somewhat equably spread over several years. Such is not the case, as you will perceive by the enclosed. Mr. Brown had partially attended my family for several years. About the beginning of October, 1856, he commenced his attendance on my late wife, who was suffering from ovarian dropsy, a disease Mr. Brown professes to cure. She finally sank under the complaint early in January, 1858. Mr. Harper was introduced as Mr. Brown's assistant, and paid at least half the visits charged for by Mr. Brown. You will perceive by the paper marked No. 1, bearing a receipt-stamp signed by Mr. Brown, that a balance was struck between us in March, 1857; after which his claim, according to his system of computation, was £28 3s. 9d., of which sum no less than £27 6s. was for attendance in the last three months of 1856.

By paper No. 2. you will see that his charge for attendance during the year 1857 was £84 0s. 6d.; and for a very few visits in January, 1858, £2 16s. more was charged; making a total of £114 2s. 6d. for visits during fifteen or sixteen months.

So much for his charges. I will now explain how and why he made the reduction of the £30 he speaks of. On Mr. Brown making a sudden and imperative demand for his money, I requested a bill of particulars; this, for reasons best known to himself, he refused to furnish; the excuse (?) given for not doing so in his letter is simply frivolous and incredible. I called upon him with a view to settle our differences without carrying our disputes into a court of law, and expostulated with him respecting his heavy charges and refusal to give particulars of them. After some parleying, he said, "to speak plainly, he was very much pressed for cash, and if I would pay him a sum of money at once he would make a reduction." To make the best I could of a bad business, I offered him £70 and a receipt for £15 he owed me (together £85), which he gladly accepted for the sum of £115, which, according to his showing, or rather not showing, I was indebted to him. So much for the "begging off" and the "plea of poverty," with which he has so ingeniously endeavoured to saddle the wrong horse.

Paper No. 3 is Mr. Harper's account for £9 10s. for medicines supplied, of which £7, you will perceive, is for medicines for my wife; with very trifling exceptions, the whole of those required for her in 1857-58 were supplied by him. Upon subsequent inquiry, I considered myself (notwithstanding the reduction made) greatly overcharged by Mr. Brown; and Mr. Harper well knew that my reason for disputing his claim was, that I thought it a public duty to expose a system of increasing the high charges of a principal by a supplementary bill of an assistant,—a system which Medical men of high standing had informed me was unusual, unprofessional, and illegal.

The simple truth is this—Mr. Harper attended at my house as Mr. Brown's assistant, and never, to my knowledge or that of any of my family paid a single visit except in that capacity; that he supplied during the year 1857 (with trifling exceptions) all the medicines required by my late wife, whether prescribed by himself or Mr. Brown.

I never said, "I would do all I could to ruin himself and Mr. Brown," as I had no such thought or intention; on the contrary, I called upon Mr. Harper before the trial, and, that he might not be taken by surprise, told him upon what grounds I should resist his claim.

I will not attempt to ascend to the high level of Mr. Harper, and, in my turn, bring his private and domestic matters into public view. As "good wine needs no bush," so neither will his exceedingly delicate and gentlemanly allusions to my private affairs need pointing out for the admiration and imitation of those who may read his letter.

I will only add that, after the trial, during a conversation I had with Mr. Harper, I showed him his employer's account, and he said he had no idea Mr. Brown's charges were so heavy, and he was not surprised at my disputing his (Mr. Harper's) account in consequence. I am, &c.

J. Lamacraft

Warwick-street, Jan. 17, 1859.

MEDICAL REGISTRATION.

Letter from J. Foster Gray, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—There appears to prevail throughout the Profession an increasing distrust of the present mode of conducting Medical Registration, and a general desire to ensure greater security against the intrusion of unqualified practitioners on the register than the system now adopted affords.

It would seem that the arrangements made by the North-

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hampton Registration Association are well adapted for this purpose; and that, if a similar method were adopted in all localities where Registration Societies exist, and were enforced and made general by the sanction and authority of the Medical Council, an acknowledged deficiency would be in great measure supplied.

The method alluded to consists in requiring, from all applicants for Registration, the production of their diplomas to the Managing Committee, and also their own personal attendance whenever the applicants are not already well known to the Committee.

The following endorsement of the ordinary "Form of Application for Registration" is then signed, and transmitted with the fee to the Registrar.

"We, the undersigned Medical and Surgical Practitioners, registered under the Medical Act, 21 and 22 Vict. c. 90, hereby certify the Registrar for England, that we have individually examined the Diplomas of Qualifications of and are of opinion from such examination, and some personal knowledge, that is legally entitled to be registered as and

" (Signed)

"January 1859."

Such a mode of proceeding would speedily effect the registration of the great mass of the Profession in a manner convenient to all persons concerned; suspicious applications would be eliminated for careful scrutiny by the Registrar; the local knowledge of Registration Societies would be advantageously utilised; and a good guarantee be afforded for the purity of the Register.

Certainly the great auxiliary power afforded by Registration Societies (voluntarily organised by the Profession at the expense of some considerable inconvenience) is not at present turned to profitable account; for the mere collection of applications and fees, however convenient this may be, seems a ludicrously light labour for organisations thus numerous and powerful.

I am, &c. J. Foster Gray,
Hon. Sec. of the Northampton Registration Association.

Northampton, Jan. 19, 1859.

SUCCESSFUL TREATMENT OF BRONCHITIS IN CHILDREN.

Letter from James Shaw, Esq.

[To the Editor of the Medical Times and Gazette:]

Sir,—Some years ago I had a case of severe bronchitis in an infant, aged 6 months, which I treated with tartarised antimony in the ordinary doses. The child had several evacuations during each day, and I observed that the fæces gradually became of a yellowish white colour, and of a gelatinous and slimy consistence. The liver seemed emptied of bile. The countenance shrank daily and became livid, the hands clenched, and there was every symptom of approaching cerebral congestion, and finally, convulsions ensued in a very severe form. From this time no medicine was given, but a little of the mother's breast milk was given to the infant. The convulsions continued nearly three days; but then they gradually ceased, and the child unexpectedly recovered. From the results of this case my faith in tartar emetic as a remedy for bronchitis in children was much shaken. I watched other cases, gave no tartar emetic, and never observed the fæces to present the same appearances as in the above case. Again, I gave the tartar emetic, and the same kind of alvine discharges were noticed. It therefore appears to me that in children, tartarised antimony acts as an intestinal irritant, and that this irritation leads to cerebral congestion, convulsions, and death; and I, therefore, conclude that it is an unsafe remedy.

Where congestion was most intense and the dyspnœa most urgent, the mortality was the greatest; and if any such cases recovered the convalescence was very slow, and the children were afterwards delicate and puny. In order, therefore, to treat the disease successfully, it appeared to me to be necessary to remove the primary congestion. I found an emetic of ipecacuan very efficacious in slight attacks, and even in some more severe cases. Dr. Copland recommends an emetic of ipecacuan as affording relief at the commencement of the disease, and I have myself found this drug efficacious, not only in the early stages, but throughout its duration; and, in my hands, its employment has never been attended with any unfavourable result.

My plan of treatment is to give from ten to fifteen grains of ipecacuan in a draught with some sugar in one dose. The child is kept in a warm and uniform temperature, and about three hours after the emetic, a mixture is ordered containing small doses of vinum ipecacuanhæ in syrup, mucilage, and water, and half a grain of hydr. c. cretâ is given every four hours for five or six doses. If there be more than ordinary febrile excitement, I add to the mixture from six to fifteen minims of tincture of digitalis. If the symptoms of the disease return in a day or two, I repeat the emetic and continue the ipecacuan mixture; and I have rarely found it necessary to give more than two emetics in any case. From all I have seen, intestinal irritation aggravates the danger of bronchitis, and retards the recovery of the patient.

I may here observe that ipecacuan does not irritate the intestinal canal; large doses may be given repeatedly to children without passing off by the bowels. I have found it a very efficient remedy in croup as an emetic, and its use may be continued for a long time without danger.

By the ipecacuan treatment convalescence is generally established in less than a fourth of the time which is otherwise required. The little patients seldom lose their plumpness, and the disease rarely becomes chronic. According to the results of my own practice, the usual heavy mortality of fifteen per cent. is reduced to about two per cent.

I am, &c. James Shaw.

52, York-street, Chatham, Manchester.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, Jan. 11, 1859.

Sir C. Locock, M.D. Bart. President, in the Chair.

A paper by G. Johnson, M.D. F.R.C.P., was read

ON A CASE OF ENCEPHALOID CANCER

AFFECTING A TESTICLE WHICH HAD BEEN RETAINED WITHIN THE ABDOMEN.

The subject of this history, C. D. aged 27, was a well-developed, muscular man, of active habits, residing at Cambridge as a private tutor. The disease which ultimately caused death appears to have commenced about the month of September, 1857. At that time, while out shooting, an uneasiness low down on the right side of the belly, which had been felt for a short time before, grew into such intolerable agony that he had "to knock up" for two hours. The pain then went off, and he finished the day's sport. From that time the pain was more or less constant and severe, and on several occasions greatly aggravated by active exercise. Dr. Johnson was first consulted by letter in April, 1858. The description of the pain, and its situation in the course of the right ureter, suggested the notion that a calculus might be impacted in the ureter. Some questions relating to the effect of the pain upon the testicle elicited the fact that the right testicle had not descended from the abdomen. A careful examination on the 17th of April failed to discover any tumour in the right inguinal or iliac region. The patient's general health and nutrition were at this time but little affected. The urine was of high density, and deposited lithates and oxalates, but contained no other abnormal products. The pain continued, and the patient began to lose flesh and strength. It now occurred to Dr. Johnson, as a probable explanation of the symptoms, that the retained right testicle had become the seat of malignant disease. The patient's mother had died of cancer of the stomach. On the 12th of June there was a consultation with Dr. Bright. At that time there was decided evidence of a tumour or deposit in the abdomen, above Poupart's ligament, on the right side. The tumour rapidly increased, until it extended much beyond the median line of the abdomen, above

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the umbilicus, and even to the epigastrium. The patient meanwhile became much emaciated, and died exhausted on the 7th of July. On post-mortem examination, the right testicle, situated in the abdomen, was found to be the seat of medullary disease, forming a tumour weighing sixteen pounds, even after the escape of about four pints of grumous fluid from some large cysts which had become developed in it. The lymphatic glands in the abdomen were free from disease.

Mr. Arnott said that the case related was one of great interest, and was peculiar from the severe pain which accompanied the disease in its early stages, and the great size to which the tumour attained. The case which was referred to in the paper as occurring in his (Mr. Arnott's) practice was that of a man of the age of 40. During the development of the disease there was no pain. The disease had existed four years when the man came under his care. After the testicle was removed, the man was going on well, but erysipelas set in and he died. In the case of Dr. Johnson the testicle on the right side was the affected one: in his (Mr. Arnott's) case the disease was also on the right testicle. A case had been mentioned to him by Mr. Hodgson occurring on the right side—the tumour being very large. It was tapped several times; the disease, however, was medullary complicated with hydrocele, not a very uncommon combination. There were two casts in the Museum at St. Bartholomew's of tumours of the testicle, both on the right side; one malignant, the other probably so, though it had not been examined. With respect to the absence of the testicle on one side, and which had operated so strongly on the mind of the patient of Dr. Johnson, he thought it could not be too publicly known that this peculiarity did not interfere in any way with the functions of the organ. This was the more necessary as its absence had led in some cases the persons so affected to commit self-destruction.

Mr. Curling stated that in ordinary cases of medullary disease of the testicle there was no pain, and he could not account for its presence in the case of Dr. Johnson. When the testicle was situated in the inguinal canal, or outside the abdomen, pain might ensue from pressure upon the nerves, from the surrounding tendinous structures. As a case of carcinomatous disease of the testicle within the abdomen, he believed Dr. Johnson's case was unique. When situated externally to the abdomen, the testicle was more liable to disease than when it remained in that cavity, as it was more exposed to external influences; but concussion of internal organs arose independently of these influences.

Dr. Johnson, in reply to questions, stated that he had on the first occasion of seeing the patient, instituted a very careful examination of the abdomen, but could not detect the least trace of a tumour; there was no sign of it in the inguinal canal. Afterwards, in the month of May, the tumour was clearly to be detected above Poupart's ligaments. The pain was very severe in the early stages of the disease, but got comparatively slight as the complaint progressed. He explained this by considering the severe pain to be dependent on the pressure of the diseased mass on the external unyielding tunics of the testicle; when the tunic gave way the pain was less. There was no enlargement of the glands, of the groin, or lumbar region.

Mr. Partridge detailed at some length a case of medullary disease of the testicle, which was preceded by symptoms of obstruction of the circulation in the inguinal or femoral regions, evidencing itself by swelling in the legs, occurring first in one and then in the other.

Mr. Skey believed that in the present state of our knowledge, no explanation could be given of the cause of severe pain which accompanied the disease in the case detailed by Dr. Johnson. We knew, however, that in some persons pain accompanied a form of disease, which in other persons was absent. When the testicle was *in situ* there was usually absence of pain in medullary disease. The pain in Dr. Johnson's case was not a continuous one, such as arose from the pressure of fibrous tissues, but it was of a spasmodic kind, with intervals of complete relief. He had invariably found the disease on the right side, and in cases in which the testicle was detained in the inguinal canal, it was generally on the right side also. The two severest cases of orchitis he had ever seen resulted from gonorrhœa in patients in whom the testicle was in the inguinal canal; the pain was no doubt aggravated by the pressure of the surrounding fibrous tissues on the swelling.

Mr. Coulson observed that recently he had had under his care, at St. Mary's Hospital, a case of malignant disease of the testicle in an infant in which the glands of the groin were considerably enlarged. As far as could be judged the patient experienced but little, if any, pain. Several cases of this description had come under his notice, and most of them were unattended with pain. Some allusion had been made to the distress which the patient suffered, mentally, from the non-descent of one testicle, and he considered that the minds of the public ought to be disabused on that point, for not only was the non-descent of one of the testicle of small importance, but even the non-descent of both testicles was not an impediment to matrimony. He (Mr. Coulson) was consulted in a case in which neither testicle had descended into the scrotum, one being in the inguinal canal and the other in the abdomen. This gentleman married, and was able to perform his marital duties.

Mr. Holmes Coote thought caution was needed in asserting that the testicle, when retained in inguinal canal or in the abdomen, was, nevertheless, perfect in function. In a case of hernia on which he operated, and in which the testicle had not properly descended, he found the body small and very imperfectly developed. When the testicle was retained in the abdomen, it resulted, as a rule, from arrested development in the person—an arrest which extended to the whole of the same side of the body.

Mr. Arnott had not seen any case in which both testicles were retained within the abdomen; but he had seen many in which one testicle was retained. In one of these instances the man was married, and was the father of twelve children. He thought that in Dr. Taylor's work on Medical Jurisprudence there were two cases related of men in whom both testicles were retained, and both were the fathers of children.

Mr. Curling remarked that one of these cases was quoted from his book. It was that of a publican who seduced the barmaid, and made love to the landlady. In this case there was no want of sexual power. Doubtless the absence of one testicle was no impediment to marriage, or the procreative power; but it had been affirmed by M. Godard that when both testicles were absent from the scrotum, there might be the power of sexual connexion, but not of procreation, as there were no spermatozoa in the seminal fluid. He (Mr. Curling) had not investigated the subject, but it was one of interest.

Mr. Hulke mentioned the case of the father of a large family, one of whose testicles was retained in the abdomen. In this case the retained testicle was found to have no epididymis and no vas deferens.

A paper by F. C. Skey, was read,

ON CASES OF RE-FRACTURE OF BONE, WITH OBSERVATIONS.

In this paper the author brings before the Society the subject of re-fracture of bone as a curative process in the practice of Surgery. He refers the necessity for re-fracture to the occasional occurrence of cases of remarkable difficulty in the treatment, arising from complications of obliquity of fracture of the shaft of a long bone, coupled with large muscular power, and unusual irritability of the nervous system. To such inherent difficulties are added a peculiar irritability of the integuments and moral wilfulness of disposition. Such, he says, are the causes of defective union of long bones, however assiduous may be the Surgeon in attendance. They are not, however, selected by the author with a view to re-fracture, but are rather referred to as beacons to point to their rejection, such cases only being appropriate to the proposed treatment which are founded on causes incidental to the first fracture, but avoidable on the second. The operation of re-fracture is deemed warrantable in cases of bones of the lower extremity so united as to abridge the length of the affected limb to the extent of considerably impairing the locomotive powers of the person; and, in the case of the upper extremity, of restricting the movements of the forearm in rotation, or the fingers in flexion or extension; or, in either case, of local pain, caused by the entanglement of muscular fibre or nerve in the uniting medium of the fractured bones. The author states that re-fracture of bones, contrary to the authority of M. Dupuytren, may be effected without difficulty or danger, and at a term consider-

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ably beyond that prescribed as the ultimate limit at which re-fracture of bones is justifiable. The period is fixed by M. Dupuytren at sixty days. The author says: "I believe bones which have united to any length by lateral apposition of the entire diameter of the shaft, and in which the spaces formed by the contact of the two cylinders are filled with fibro-osseous matter possessing firmness sufficient to support the superincumbent weight of the body, are for a lengthened subsequent period susceptible of disintegration by a judiciously-applied force, to the advantage of their replacement to their natural relations prior to fracture, and without injury to the soft structures around them." The warrant for the appeal to the apparently violent proceeding of re-fracture is founded on the grounds of (1st) its practicability at a term of many weeks after the limb has been restored to exercise; (2ndly) its safety as an operative proceeding; and (3rdly) its indispensableness to the perfect utility of the limb involved. As regards the practicability: if the uniting material of bone be examined at the term of four or five months, it will be found to be composed of fibrous tissue, in which the deposit of bone is comparatively slight; while the perfect process of union is greatly protracted in cases of imperfect adaptation of surfaces, and we cannot calculate on any exact rate of progress towards recovery in cases presenting various and dissimilar conditions. In the upright position, the resistance is made by the whole length of the uniting medium. By bending the limb at the line of union, we have the resistance only of the transverse diameter. The practicability of re-fracture of a bone in any given case can only be brought to the test of experiment. It is obtainable on different conditions in different cases, depending on age, on sex, on the extent of surface involved, on the duration of the healing process, and, finally, on the tact, as well as the force of hand, employed in the operation; "but that on ordinary conditions," says the author, "it may be effected for many weeks or even months after the restoration of the limb to careful exercise, there appears to me no good reason to doubt." 2. With respect to the question of safety, the reasonable probability is considered to be that the bone will break at the site of the original fracture, and at no other part; and that the fracture may be effected without injury to the soft parts around. The author asserts the impossibility of breaking the dried radius by a powerful man; and, *à fortiori*, there can be no fear of injury done to any other cylindrical bone containing a larger quantity of osseous matter. A case is quoted in which the attempt was made to re-fracture a femur united for nine months, and no injury was sustained by the soft structures of the limb. 3. The question of interference can only be determined by the requirements of any given example. It is a question rather for the patient than for the surgeon. If fracture of the upper arm or forearm be followed by impaired utility of a character not likely to be benefited by time,—supposing the union of the two bones of the forearm to be lateral, and not terminal—no evil can result from the attempt to re-fracture at any period, although the probability of success will necessarily diminish as time advances. In the case of the femur united by lateral contact, the necessity of an operation will be gauged by the imperfection of the gait in walking. The author has re-fractured the thigh-bone of a young healthy man at the period of seventy-seven days from the date of the original fracture, and he believes the bone to have been susceptible of separation at a yet later period. The act of disuniting a bone is effected by slow laceration, rather than by a snap or fracture; it is not an immediate, but a gradual process, requiring persistent rather than sudden force—the act of tearing rather than breaking. With respect to the necessary elongation of the limb when the bone is disunited, the careful application of pulley force is recommended. The author concludes his paper by the relation of the particulars of six cases: two of re-fracture of the thigh, at the respective periods of seventy-seven and seventy-five days from the date of the original fracture; two of re-fracture of both bones of the leg, at the respective dates of the seventy-seventh and forty-fifth days, the latter operation being required in the case of a child six years of age; and one of re-fracture of both bones of the forearm, at the expiration of 120 days from the date of the original fracture. The sixth case is that of a fractured thigh, in which the attempt to re-fracture the bone at the end of nine months was unsuccessful.

Mr. Charles Hawkins, alluding to reports of two trials which have recently appeared in the *Medical Times and Gazette*, in which the question at issue was the possibility of always detecting a fracture a few weeks after its occurrence, mentioned a case of fracture of the thigh which he had not seen until seven weeks after the accident, and when then examined it was difficult to detect any sign of fracture having existed; it was again put up in starch bandages, but the patient again met with an accident, and the bone was again fractured at the original seat of injury. This proved beyond question that fracture had existed, of which he himself had had no doubt, though some Surgeons who saw the case had found difficulty in believing it. The parts had been so well adjusted that scarcely any callus had been thrown out, and hence the great difficulty of determining whether a fracture had really existed.

Mr. Coulson considered the cases related by Mr. Skey as very interesting, but they referred to re-fracture of the shafts of bone. Most Surgeons must be aware that accidents frequently happened to boys at school, from climbing and falling on their hands and the inner parts of their elbows. He (Mr. Coulson) was consulted, a fortnight after the occurrence, in the case of a boy who had fractured the internal condyle of the humerus, in which the arm could neither be flexed nor extended. At the end of six weeks from the accident, the late Mr. Key saw the patient, and considered that the coronoid process of the ulna had got behind the internal condyle, thus impeding the proper use of the joint. Mr. Key re-fractured the part, and kept the arm strongly flexed for six weeks; at the end of which time the boy quite recovered the use of the joint. He remarked to Mr. Key, that neither Sir Astley Cooper nor Dupuytren had mentioned it. He replied that they had not; but he had had two cases under his care in which he had found it necessary to re-fracture the limb and place it in a proper position. He (Mr. Coulson) believed that had Mr. Key's life been spared he would have given the Profession some observations on the cause of deformity in cases of accident at the elbow-joint. He had seen a great many cases of fracture of the inner condyle, and he thought they were almost always attended with deformity.

Mr. Spencer Wells did not believe that deformity requiring re-fracture would be often met with in cases where the immoveable apparatus was used instead of the old-fashioned splints. Even in the most unruly patients he thought the broken ends of bone might be kept at rest and in perfect apposition by the employment of the starch-bandage, or even better by the plaster-of-Paris bandage. There was great difficulty in detecting the point at which there had been fracture in cases where these bandages were well applied. He had seen a case of fracture of the ulna in a young lady last year, which was put up temporarily by Dr. Stewart, of Greenwich Hospital. Mr. Wells put it up a few days afterwards in the plaster-of-Paris bandage, and after six weeks it was quite impossible to detect the site of fracture. This case, like that narrated by Mr. Hawkins, confirmed the doctrine that if a fracture were well set there might be so little callus formed that it was ultimately impossible to determine by examination that any fracture had existed.

Mr. Arnott said that cases of badly-united fractures would occur, in spite of all the skill and attention of the Surgeon. He considered Mr. Skey's paper valuable as showing how long after the first injury re-fracture might be effected; that its seat was the same as that of the first fracture, and that no injury to the soft parts resulted from the means employed to divide the bone. It was important to have the apparatus necessary to place the bone in position, so as at once to reduce it to the same condition as when originally fractured.

Mr. Curling also spoke of the value of the paper. He related a case in which he applied a violence equal to re-fracture, to a bone united at an angle after having been broken; this was six or seven weeks afterwards. He mentioned that Sir William Blizard had forty years ago suggested re-fracture in the case of a sea captain whose thigh had been broken and very badly united. It must be remembered that the union of a broken bone was not always very firm, even when the patient could walk about, and that it was often re-fractured from small causes. As to the immovable apparatus in fractures, it must be remembered that it was not applicable to all cases in the early stages; there might be swelling and other obstacles to its use. Even when applied it would not always prevent deformity. He mentioned an instance in point in which a lady from the country had consulted him with deformity of

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the thigh, occurring some weeks after a fracture, which had been treated with care and skill, and by the immovable apparatus.

Mr. Holmes Coote said that the immovable bandages were not applicable to all cases. He thought when the bone had united at an angle, steady and persevering extension of the limb was more useful than re-fracture. When the bones had united, the divided ends overlapping each other, extension was not so applicable.

Mr. Skey, in his reply, observed that he regarded his paper as merely the commencement of a subject of great practical interest. He had seen no danger whatever follow the plan of re-fracture which he had recommended. With regard to the immovable apparatus, it was no doubt very useful, but it could not always be employed.

THE PATHOLOGICAL SOCIETY.

Tuesday, January 4, 1859.

Dr. Watson, President, in the Chair.

A report from Dr. Priestley, Dr. Ogle, and Mr. Hutchinson, was read on Dr. Kennion's specimen of

SUBSTANCE PASSED BY THE VAGINA.

The opinion given was, that the mass consisted chiefly of coagulated blood, and that it had been moulded in the cavity of the uterus. Under the microscope it had been found to consist of fibrin, colouring matter, and an immense quantity of columnar epithelium in various stages of disintegration. These cells were present in the very centre of the mass, causing the inference that it had been formed slowly, and in successive layers. The patient who had passed this specimen was a lady, aged 50, who had not menstruated for three years, and who had lately suffered much from uterine pain. A tumour had been perceptible through the abdominal walls for some time prior to its expulsion.

Dr. Baly exhibited specimens from a case of

IMPACTION OF A GALL STONE IN THE INTESTINE.

Two large gall stones, being short truncated cylinders of nearly an inch in diameter, were shown. The interest of the case consisted in the fact that death had been caused by the impaction of one of these in the small intestine. The patient had died with all the symptoms of intestinal obstruction, the cause of which it had been impossible to diagnose. At the autopsy the gut was found distended above the calculus, and contracted below. The stone fitted just as cork might do, and was evidently in course of passage downwards. Its fellow still occupied the gall bladder.

The President mentioned a case in which all the symptoms of intestinal obstruction had been present for some time, and had been suddenly removed after a careful examination of the abdomen by pressure. It appeared that the Surgeon's pressure had been the means of dislodging the impacted stone, which was voided by the rectum very shortly after the visit.

Dr. Sanderson showed a specimen of

MALFORMED HEART.

The condition of the organ was as follows:—"The right auricle is dilated, and foramen ovale widely patent. The wall of the right ventricle is considerably thicker than that of the left. The pulmonary artery is contracted at its origin to such a degree as barely to admit the point of a probe, the rudiments of the semilunar valves being distinguishable at the point of constriction. Immediately beyond, the artery dilates into a vessel a large as a crowquill, and gives off its right branch. The continuation of the vessel having been destroyed in removing the organ, the question whether or not the ductus arteriosus was open, cannot be answered. The ventricles communicate by an opening in the upper and anterior part of the septum, which is bound above by the fibrous ring of the auriculo-ventricular opening. The tricuspid valve consists of two curtains only, one attached to the outer wall of the ventricle, the other to the septum. The rudiment of the third or anterior curtain, which is unattached by its margin, hangs loosely across the opening between the ventricles." In this case the cyanotic condition did not appear until the child had attained the age of 4 years. During the succeeding two years she suffered from frequently recurrent catarrhal attacks, and latterly dyspnœa was either constant or liable to be excited by the slightest exertion or excitement. During the last six months there were paroxysms lasting about two minutes, without convulsions, in which she suddenly fell pale and motionless. In one of these attacks she died. The cardiac dulness was extended abnormally downwards and to the left. The heart's action was irregular, but the sounds were not accompanied with any bruit.

Dr. Sanderson exhibited the parts removed after death from a case of

SCARLATINAL MEMBRANOUS ANGINA.

The following is the history of the case:—The child (a boy) had no symptoms excepting slight headache and heat of skin until 48 hours before death, at which period his voice was first observed to be hoarse. During the two following days, there was no marked dyspnœa or other alarming symptoms. He was able to take food, was apparently lively, and talked as usual. The day before he died there was fœtid discharge from the fauces and nares. The next morning his mother, on waking, found him "catching for breath, and tossing about in bed. In a few moments he was dead."

"The whole pharyngeal cavity is lined with a false membrane of a whitish colour and tolerably firm consistence. It extends anteriorly to the anterior pillars of the fauces, where it gradually becomes attenuated, and disappears. Superiorly it passes into the nares, forming a thick covering to the posterior surface of the velum. Inferiorly it ceases abruptly at the margin of the epiglottis and aryteno-epiglottidæan folds, and is limited at the commencement of the œsophagus by an irregular but continuous raised margin. On the tonsils, in front of the epiglottis, and on the velum and uvula, the membrane is of considerable thickness (¼ m.m). On the pharynx it is thinner and less consistent, and here and there patches appear to have separated. On detaching it, the subjacent mucous tissue is observed to be highly congested, resembling a recent blistered surface. There is no appearance of ulceration or loss of substance. On microscopic examination it was found to consist entirely of fibrine."

The brother of this child was subsequently similarly affected, with the exception, that in his case there was more febrile excitement, and a distinct scarlatinous rash appeared. He was promptly treated, and appeared for a time to be doing well, but subsequently became suddenly worse and died. A *post-mortem* examination was not allowed.

HARVEIAN SOCIETY.

Annual Meeting, January 6, 1859.

Dr. Hamilton Roe, President, in the Chair.

IMPACTION OF A CHERRY-STONE IN THE LARYNX.

Dr. Graily Hewitt related the case of a boy at the Samaritan Hospital, who had a clangy cough attended with much resonance. He was ordered ipecacuanha wine, and on his next appearance was said to have vomited a cherry-stone with some pus. It was then learnt, for the first time, that he had swallowed a cherry-stone a fortnight previously. The case was interesting, as showing the tolerance of the larynx of the cherry-stone. The symptoms subsided as soon as the stone was got rid of.

STRYCHNINE IN CHOREA.

Dr. Fuller asked if members had used strychnine in chorea. He had met with a gentleman (Mr. Pinchin) who had used this alkaloid in doses from the sixteenth to the eighth of a grain three times a-day, and the case was cured. Dr. Fuller had employed the same treatment in three cases at St. George's Hospital. Two of these were cured in a fortnight, and in the third it entirely failed.

Dr. Handfield Jones had used it himself successfully in one case, and with no benefit in another. He believed that

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Trousseau had used it in Paris with marked benefit. It was beneficial where tone was required, but contra-indicated where there was febrile action.

SEDATIVE INJECTIONS INTO THE CELLULAR TISSUE.

Dr. Fuller also mentioned the injection of morphine, etc. into the cellular tissue for the relief of local pain. By injecting frequently in one spot, inflammation and suppuration sometimes ensued; but by injecting at different parts of the body the same relief was obtained without the formation of matter. A case of delirium tremens was cured by two injections of half a grain of morphine, showing the advantage over its administration by the mouth.

Mr. Henry Thompson had used these injections into the cellular tissue without any benefit.

Dr. Handfield Jones found benefit from it in two distinct instances, but never saw a case of neuralgia cured by it. In all cases the injection had caused disturbance of the stomach.

Mr. Wheden Cooke wished to ask what advantage this method possessed over the endermic mode of administering morphine and other alkaloids.

Dr. Fuller thought that its readiness, painlessness, and quickness of action gave it the advantage.

MEDICAL NEWS.

Royal College of Surgeons.—The following members of the College having been elected at previous meetings of the Council, were admitted Fellows on the 13th inst.:—

Aikin, Charles Arthur, Southwick-street.
Ambler, Edward Holland, Hemel Hempstead.
Archer, John, Birmingham.
Brady, George Fraser, Falcaragh, Ireland.
Coles, James, Weymouth.
Condell, William, Bastow, Derbyshire.
Gunn, Theophilus Miller, Langham-street.
Hearne, Edwin, Southampton.
O'Brien, Peter, Bengal Presidency.
Rowdon, Henry Mortimer, Nottingham-place.
Tinker, Frederick, Hyde, Cheshire.

Also on the 14th inst.:—

Blanc, Henry Jules, Sedan, France.
Coates, Matthew, Clifton, near Bristol.
Epps, Richard, Great Russell-street.
Gregory, James, Sheffield.
Griffith, Robert, Caernarvon.
Helm, George F. Addenbrooke's Hospital, Cambridge.
Horton, Henry, Wednesbury.
Jones, John Lewis, Caernarvon.
Leach, James, Shaw, near Oldham, Lancashire.
Morgan, William Taylor, Caernarvon.
Newton, Isaac, Scarborough.
Perreau, Montague, Peckham-rye.
Partridge, Thomas, Birmingham.
Sadler, J. Winterton, near Brigg, Lincolnshire.
Spofforth, William Fairfax, Lichfield.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, January 13, 1859:—

Arthur, Charles, County Clare, Ireland.
Gasquet, Joseph Raymond, Westbourne-grove, North.
Hickman, William.
Jones, William, Dolgelly, Wales.
Ledward, Ralph Worthington, Manchester.
Parry, Henry Hitchcock, Allington, Devizes.
Shea, John.
Smith, William Edward, Bristol.
Sykes, George.

DEATHS.

Booth.—On the 14th inst. at Brush-house, Ecclesfield, John Kaye Booth, of Brush-house, M.D. one of her Majesty's Justices of the Peace for the West Riding, late Principal of Queen's College, Birmingham, aged 81.

Esdaile.—On the 10th inst. at his residence, Elm Bank, Lawrie-road, Sydenham, James Esdaile, Esq. M.D. late Presidency Surgeon, Calcutta, aged 50.

Pitcairn.—We have to record the death of Sir James Pitcairn, M.D. Inspector-General of Hospitals, which occurred at his residence, 3, Hungerford-road, Dublin, on Wednesday last, in the 83rd year of his age. Sir James was born at Little Bedwin, Wilts, in 1776; he entered the army as Hospital Assistant on the 19th of June, 1798, and served on the Medical staff as Surgeon to the forces in Holland in 1799, and at the whole of the Egyptian campaigns of 1801, for which he received the silver war medal with one clasp. He received the honour of knighthood for his professional services in 1837.

Scott.—On the 18th inst. at his residence, 13, Stratton-street, Piccadilly, London, Dr. John Scott, M.D. F.R.C.P. London, Examining Physician to the Secretary of State for India in Council, aged 62.

Squibb.—On the 15th instant, at his residence, 11, Montague-place, Bryanstone-square, George James Squibb, F.R.C.S.; F.R.S.L.; aged 61.

APPOINTMENT.

Spratly.—Mr. Spratly, Associate of King's College, has been appointed to the office of Senior Resident Surgeon to the Birmingham General Dispensary.

Academie des Sciences.—Professor E. Von. Baer has been elected a Corresponding Member for the section of Anatomy and Zoology, in place of the late M. Zemminck.

The London Hospital keeps up its character as a school for the study of accidents and injuries. During 1858, 1205 cases of fracture have been treated there.

At the annual meeting of the Royal Humane Society, held a few days ago, we see that honorary medals were presented to two members of our Profession for saving the lives of drowning persons. On June 9, 1858, Mr. C. Pates, Surgeon, saved James Knight in the River Exe, at Exeter. And in October 1858, Mr. J. Davis, Assistant-Surgeon, 57th Regiment, saved Private Powell, 33rd Regiment, in the harbour at Bombay.

Society of Arts.—The sum of £100 has been placed at the disposal of the Council of the Society of Arts by Sir Walter C. Trevelyan, as a prize to be awarded for the best essay on the applications of the marine algæ and their products as food or medicine for man and domestic animals, or for dyeing and other manufacturing purposes. Competitors must give the results of their original investigations on sea weeds, and they must prepare a series of specimens illustrative of the best modes of collecting, preserving, and preparing the several species. Mere compilations will not be admitted to competition. The essays, with accompanying specimens, must be sent to the Society of Arts by the 31st of December, 1860. Each essay must be marked "Essay on Marine Algæ," and must have a motto or distinctive mark attached, which mark must also be written on a sealed letter, containing the name and address of the author. The letters containing the names and addresses of the authors will remain with the Society of Arts, and none will be opened except that bearing the motto or mark attached to the essay to which the adjudicators award the prize.

The Medical Profession in Prussia.—The latest official account comes down to the end of 1856. For a population which, according to the census of 1855, amounted to 17,127,548 (and the probable increase of which by 269,461, will make it 17,397,000 at the end of 1856), there were 4019 practising physicians, and 1785 *wandärzte*, or inferior Medical practitioners, making together 5804. In the seven years 1849-56, with an increase of population of 844,975 souls, the number of physicians only increased from 3518 to 4019 (501), while the number of *wandärzte* decreased from 2040 to 1785 (255). Taking the two together the increase amounts to 246, or an annual average of 35. The average number of physicians admitted to practise amounts to 200 per annum, being 70 more than either die or quit the country. The number of apothecaries or dispensers (not allowed to practise) amounts to 1510, being an increase of 45, or about 6 per annum.

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TREATMENT OF SORE NIPPLES.—M. Anselmier observes that in employing the nipple shield we should take care that it is neither too large nor too firm, since deglutition becoming difficult when the jaws are wide apart, the child soon becomes tired and refuses to suck. Collodion is of great use in chaps, although the pain it causes at first is complained of. It is, however, most indicated as a preventive when as yet only pain is present and the child sucks forcibly. The gentle compression it exerts upon the nipple limits the turgescence of the organ and the inflammatory process. It is also an excellent application in superficial excoriations, protecting these from the action of the air and the saliva. In deeper chaps it is not of the same use; and although other substances, as solutions of nitrate of silver or sublimate, may be beneficially and safely employed, with due precautions, yet they cause great pain, and are opposed by various prejudices. Reserving such means for very obstinate cases, M. Anselmier prefers benzoin reduced to a state of impalpable powder. This is dusted over every part of the chap, and the nipple is then covered with carded cotton. No pain is caused, and cicatrisation soon ensues, a shield being used meanwhile.

SPECIALITY, SPECIALITIES, AND SPECIALISTS.—"Speciality, a modern word, which in a few years will find its way into the Dictionary of the Academy, was invented on January 7th, 1816, by M. Filoselle, hosier, Rue St. Martin, on the occasion of his issuing a batch of green and black stockings. It is now very fashionable, and has passed from Commerce into Medicine, because Medicine is a liberal Profession which has no relation to Commerce. In Commerce the word Speciality has a very distinct meaning; when M. Coquardeau writes on his sign-board: 'Speciality for roasted coffee,' we know that he does just the same as write there: 'I sell chicory flavoured with burnt onions very dear.' But it is very different with Medicine. From the days of Hippocrates to Molière, the Physician, according to Beraldus, was one who cured the sick man, or killed the healthy:—*Medicum errare est*;—but confined himself strictly to these two specialities. To-day, however, we know of thirty-six specialities in Medicine and a few more: speciality to blind people; speciality to make them deaf; speciality to pound their arms and legs; speciality for soaking them in cold water; speciality for curing them of phthisis with the powder of perlinpinpin; speciality for the inoculation of the verole; speciality for cutting this, that, and the other. This progress arises from two profound sources, whence humans are continually drawing, without exhausting—viz. idleness and avarice. In the one case, like a child who only learns one letter of the alphabet, the trouble is small; and in the other by reason of the folly of the world, the gain is greater. Gain, every way; and so we become Specialists. I become specialist, you become specialist, he becomes specialist, every one becomes specialist; that is to say, plunging one's hand haphazard into Pandora's box, one draws out a disease, as genteel as possible, delicate, elegant, patronised by the sex, and accepted in aristocratic circles. This disease at once becomes your kingdom, your patrimony, your estate, the land which you cultivate at your pleasure, and surround with barriers, hedges, and ditches. On your door you write, 'Wolf-traps,' as a warning to your confrères."—*Gazette de Lyons*.

VITAL STATISTICS OF LONDON.

Week ending Saturday, January 15, 1859.

BIRTHS.

Births of Boys, 933; Girls, 897; Total, 1830.
Average of 10 corresponding weeks, 1849-58, 1603·9.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	725	704	1429
Average of the ten years 1849-58	598·6	616·5	1215·1
Average corrected to increased population	...	...	1337
Deaths of people above 90	...	...	5
Deaths in 15 General Hospitals	46	28	74

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	6	18	4	1	8
North	490,396	3	7	26	16	8	7
Central ..	393,256	2	14	15	16	..	4
East	485,522	7	8	15	13	3	8
South	616,235	2	14	28	18	4	14
Total...	2,362,236	14	49	102	67	11	41

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30·324 in.
Mean temperature	39·1
Highest point of thermometer	49·8
Lowest point of thermometer	28·5
Mean dew-point temperature	35·1
General direction of wind	S.W.
Whole amount of rain in the week	0·00 in.
Amount of horizontal movement of air in the week ...	575 miles.

TO CORRESPONDENTS.

L.S.A. has quite misunderstood us.

Licentiate, Ex. Urb.—Certainly.

Dr. Williamson, Fort Pitt.—The case shall appear next week.

Dr. Hillier's paper on Diphtherite shall appear next week.

Mr. Lawson's case shall also appear.

M.R.C.S.L.—Not for Medicines.

Mr. Piper.—Many thanks.

Mr. Moody.—We thought Mr. Barnum's address a very amusing one.

An Old Subscriber cannot *charge* for *medicines* supplied to his patients without the licence of the Apothecaries' Company.

A Reader had better write to the *Dental Review*. We are not able to answer the question.

Dr. Fleming's account of his new treatment of Dyspepsia shall appear next week.

The communication of the Medical Registrar, just received, will appear next week.

Dr. Hadden.—1. The quack cannot be punished unless he falsely assume a Medical title. 2. The London Vaccine Institution, Fitzroy-place, Russell-square. The supply is free.

Nemo.—1. The law has, by the recent Medical Act, been modified with respect to Irish Apothecaries, inasmuch as while they hitherto enjoyed the exclusive privilege of charging for compounded medicines, whether supplied to their own patients, or to the patients of others, it is provided by the 31st Section of the 21st and 22nd Victoria, cap. 90, that every registered Medical or Surgical Practititioner shall be entitled to demand and recover the cost of any medicines rendered or supplied by him *to his patients*. The exclusive privilege, however, of keeping open shop, and compounding the prescriptions of others, is by the last section of the Act secured to duly licensed Apothecaries in Ireland. We may observe that there is in Ireland, as in Great Britain, no restriction on the sale of uncompounded medicines. 2. The license of the Royal College of Surgeons of Edinburgh declares its holder to have appeared to be "muneri tam Chirurgico *quam Pharmaceutico* omnino par." This privilege, if it can be so called, is not, however, exclusive, nor is it, as in the case of the Apothecaries' Hall of Ireland, secured to the licentiates of the College by Act of Parliament under a penalty. In Scotland Chemists, Druggists, and others, may and do with impunity compound the prescriptions of Physicians and Surgeons.

PERINEAL SECTION.

We have been assured on the best authority that in the case referred to in Dr. Renton's letter last week, Mr. Syme did nothing more in the way of operation than pass a full-sized bougie.

POOR-LAW MEDICAL RELIEF.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The objections to the suggested scheme for a new arrangement of Medical Relief are so numerous and obvious, that it would be tedious and needless to go through them.

Would not all necessary changes be summed up in these two alterations:—

First—That the workhouses be put upon the same footing as the districts with regard to extra Medical fees, which indeed (if I understand the clause rightly) is virtually the intention of clause xiv. in the proposed scheme: and

Secondly—That the salaries of all Poor-Law Medical officers be raised, so as to afford them fair remuneration for their services.

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Few of us, I think, wish for any further change; and I cannot see that anything more is necessary than the alterations I have mentioned.

Let me urge my Professional brethren to stick firmly and simply to the point of increased remuneration. I am, &c.

HENRY J. MACY, M.R.C.S.,
Licentiate of the Apothecaries Company, Surgeon to the Bedminster Workhouse, and to Districts ii. and iii. of the Bedminster Union.

West Town, near Bristol, Jan. 18, 1859.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—It may seem premature to comment at present on the draft charter of the Royal College of Physicians, especially as a summary of it only has appeared; but I am anxious to call attention to that part which provides for the reception of all British and a few Foreign Graduates as Members within twelve months after the acceptance of such charter.

Now, Sir, as this charter is undoubtedly prepared in a very liberal spirit, I hope it will be conceded that all existing British Graduates shall have the privilege of being received as Members, not simply within twelve months after its acceptance, but at any subsequent period as may be most convenient to those desiring it, provided they do not practise Pharmacy. I cannot conceive this concession would in any way injure the College, while I am certain it would be agreeable to those who cannot now conveniently shake off their present trammels. I am, &c.

January 18, 1859. MEDICUS.

DR. R. T. CORBETT'S LITHOTOMY INSTRUMENT.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—It was Wednesday evening before I saw your *Medical Times and Gazette* of last Saturday, and it was with the greatest surprise that I read Mr. W. B. Hilliard's note, dated December 14th, 1858, which contains a complete misstatement of facts. The truth is, Mr. Hilliard made my lithotomy instrument at my request, from my directions and delineations, which were given to him before I had either heard of or seen Earle's double staff, or seen a drawing of M. Guerin's instrument; all which I have already stated in my paper on "Lithotomy Simplified," contained in your Gazette of December 11th, 1858. Mr. Hilliard says—"The instrument figured by Dr. Corbett in the *Medical Times and Gazette* was made by me from drawings taken from Earle's double staff, which has been in the possession of the Glasgow Royal Infirmary for a long series of years."

Now, I have submitted this identical staff of Sir James Earle's, and my own lithotomy instrument, to the only other mechanists, with the exception of Mr. Hilliard's brothers, designated in the Glasgow Directory for 1858-59 as surgical instrument-makers; and the following certificate which I received from them will speak for itself:—

"Glasgow, January 15th, 1859.

"At the request of Dr. R. T. Corbett, of Glasgow, we have examined and compared his instrument for lithotomy with Sir James Earle's double staff for the same purpose, and we have no hesitation in stating that it is utterly impossible for any mechanist to make Dr. Corbett's instrument from any drawings or pattern taken from Sir James Earle's.

"JAMES STIRLING, 88, Gallowgate-street.
"WM. STIRLING, 44, Trongate-street."

What an absurdity to say that he made one instrument from drawings taken from another which was so dissimilar in its construction!

The following certificate from eminent Medical gentlemen will likewise speak for itself on this point:—

"Glasgow, January 14th, 1859.

"We hereby certify, that Dr. R. T. Corbett's lithotomy instrument differs as widely from Sir James Earle's double lithotomy staff, as the rectangular does from the ordinary curved staff.

"JAMES A. LAURIE, M.D.
Professor of Surgery in the University of Glasgow.
"J. M. PAGAN, M.D.
Professor of Midwifery in the University of Glasgow.
"ROBERT HUNTER, M.D.
Professor of Surgery in the Andersonian University, Glasgow."

But why did Mr. Hilliard require to take drawings from Earle's double staff to work from, when he had the instrument in his own shop, and could have kept it as long as he required to do so? More wonderful still, that he required Earle's instrument at all, if, as he states, "about nine or ten years ago" he "made for Dr. Andrew Buchanan an instrument similar to that made for Dr. Corbett, for which Earle's staff was also the model."

How came it that he did not produce this instrument, already made, to serve my purpose, and save me such a loss of time and so much trouble? But perhaps he had forgotten all about this mysterious piece of mechanism. Mr. Hilliard concludes by stating—"Of the above facts Dr. Corbett had opportunities of being cognisant."

This is untruthful, as, until Wednesday last, I had never heard of such an instrument; and although I have since made inquiries of many gentlemen who have been long connected with the Glasgow Royal Infirmary, I have not yet found one who has either heard of or seen it.

Sir James Earle's fame needs no vindication at the hands of Mr. Hilliard.—I am, &c.

ROBERT T. CORBETT, M.D.
Late Surgeon to the Glasgow Royal Infirmary, and Lecturer on Clinical Surgery.

112, West Regent-street, Glasgow, January 15th, 1859.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In an article in your eccentric contemporary of the 15th inst. (p. 57) on the recent volume of the Transactions of the Royal Medical and Chirurgical Society, there are a few errors as to matters of fact which would be of slight importance were it not that reasonings are based upon them, which, if the facts be proved wrong, can thus be shown to be equally without foundation. I refer to the comparison rather invidiously drawn between the number of papers in the "Proceedings," and those subsequently printed in the "Transactions," in which a confusion is made between papers printed "in abstract," and those "in extenso," in the former publication.

The publication of "Proceedings," was, I believe, adopted principally in order that short papers and cases might be inserted in them, which though of sufficient interest to be brought before the Society at its meetings might not be considered of sufficient importance to be published in the volume of Transactions, and which it was thought had hitherto, from the fear of such exclusion, been withheld from presentation to the Society. In looking through the "Proceedings," I find that there were ten papers during the last session in this category, *i.e.* printed *in extenso*:

Mr. Sercombe on a Gun-shot wound.
Dr. Wilks on Disease of the Supra-renal Capsules.
Mr. Walton on Tumour at the Orbit.
Mr. Hutchinson on Bronzing of the Skin.
Mr. Forster on the Nutritious Foramina of the Long Bones.
Mr. Sweeting on Laceration of the Intestine.
Mr. Tudor on Excision of the Elbow-joint.
Dr. Redduck on Iodide of Calcium.
Mr. Toynbee on Deaf Dumbness.
Dr. Jos. Ridge on Obstruction of the Bowels:

and it is hard upon the authors of the above that they should have their papers considered as rejected from the Transactions when their insertion in them had never been proposed and the question not once raised.

The number of papers read during the session appears to be thirty-seven (not thirty-one, as stated), from which, if the above ten are deducted, there will remain twenty-seven, of which number twenty-one have been published in the Transactions; and without entering into the question of worthiness or unworthiness, this is a proportion which if any judgment or selection at all is to be adopted cannot be considered a small one.

The argument also with regard to the rejection of all papers on Dr. Addison's Disease falls to the ground when it is seen that two of the three papers on the subject are in the above list of those sent in specially for publication in the Proceedings alone, and there published in full.

I am, &c. COSMOS.

COMMUNICATIONS have been received from—

Professor SIMPSON; Professor SYME, Edinburgh; Dr. FLEMING, Birmingham; Dr. CORBETT, Glasgow; Dr. KNOX; Mr. HUDSON; Mr. MCDERMOTT; Mr. MACY; Mr. GRIFFIN; Mr. PIPER; Mr. DALE; Mr. WHATELEY; Dr. W. KELLY; Dr. W. JONES; Dr. G. WILKIN; Mr. R. P. REILLY; Dr. W. KEITH; Mr. F. FLOWER; Dr. DUFFS; Dr. DRYSDALE; Dr. W. WILLIAMSON; Mr. WALLEN; Mr. H. E. NORRIS; Mr. M. NICHOLSON; Mr. H. B. DOW; Dr. GAYE; Dr. JAMES; Dr. W. ALTON; Mr. C. WILLIAMS; Mr. D. MACLAREN; Mr. SPRATLEY; Mr. ADAIR; Mr. SEARLE; Mr. SEDGWICK; Mr. DUCHESNE; Dr. DEVENISH; Dr. MCCRAITH, Smyrna; Dr. WILLIAMSON.

APPOINTMENTS FOR THE WEEK.

January 22. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's. 2 p.m.; Charing-Cross, 1 p.m.

24. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8 p.m. Jabez Hogg, Esq. "On the Vegetable Parasites of the Human Skin."

25. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL INSTITUTION, 3 p.m. Professor Owen "On Fossil Mammals."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. Mr. George Pollock "On Dislocation of the Os Calcis and Scaphoid from the Astragalus."

26. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

HUNTERIAN SOCIETY, 8 p.m. Mr. Curling "On a Case of Severe Epileptic Fits, resulting from an Injury of the Head received Seven Years previously."

27. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

ROYAL INSTITUTION, 3 p.m. Professor Tyndall "On the Force of Gravity."

KING'S COLLEGE MEDICAL SOCIETY. Dr. Meadows "On Cephalotripsy."

28. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m.

ROYAL INSTITUTION, 8½ p.m. W. R. Grove, Esq. "On the Electrical Discharge and its Stratified Appearance in Rarefied Media."

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

Staphyloraphy; Removal of Tumour from Back; Removal of Dead Bone from Ankle. By Mr. Fergusson. For Deformity of Lower Lip. By Mr. Bowman.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock.

For Cleft Palate; Internal Rupture of Stricture of Urethra. By Mr Barnard Holt.

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture V.—On Cancer of the Uterus.—Its Surgical Treatment.

Gentlemen,—Two surgical operations have been proposed and practised in some cases of cancerous or cancroid diseases of the uterus, viz. first, extirpation of the whole organ; and, secondly, extirpation of the diseased cervix only. The first of these operations need not detain us long, for I have very little to say regarding the

Extirpation of the entire Uterus.

Some twenty, or more, cases have been placed upon record where this operation was performed, but with such disastrous results as to hold out no encouragement whatever to its repetition, but rather to serve as a loud warning against it. Judging of it *à priori*, we should regard the operation as unjustifiable, and experience serves only to confirm the judgment: for where patients have not died of the operation itself, the disease has soon recurred and proved rapidly fatal. Most of the patients on whom the experiment has been tried, have died immediately of the operation or its consequences; and of the only three or four who did not, all, excepting one who lived a year and a few days, have died within two or three months of its performance, from the disease returning, or rather from its continuing to spread from a spot from which it was found impossible to eradicate it. The operation has been performed by cutting through the abdominal parietes, and extirpating the uterus from above; and also by dragging it down through the vulva, and excising it from below. The unfortunate patients have died in some cases of shock; in others of hæmorrhage, primary or secondary; in others of inflammation and surgical fever. I have always said that the operation could only possibly be ever dreamt of in those cases where the body or fundus of the organ is alone affected; for when cancer is seated in the cervix it has usually spread to the neighbouring parts before it is recognised; and once it has extended beyond the bounds of the organ in which it began, there can be no hope of a complete eradication. But even when the cancer is confined to the body or fundus, extirpation of the uterus is such a hazardous operation, that I have no hesitation in saying that it should even then be rejected, as an utterly unjustifiable operation in Surgery.

Excision of the Cancerous Cervix Uteri.

But another operation has been proposed for the radical cure of cancer, which is not by any means so fatal, and which has occasionally been performed with most satisfactory results. It is applicable, however, only to those very rare cases where you find the disease seated in the lips of the cervix and fairly limited to the vaginal portion. In these cases it is usually confined almost entirely to one lip, most frequently the posterior, leaving the other almost free; just as when epithelial cancer attacks the mouth, it usually begins in the lower lip, and if it spreads to the upper, does so only to a very inconsiderable degree. You will sometimes see cases of cancroid disease of the cervix where the growth is of a size as large as the fist; where it is seated entirely in one of the lips; and, which is of still greater moment, where it has not extended upwards beyond the line of reflexion of the vaginal mucous membrane upon the cervix uteri. It is in such limited and defined cases only that you can hope to produce a radical cure of the disease by amputating the cervix above the part where it has been infiltrated; or, let me rather say, may hope to stay the progress of the disease, and prevent its recurrence for a time. And when it does return afterwards, it does not always make its appearance again in the same part at all, but attacks some different and distant organ. The operation only came into vogue in the beginning of this century; was first performed by Osiander, and afterwards by Dupuytren and others. It was speedily carried to an extravagant excess by Lisfranc; and we find Dr. Mott, the celebrated American Surgeon, recording this against him, that on his visits to Paris he found Lisfranc latterly curing by the application of nitrate of silver, the kind of cases of diseased cervix uteri in which he had formerly employed amputation of that part. In other words, Lisfranc had used this operation in instances of chronic inflammatory disease of the cervix—an affection in which assuredly no such heroic and dangerous treatment is necessary. The operation, let me distinctly tell you, is one which can be employed only in very few cases of cancroid disease of the cervix, seeing that it is only when you can catch the disease, so to speak, before it has reached the line of reflexion between the cervix and vagina, that you can amputate with any hope or prospect of success. When the disease has begun to creep along the wall of the vagina, or has passed high up into the cervix, the operation is of no avail to check it.

Mode of performing Amputation of the Cervix Uteri.

1. *By means of Cutting Instruments.*—As regards the operation itself, it used to be formerly performed in a much more clumsy manner than it is necessary to pursue now. I show you here some casts and wet preparations of the diseased cervix uteri, which I have amputated at various times according to the old method or by means of cutting instruments. The amputation was effected by inserting a strong volsellum or two into the cervix uteri, carefully and distinctly above the line of the diseased part; dragging down the end of the uterus to the vulva; and then clipping it across above the volsella with a pair of strong scissors. The great secret of success in the performance of the operation seemed to be to seize hold of the cervix beyond the line which marked the extent of the disease, so that by cutting out above the volsella you might make sure of having no portion of it left. I used to have the patient placed on her face, and cut across the cervix uteri from behind forwards, in order to avoid wounding the posterior cul-de-sac of the peritoneum which reaches lower down behind the uterus than it does in front between the uterus and bladder. The uterus had to be dragged right down, not on the hollow of the sacrum, but straight down towards the vulva; and this forcible and long-continued dislocation of the uterus formed often one of the great difficulties in the performance of the operation; and, doubtless, also, was one of the chief sources of danger in connexion with it. For cutting across the cervix, Lisfranc and others preferred the knife; but the constant drag upwards of the uterus renders the division of the cervix with the knife irregular and oblique. I have found a pair of strong curved scissors the most convenient instrument, one or two rapid clips with them being sufficient for the detachment of the diseased and a small margin of the healthy cervix. By this means the amputation can be much more rapidly performed before there can occur any effusion of blood to obscure the track of the wound. But in any case you are likely to have some bleeding afterwards, which at times becomes excessive, rendering it necessary for you to plug the vagina firmly, or to apply some styptic.

2. *By means of the Ecraseur.*—But all these difficulties in connexion with amputation of the cervix uteri have now passed away; for latterly we have become possessed of a much simpler means, by which we can effect our object without submitting the patient to the dangers resulting from the dragging down of the uterus, or subjecting her to the risk of hæmorrhage. The instrument by which this is effected has been lately discovered in France, and it performs its work by an action which its inventor has described as linear crushing. If you will look around you, and mark the improvements that take place from time to time in Surgery, and in Medicine as well, you will find that they consist often, as here, of the application to actual practice of well-known facts, and of observations which had been made long previously, but which have been allowed to lie hitherto sterile and dormant. Thus it has been regarded as a well-established fact, at least from the time of Cheselden, that when an arm or other limb was torn roughly off, or avulsed by machinery, there generally

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occurred no bleeding from the lacerated surface and vessels. But no actual use was made of the observation, till M. Chassaignac, one of the most talented of living French Surgeons, took up the idea of making a practical application of it. The distinguished discoverer of this new mode of operation, and some of our English Surgeons, make use of the instrument called *écraseur* (for we have as yet no English name for it), which I here show you, for the purpose or removing some vascular tumours, portions of tongue, etc. In using it the chief thing to be attended to is to work it very slowly—moving it only at the rate of a notch every fifteen or twenty seconds, so as not to cut through the tissue too rapidly. I have seen it employed several times for the removal of morbid growths, and never saw any marked bleeding occur from the wounded surface. M. Chassaignac himself proposed the application of it to the removal of the cervix uteri, and pointed out the necessity of having the instrument made with a curve near the point, to permit of its adaptation to the part; or else of dragging down

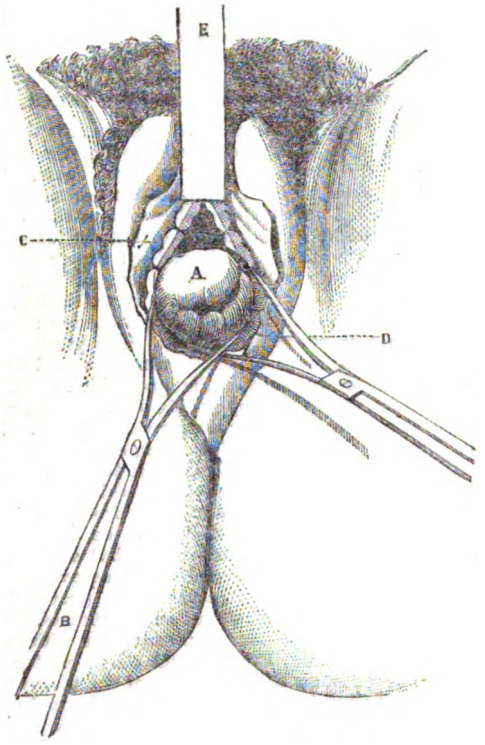

Fig. 1.—Amputation of the neck of the uterus by means of the straight écraseur. A. shows the cervix uteri dragged down to the vulva by means of Museux's forceps. C D. the chain of the instrument passed round the cervix uteri to its base.—(Chassaignac.)

the uterus through the vulva in order to admit of the application of the ordinary straight instrument. But I believe Mr. Spencer Wells was the first actually to perform the operation. He used Charrière's chain and screw. You will find an account of his case, with drawings of the tumour, in the last volume of the Pathological Transactions, and he has informed me that the woman has since remained quite well. In one case in which I operated last summer with the straight instrument, I avoided the necessity, and obviated the dangers of dragging down the uterus, by supplanting the inflexible chain by a piece of twisted wire, which could be bent at right angles, or in any degree necessary for its proper adaptation to the cervix, and which is of sufficient power to crush through the soft tissues in its embrace. I have here an instrument which I have recently got made to effect the same object as the écraseur of M. Chassaignac, but of a different and more simple construction, the efficient power here being a screw, and the crushing part consisting of a strong coil formed of twenty or thirty strands of fine iron wire, such as we use here for stitches and ligatures, twisted together. It has, in other words, a flexible wire rope, instead of an inflexible jointed chain, as its (see fig. 2) dividing agent. There is still another bloodless mode of amputating the cervix uteri, which

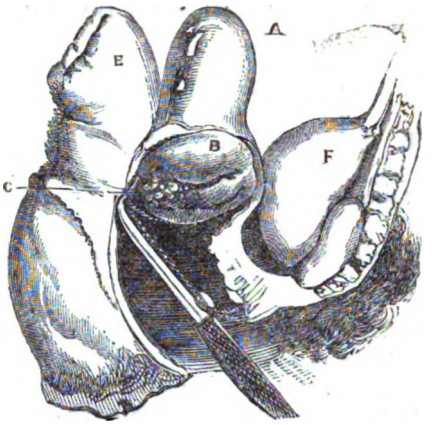

Fig. 2.—Section intended to show how amputation of the cervix uteri may be performed without previously dragging down the uterus. A. Body of the uterus. B. Neck of the uterus, surrounded by a loop of twisted wire, C. E. The rectum. F. The bladder.—(Altered from Chassaignac.)

has been had recourse to in modern times, for this part has now been once or twice excised, viz.:—

3. *By means of the Galvano-caustic Wire.*—Several years ago Mr. Marshall, of University College, London, first ingeniously suggested the use of platinum wire heated by a strong current of galvanism as a new caustic and cutting instrument in Surgery. It has been employed on the Continent, particularly by the Professor of Clinical Surgery at Breslau, for the excision of tumours, broad based polypi, etc. He has removed the diseased cervix uteri by surrounding it above with a loop of platinum wire, then heating the wire by sending a powerful current of galvanism along it, and immediately dragging it gradually through the tissue by means of an appropriate handle or instrument. It has been argued, and perhaps not without justice, that this mode of amputating the cervix uteri has the double advantage of being rapidly performed, and of being free from all risk of hæmorrhage. But it has the disadvantage of requiring a battery of enormous power to heat a wire sufficiently long and strong to make its way through so much living tissue, and although the apparatus has been pretty extensively employed of late in Vienna, Munich, Wursburg, and other continental Hospitals, it has not yet been introduced, so far as I am aware, into any of the Hospitals in Britain. There are various

Dangers attendant upon Amputation of the Cervix Uteri.

Before stating to you some facts by which you may judge of the propriety of ever amputating the cervix uteri in cases of limited cancerous or cancroid disease of this part, I would beg you to remember, first of all, that the operation is one which is by no means free from immediate dangers.

1. *Hæmorrhage.*—In the first place, there is the risk, particularly when cutting instruments are employed, of excessive and fatal hæmorrhage. I never saw a case which proved fatal by bleeding, or even one where hæmorrhage occurred to any alarming degree; but such cases have occurred, and it is well that you should be on your guard against this accident. With proper and methodic plugging of the vagina, assisted particularly by such a powerful styptic as perchloride of iron, I believe you will in every case be able to prevent it from proceeding to a fatal extent. But, secondly, another alarming complication may occur and prove fatal in spite of all your endeavours to counteract it, viz.:—

2. *Collapse.*—Lisfranc has recorded two or three instances where his patients died soon after the operation of a kind of faint or collapse, setting in suddenly without any premonitory symptoms, and sometimes rapidly carrying off the patient. I once saw this fearful symptom occur after amputation of the cervix uteri, in the case of a lady on whom I had performed the operation, along with Drs. Watson and Wilson, of Glasgow, whose patient she was. The tumour removed was a cauliflower excrescence or epithelial cancer, of the size of a lemon, growing in the anterior lip of the uterus, a portion of the higher and healthy tissue of which was, of course, excised along with the cancroid mass. The loss of blood was

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not great, and no bad symptoms occurred till two hours after the operation, when the patient began to feel rather faint and became very restless. By the end of another hour the collapse was so great that the pulse could not be felt; the first sound of the heart was inaudible; the extremities were cold; there was intense thirst, and occasional violent vomiting. This state of collapse lasted, despite of all the means employed, for many hours, and for fifteen or sixteen hours the pulse could not be felt at the wrist. After the symptoms of collapse passed away the patient made a good recovery, and her general and uterine health soon became re-established. I have seen the state of collapse after excision of the cervix prove fatal by itself, and independently of any other complication. A few years ago I operated on a patient in the Hospital for the removal of a limited cancroid disease of the cervix uteri, and where at the time of the operation everything promised fair to yield a good result. The disease was distinctly limited to the lips of the womb: amputation was effected above the line which seemed to mark its extent without more than ordinary difficulty, and was followed by almost no bleeding whatever. The patient was well and in good spirits when I left her half an hour after the operation was completed; but when Dr. William Zeigler, who was then Clinical Clerk, went to visit her some four or five hours afterwards, he found her pulseless, cold, and collapsed. He came at once to fetch me to see her; but when we got to the Hospital she was already dead. On making a post-mortem examination, we could find only the smooth bloodless surface of the fresh-made wound; but no hæmorrhage, no injury, and no morbid change which could at all account for the sudden death. The patient died, in fact, of collapse; and this is an accident which you sometimes see occurring after other operations. I met with it once, for example, in the case of a distinguished friend of mine, on whom Mr. Syme had performed his operation of perineal section. On the second night after the operation, he was seized with alarming symptoms of depression of the circulation, coldness and clamminess of the surface, weakness, or rather absence of the radial pulse, etc. In about twenty-four hours these symptoms disappeared, as a profuse eruption of herpes about the mouth broke out. I have seen the same collapsed condition occur two or three times after the emptying of ovarian cysts; and I have met with it once or twice in women soon after the termination of a natural labour. The first time that I saw it after parturition, was in a patient who had quite a natural and easy delivery, and had suffered from no unusual amount of hæmorrhage. When I saw her in this collapsed condition, an hour or two subsequently, I could not be certain whether she was merely in a state of chronic faint, or pulseless collapse, or whether there might not be some bleeding going on into the cavity of the peritoneum. I had made sure there was no collection of blood in the uterus or vagina. It is an accident which seems peculiarly liable to occur after operations or injuries about the pelvic organs; and no sufficient explanation of it has yet been offered—nor does it even appear that sufficient attention has yet been given to it. I am not sure but that in amputating the cervix uteri, by obviating the necessity of forcibly dragging down the uterus from its position in the pelvis, we do something towards the prevention of this alarming and dangerous complication.

3. *Wounding of Peritoneum.*—A third danger which patients subjected to amputation of the cervix uteri have to encounter is that resulting from the injury sometimes occasioned to the peritoneum during the performance of the operation. I have never seen any misfortune arising from this cause, for in the only instance in which I met with such an accident inflammatory changes of long standing had led to adhesions of the uterus to the rectum, and to a multitude of puckerings and foldings at the thin posterior part of the roof of the vagina, so that when a small oval portion from the surface of one of the folds or projections was accidentally cut off, no spread of any inflammatory action that may have been set up could take place along the adherent peritoneal surface, and accordingly no bad effects ensued. When the amputation is effected by means of the écraseur, however, danger from this source becomes more imminent, from the difficulty which even the most skilful operators experience in preventing the loose tissues above the cervix from being dragged within the embrace of the crushing chain or rope, and from being mangled and torn there. This accident occurred and proved fatal in the hands of perhaps the most dexterous Surgeon in Germany now living; and I can hardly see how you can make sure of avoiding it in those cases where you are to employ the écraseur of Chassaignac, unless by putting some pins through the cervix uteri below the point at which you mean to apply the loop of the chain. By transfixing the cervix in this way you could, perhaps, regulate the exact height at which it was removed by the écraseur in the same way in which you can regulate the height at which it is to be removed by the knife by the use of the volsella. In order, however, to fix such pins, the operation would require to be complicated by first dragging down the cervix uteri, and then introduction would not be so easy as the application of the volsella.

4. *Surgical Fever and Inflammation.*—In relation to the dangers attendant upon amputation of the cervix uteri, let me, lastly, observe that "some" patients, but not very many, have died of peritonitis, or that form of surgical fever which is liable to occur and prove fatal after every form of operation where a cutting instrument is employed.

Advantages or Results to be attained by Amputation of the Cervix Uteri.

Such being the drawbacks and dangers attendant on this operation, is it, you may ask, useful and advisable in any case to have recourse to it? To this question I unhesitatingly answer, that there are cases in which amputation of the cervix uteri is both a useful and a commendable procedure; for by means of it you can sometimes eradicate the disease; and oftener you can stay its progress for a time. As in other operations for the excision of local cancers, here also the results will occasionally disappoint your hopes. The operation, I should already have told you, is not always a very painful one for the patient, and does not always even require chloroform, as was proved by a case in which I operated last summer with the écraseur, along with Dr. Zeigler. The patient was scarcely aware of any painful sensation which could lead her to suppose that a severe operation was being performed. You will prolong the life of your patient by this operation in some instances for several months, while in others the prolongation of her life is to be counted rather by years. In either case you rid your patient for a time of a painful and distressing disease, with the temporary restoration of the patient's general health, and in some rare instances you may hope to work for her a more perfect and permanent cure. The patient of Dr. Watson, to whom I have referred, lived for three or four years after the operation, and had no recurrence of the disease in the original seat of it, but died in consequence of its appearance in the mesenteric and other abdominal glands.

The patient from whom the cancerous cervix uteri was removed, of which I show you these drawings, lived for four years after the operation in perfect health, and died of acute diarrhœa or dysentery.

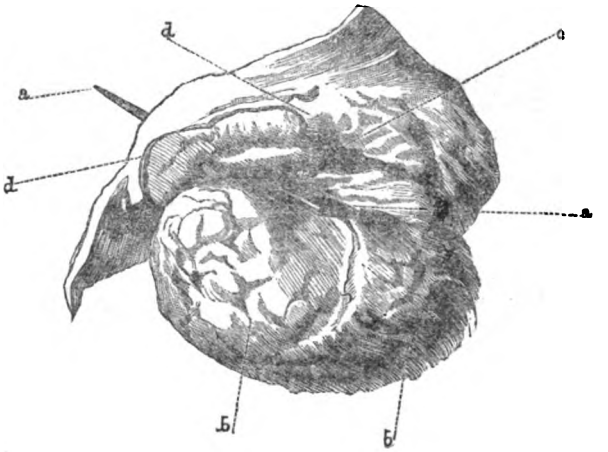

Fig. 3.—Cervix uteri excised for cancroid disease. *a a.* Piece of whalebone passed through the os and along the canal of the cervix. *b b.* Cancroid tumour growing from the posterior lip. *c.* Anterior lip. *d d.* Line showing the extent to which the disease has extended.

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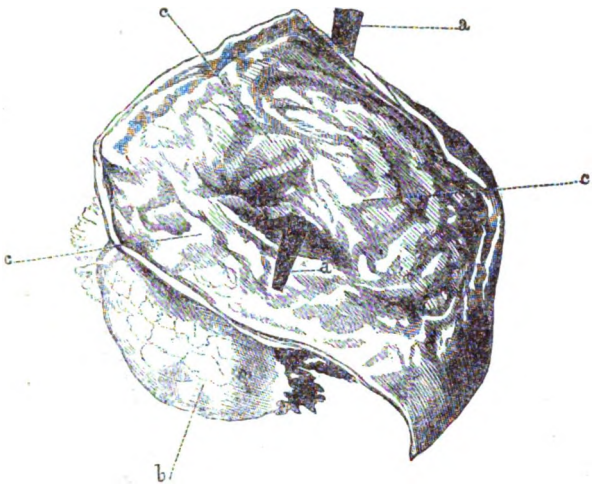

FIG. 4.—Same cervix uteri as in preceding figure viewed from surface of amputation, *c c c*. *a a*. Whalebone probe through os and cervix. *b*. Cancroid mass on posterior lip.

At the time I operated upon her, the patient had already suffered, for a considerable period, from all the usual symptoms of the disease in a very aggravated degree. She had experienced much pain; the discharge had been very profuse, acrid, and for some days before I first saw her, at Kincardine, with Dr. Wilson, most profuse menorrhagia had been going on, which no amount of plugging, and no kind of astringent or cold application seemed to be sufficient to arrest. Though naturally a strong and robust woman, she was, in consequence, soon reduced to such an extreme state of weakness and exhaustion, that she required to be lifted with sheets when they ventured from time to time to get her bed made dry, and she became sick and faint whenever her head was attempted to be raised. In this case the posterior lip of the os uteri was enlarged, indurated, and roughened, and the surface of it, and of the anterior lip was the seat of irregular ulceration. The base of the cervix, however, appeared to be sound, and I therefore excised it; making the line of incision above the seat of the disease, and so removing all the morbidly affected part. When the cervix had been removed, the posterior lip was found to be enlarged, in the form of a tumour, to the size of a pigeon's egg; roughish and tuberculated upon the surface. The base of the tumour upon the posterior lip and some part of the unenlarged anterior lip were the seat of ulceration, marked by an acute sharp edge. The diseased structure of the posterior lip slightly passed the angle or commissure of the left side, and partially invaded the anterior lip. Dr. Anderson, Professor of Medicine in the Andersonian University of Glasgow, who was at that time devoting his attention to the histological study of these growths, detected in the diseased structure all the usual microscopic and anatomical characters of *carcinoma fasciculatum*, as described by Müller. The patient rallied rapidly after the operation, and lived, as I have already told you, for four years afterwards, in the enjoyment of the most perfect good health.

If it be true, which has been stated, that cancer is more constantly primary in the cervix uteri than it is in any other organ or part of the body, then when we catch it in a stage still admitting of removal we may hope for a better result after the operation here than after excision of a cancerous growth from almost any other part. The great drawback is, that here the disease is hidden from view, and generally does not attract attention till it has attained such a degree of development as to excite grave symptoms, and such a spread as to render its extirpation an operation of danger and uncertainty.

But the best case of all was that in which I first performed the operation, now eighteen years ago. The patient had been under the care of Dr. Lewins, at Leith, and when I first saw her, in 1840, she seemed to be at death's door, so reduced was she by the hæmorrhage and excessive serous discharge constantly going on from a cauliflower excrescence of the posterior lip of the uterus. I amputated the cervix at that time, removing a cauliflower excrescence of the size and form here faithfully represented (fig. 5). The patient rapidly recovered, and has remained well and free from all cancerous disease up to this time. She has borne five children since the date of the operation, and when I saw her a few days ago she was in the enjoyment of the most perfect good health.

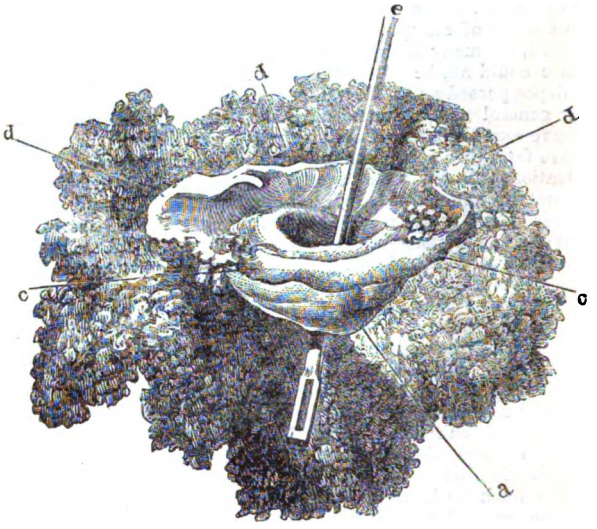

FIG. 5.—Appearance presented by a cervix uteri amputated for cauliflower-excrescence of the posterior lip. *a*. Healthy anterior lip. *c c*. Base of anterior lip. *d d d*. Portion of healthy vaginal mucous membrane removed along with the cervix.

As this case of amputation of the cervix uteri for cauliflower excrescence is one of great interest from its results; the patient, having, as I have stated, borne five children since the operation, and being still perfectly well, eighteen years after its performance; perhaps you will pardon me for adding that the microscopic structure of the excrescence was carefully examined at the time by Professors Reid and Goodsir. We could find it in none of the caudate or spindle-shaped bodies which were then supposed by Müller and others to be distinctive of cancer, but which we now know not to be necessary histological elements of cancerous tissue. On the contrary, we found it composed of groups of cells, each of them enclosing nuclei and nucleoli. Those cells were, to use the modern nomenclature, epithelial cells; and, consequently, the excrescence was an example of epithelial cancer. To prove this compare the drawing of the histological appearances from this excrescence (see Fig. 6), which I published in 1841, with the

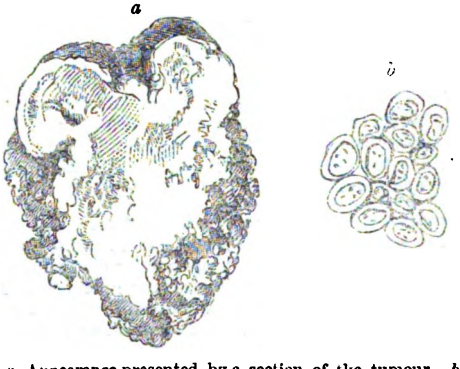

FIG. 6.—*a*. Appearance presented by a section of the tumour. *b*. Microscopic appearance of the cells which constituted the chief mass of the tumour.

drawing of the histological appearances which Virchow published lately in his collected Memoirs (see Fig. 7) of epithelial cancer of the cervix uteri, and you will find the two perfectly identical. In originally publishing an account of the case in the *Edinburgh Medical and Surgical Journal*, five or six months after the performance of the operation, I stated that "I undertook the amputation of the diseased part with strong doubts as to its ultimate success. The patient's peace of mind was broken, and her constitution so rapidly breaking down

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under the constant, profuse, and weakening discharges which afflicted her, that she would, in all probability, have soon sunk under them. Immediately after the operation was performed, these discharges completely ceased, and have never since returned. Her health and strength have, in the meantime, been restored to her, and she is at the present moment advanced beyond the middle period of her pregnancy. The morbid characters of the diseased structure that I removed are such, certainly, as to render its future regeneration not at all improbable; but as yet there are no local appearances of its return; and taking the very worst view of the case, there seems to be no reasonable doubt but that the operation has restored the bodily comfort and prolonged the life of the patient, if it has not entirely freed her from the risk of a future return of the disease." When I penned these remarks, some few months after the operation was done, I had no very great hopes that eighteen years afterwards I should be able to state, as I have stated to you already to-day, that the patient continues perfectly well and has borne several children in the interval.

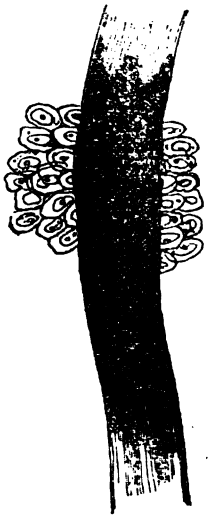

FIG. 7.—"A single, very wide, and thin-walled bloodvessel, from a cauliflower excrescence on which the cells are lying."—*Virchow.*

You must not suppose, however, that those cases where the disease has spread its roots so widely as to have become inaccessible to the knife or écraseur, are altogether beyond the reach of art; for even then we have at our command a means by which we can, in some cases, check the progress of the disease for a time, and in rare cases destroy it altogether. By the same means we can occasionally remove the disease more easily and more safely, perhaps, than by any surgical operation, even so as often to supplant the use here of either the scalpel or écraseur. I refer, of course, to the employment of caustics, the consideration of which must, however, be reserved for another lecture.

ORIGINAL COMMUNICATIONS.

ON DIPHTHERITE.

By THOMAS HILLIER, M.D. Lond.

Assistant-Physician to the Hospital for Sick Children; Medical Officer of Health to the District of St. Pancras.

BRETONNEAU in 1826 described a disease of the throat then prevailing at Tours under the name of diphthérite, from διφθερα, a skin, alluding to the exudation of a false membrane on the fauces and other parts. Dr. Farr proposes to change the name to diphtheria, because the termination *itis* has been used to denote inflammation, and diphtheritis would, it is said, mean the inflammation of the pellicle itself, or if not that, at any rate, would imply that the disease was an inflammation. But as diphtheritis means in Greek a female who wears a skin, and as νοσος (disease), to which the name refers, is a feminine noun, the term is, as Dr. Wade has pointed out, strictly and etymologically correct. But in order to prevent any risk of misleading, or assuming anything in regard to the inflammatory nature of the disease, I think the French word diphthérite, or, the anglicised form of it, diphtheria, is the best name for it, and is the one which I shall use in this paper.

As far back as the time of Aretæus, there have been recorded epidemics of malignant sore-throat, which bear more or less analogy to the epidemic which has recently prevailed in England. Aretæus describes, under the name of Syrian or Egyptian ulcer, a form of malignant sore-throat which was very prevalent in those two countries among children. It was attended by fœtid breath, by the appearance of ulceration in the throat, and in some cases by great dyspnœa.

Hecker, in his account of the sweating sickness of England in 1517 (Hecker's Epidemics, p. 224), says that "in January of that year there appeared in Holland another disease, which from its dangerous and inexplicable symptoms spread fear and horror around. It was a malignant and infectious inflammation of the throat, so rapid in its course that unless assistance was procured within eight hours the patient was past all hope of recovery before the close of the day. Sudden pains in the throat, and violent oppression of the chest, especially in the region of the heart, threatened suffocation, and at length actually produced it. During the paroxysms the muscles of the throat and chest were seized with violent spasms, and there were but short intervals of alleviation before a repetition of such seizures terminated in death. Unattended by any premonitory symptoms, the disease began with a severe catarrhal affection of the chest, which speedily advanced to inflammation of the air-passages. . . . . The physicians had recourse to venesection and purgatives. Moreover, the employment of detergent gargles, whereby the extension of the affection to the lungs was prevented, as also of demulcent pectoral remedies, was decidedly beneficial. . . . . Most of those affected were taken ill at the same time, and eleven days of suffering and misery had scarcely elapsed when not another case occurred. It spread, however, no doubt beyond Holland, for in the same year we find it in Basle, where within eight months it destroyed about 2000 people, and its symptoms would seem to have been more strongly marked.

"Respecting the intermediate countries, which it is highly probable that the disease passed through from Holland before it reached Basle, we unfortunately have no information. The tongue and gullet were white, as if covered with mould; the patient had an aversion to food and drink, and suffered from malignant fever, accompanied with continued headache and delirium. Here, in addition to an internal method of cure not detailed, the cleansing of the mouth was perceived to be an essential part of the treatment; the viscous white coating was removed every two hours, and the tongue and fauces were afterwards smeared with honey of roses."

In 1557 M. Pierre Forest described an epidemic of a similar kind, with which he himself was attacked, at Alkmaar, in Holland, which in a few weeks killed 200 people, and spread to many other parts of Europe. "It was not so rapid in its course as in 1517, but began with a slight fever like a common catarrh, and showed its great malignity only by degrees. Sudden fits of suffocation then came on, and the pain of the chest was so distressing that the patients imagined they must die in the paroxysm. The complaint was increased still more by a tight convulsive cough. Death did not take place till the 9th or 14th day. The painful affection of the stomach was in this epidemic very distinctly marked, so that a sense of pressure at the precordia, accompanied by continued acid eructations, continued to exist even after a succession of six or seven fits of fever, and convalescents were troubled with dyspepsia, debility, and hypochondriasis." In the beginning of the 17th century an epidemic of angina occurred in Spain, described by Mercatus, Villareal, Nunez, and others: from its frequently causing death by suffocation, it was called "garotillo." In 1618 it appeared at Naples, where it remained twenty years, and was described by Carnevale Nola, Zacutus Lusitanus, and Marcus Aurelius Severinus. It commenced by a mild inflammation of the throat, soon the affected parts became white, the breath became fœtid, deglutition became impossible, the voice went; then the respiration was embarrassed, and the children died as if they had been strangled by a cord. Seventeen years later it appeared in Kingston, North America. The disease chiefly attacked children, and there were observed behind the ears and on blistered surfaces changes similar to those in the back of the throat.

A similar epidemic prevailed in Paris from 1743 to 1748, and was described by Malouin and Chomel. Nearly at the same time other epidemics were raging in England and in Cremona, where they were recorded by Fothergill, Starr, and Ghisi. There can be no doubt, however, that the angina described by Fothergill was secondary to or allied with scarlatina, as was also the epidemic described by Huxham in his work in 1757; while the cases described by Starr and Chomel are not so allied, although in regard to the local malady there is very great similarity between the epidemics, and they were prevailing about the same time.

Fothergill enumerates a long list of names, under which he considers that the complaint about which he writes has been described, viz. ulcus Syriacum, garotillo, morbus strangulatonus, pestilens faucium affectus, epidemica gutturis lues, etc

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He says it is most common in autumn and the beginning of winter. "It generally comes on with giddiness and chills, which are soon followed by great heat; these states alternate for a few hours, until, at length, the heat becomes constant and intense. Then follow acute pain in the head; heat, and soreness rather than pain of throat, stiffness of the neck, commonly great sickness, or purging, or the two combined. The face soon after looks red and swelled, the eyes inflamed and watery as in measles, restlessness, anxiety and faintness. If the mouth and throat are examined soon after the first attack, the uvula and tonsils are found swelled; and these parts, together with the velum pendulum palati and pharynx, appear of a florid red colour, which is most marked on the posterior edge of palate, in the angles above the tonsils, and upon the tonsils themselves. Instead of redness a broad spot or patch of an irregular form, and of pale white, is sometimes seen surrounded with florid red, which whiteness appears like that of the gums immediately after being pressed with the fingers, or as if matter ready to be discharged was contained beneath. Generally on the second day of the disease the face, neck, breast, and hands are of a deep erysipelatous colour, with a sensible tumefaction. A great number of small pimples of a colour more intense than that which surrounds them appear on arms and other parts. (In a note he says, "The eruption and redness have not so regularly accompanied the disease during the latter part of this winter, 1764, as they did last year. In some cases they did not appear at all, in others not till the third or fourth day.")

"The appearances in the fauces continue the same, except that the white places become more ash-coloured; and it is now found that what might be taken for the superficial covering of a suppurated tumour is really a slough concealing an ulcer. Instead of the slough in mild cases, a superficial ulcer of an irregular form appears in one or more parts, scarce to be distinguished from the sound but by the inequality of surface which it occasions. Towards night heat and restlessness increase, and a peculiar kind of delirium frequently comes on. The patient commonly answers questions properly, but with an unusual quickness. He talks to himself incoherently when left alone: patients frequently betray the first tendency to this disorder by too great composure.

"The pulse is generally very quick; in some hard and small, in some soft and full. The tongue is generally moist, and not often furred. In some it is covered with a thick white fur; and these generally complain of soreness about the root of the tongue." He speaks of a discharge of sanies from the nose, which is sometimes very acrid. At the onset there is sometimes epistaxis; and, occasionally, hemorrhage from the ears.

He speaks of diarrhœa as common at the outset, and considers it a very bad sign if it continues afterwards. An excessive faintness he describes as a common symptom. He does not mention dropsy as a possible sequela. He evidently had thought of the possibility of its being scarlatina masked; but he says decidedly, that it differs from the sore-throat and scarlet fever described in Edinburgh in 1733. He speaks very decidedly about the separation of sloughs which leave ulcers. Such is Fothergill's account.

Huxham, about the same time, evidently describes exactly similar cases. He himself says that they were not much unlike some of the scarlet fevers mentioned by Morton. He says, "Most commonly the angina came on before the exanthem, but many times the eruption appeared before the sore-throat, and was sometimes very considerable, though there was little or no pain in the fauces; on the contrary, a very severe angina seized some patients that had no manner of eruption, and yet even in these cases a very great itching and desquamation sometimes ensued; but this was chiefly in grown persons, very rarely in children." The eruption was sometimes partial, sometimes erysipelatous, sometimes pustular. He speaks of some rare cases in which there was œdema as a sequela.

He alludes to some cases in which there were signs of croup, but the symptoms were little marked, and the peculiar cry and suffocative angina were wanting.

He makes the remark, "that in all sorts of fevers about this time, there was a surprising disposition to eruptions of some kind or other, to soreness of throat and apnœa."

Now Chomel's cases, on the other hand, occurring at very nearly the same time, do not seem clearly referrible to scarlatina. He makes no allusion to any cutaneous eruption; the onset of the malady was often very insidious. The cases were not usually preceded by rigors, headache, or delirium; the eyes were not affected.

Starr and Ghisi describe cases which also appear to be primary, and not secondary to scarlatina; they speak of the extension to the air-passages as a frequent occurrence.

Dr. Bard, of New York, writing in 1771, is the first author who distinctly describes the formation of a false membrane similar to that which is found in croup. He describes cases in which there was angina alone, others in which angina was combined with laryngitis, and others in which there was laryngitis alone. He quite discards the notion of gangrene or ulceration, which all the previous writers had described, and considers the white appearances to depend on an exudation. These views were nearly lost sight of until M. Bretonneau, in the beginning of the present century (1826), wrote a treatise on diphtherite, in which he states that this throat affection is not attended with ulceration or gangrene, but is closely identified in every respect with croup.

He thinks that previous observers had been misled by the appearance of ulceration when there really was none. He also maintained that it was closely allied to an affection of the gums and mouth, which prevailed at the same time.

(To be continued.)

NOTE ON A NEW MODE OF TREATING

SEVERE DYSPEPSIA AND CHRONIC INFLAMMATION OF THE STOMACH.

By ALEXANDER FLEMING, M.D.
Senior Physician to the Queen's Hospital, Birmingham.

In the medicinal treatment of affections of the stomach, I have long been convinced of the great importance of acting directly on the gastric mucous membrane. That, in fact, local treatment is here nearly as valuable as it is in affections of other mucous surfaces, as the eye, pharynx, vagina, and urethra. Hygienic rules and the management of the food are, for obvious reasons, very important in affections of the stomach, and will often cure mild cases without the help of medicine; but I am satisfied that, in the more severe and obstinate forms of chronic gastritis, the local medicinal treatment of the diseased mucous membrane has been unduly neglected—and that it contributes very powerfully to promote the cure.

Of the several medicines which I have employed with a view to their *local* action on the stomach, my experience gives the first place to nitrate of silver; and the observations I have now to make apply to this remedy. It is often given in pill. If this be made with bread-crumb, the chloride of sodium in the bread converts the nitrate into the insoluble and comparatively inert chloride of silver. If made with gum or starch, the pill, on reaching the stomach, causes quickly the secretion of gastric juice, the chloride of sodium and muriatic acid of which again render the nitrate inert. It can have very little *local* action in the form of pill. I have for many years, therefore, given the crystallised nitrate dissolved in distilled water, in the proportion of from ¼ grain to 4 grains to the half-ounce. The dose is taken at bed-time on an empty stomach, and is repeated every night, every second, third, or fourth night, according to the severity of the disease. The stomach should be strictly empty—the patient recumbent—and he should be made to roll about immediately after taking the medicine. It is thus—before it suffers decomposition—brought into contact pretty freely with the mucous membrane, and gives, at the time and subsequently, evidence of its local action. In many cases, this mode of using the remedy suffices, in conjunction with other means, to effect a cure.

But this method of exhibiting the medicine is not equal to the cure of some of the severer forms of dyspepsia and chronic gastritis; and in these, I have, for the last four years, endeavoured to act more generally and efficiently on the mucous surface by injecting the solution into the stomach. I employ a strong brass syringe and flexible tube—one-eighth of an inch in bore—the gastric end of which has a number of holes so directed that the fluid is thrown in a circular shower outwards and upwards on the walls of the stomach. The injection is made by dissolving from one to four grains of the nitrate in three ounces of distilled water. The operation is

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for the most part managed easily. Sometimes it causes nausea and retching—oftener not. It excites at first an enduring and grateful sense of coolness in the stomach, and subsequently there are felt pricking and sharp painful sensations, but of a different nature from the pains of the disease. Sometimes one injection is enough; but I have more frequently had to repeat it two, three, or more times.

During the employment of the injections, the patient takes three times a-day and before food a little morphia, or chloric ether, or Indian hemp, in plain or cinnamon water. He is confined to small and frequent meals of milk, and as he gets better this is thickened with arrowroot or tapioca, and he is very gradually introduced to a nourishing and easily digestible diet. Counter-irritation to the epigastrium, nitrate of bismuth, oxide of silver, gentle tonics, etc., are employed when indicated.

Of the thorough efficiency of this mode of acting on the mucous surface of the stomach, and of its power in promoting the cure, my experience, so far as it goes, is very decided. Although it is now four years since I first tried injection, I have not used it in more than ten cases. I have always, in the first instance, employed the simpler method already described, and resorted to injection only as a last resource; but its greater efficiency would, I feel certain, justify its employment in many of the less severe cases, and give more thorough and speedy cures. It is not my purpose, at present, to consider the intimate nature of the mode of cure, or the manner in which the nitrate of silver substitutes healthy for diseased action in the inflamed gastric membrane. I must reserve that interesting question, and the detailed narrative of cases, for another opportunity.

Mr. Young, cutler of Edinburgh, made the instrument I now use for injecting the stomach, and it answers extremely well.

20, Temple-row, Birmingham.

ON THE ACTION OF THE ELECTRIC CURRENT UPON THE MOTOR NERVES AND MUSCLES.

By J. ALTHAUS, M.D.

If a motor nerve of an animal recently killed be subjected to the action of a continuous galvanic current, contractions of all the muscles animated by this nerve are produced, on closing as well as on opening the circuit, whether the current be direct or inverse. Care must be taken, however, that the electrodes connected with the poles of the battery be placed at two points of the nerve which, although they may be near to each other, are at a different height, so that the electric current may traverse the nerve in an oblique direction. If the current would pass transversely through the nerve, one electrode being applied to the right, and the other to the left side of the nerve, at the same point of its transverse section, no contractions would take place.

It was Luigi Galvani, of Bologna, who first observed in 1786, that when the nerves and muscles of a frog were connected by means of an arc composed of two different metals, powerful contractions of the muscles took place (a). Soon after Galvani's discovery had been made known, Volta found that the contraction took also place, if the nerves alone were enclosed in the circuit (b). In their first experiments, Galvani and Volta noticed only the contraction produced on establishing the circuit; it was another Italian philosopher, Valli, who soon afterwards observed another contraction caused by breaking the circuit (c). It has lately been asserted by M. Duméril, that these observations had been made a long time ago by the Dutch philosopher, Swammerdam, who had shown the experiment to the Grand Duke of Tuscany, in 1668 (d). Duméril's assertion has been repeated by Matteucci and Dr. Golding Bird; but a close examination of Swammerdam's experiments shows that the contractions he observed were produced by a mechanical irritation of the nerve, and not by galvanism.

Before we enter more fully into the interesting phenomena brought about by the galvanic excitation of the motor nerves and muscles, it is necessary to state that the contractions produced by the entrance and the cessation of the current do not take place in consequence of the motor nerve simply conducting the electric fluid to the muscles; although the nerve is undoubtedly a conductor of electricity. Up to a recent time very vague notions were entertained on the electric conductibility of the different animal substances. The old physiologists, who had not experimented upon this subject, believed that the nerves were very good conductors of electricity. But it resulted from the first experiments which were made on the subject by Person (e), that the nerves are no better conductors of electricity than the muscles and other humid animal substances, which, according to the researches of Weber (f), conduct about ten to twenty times better than cold distilled water, and fifty million times worse than metallic copper. In 1843 a series of experiments on the conductibility of the different animal substances was undertaken by Matteucci (g), who was led to the conclusion that the muscles are the best conducting tissue of the animal body, and that the brain, the spinal cord, and the nerves conduct four times worse than the muscles. Matteucci's views were almost generally received by the Profession; but we shall see elsewhere that the method he employed in his researches is open to several objections, and cannot yield correct results.

It was Professor Eckhard, of Giessen (h), who recently devised a method by means of which it is possible to measure exactly the resistance offered to the passage of the current by all the different tissues of the animal body, and who found the conductibility of the muscles only twice as great as that of the nerves. But the conductibility of the nerves does not at all explain the physiological effect produced by the electric excitation of the nerves. The contraction of the muscles is by no means determined simply because a particular fluid is transmitted to them by the nerves. For if a wet thread be tightly applied to a nerve, so that it becomes thin and reduced to it sneurilemma, we shall never succeed in exciting contractions in the muscles animated by this nerve, if the electrodes be applied to the nerve above the point where it has been tied; although by such a proceeding the propagation of electricity is not interrupted, the wet thread conducting equally well as the nerve. Another still more remarkable instance is, that a few drops of ether applied to any point of the nerve, will suspend the contractions of the muscles, if the electrodes be placed above or at the point where the ether has been applied; the contractions, however, will reappear as soon as the effects of ether have passed off.

Finally, if we galvanise the nerves of a frog which has previously been poisoned by woorara, not the least contraction will occur in the muscles animated by these nerves; although woorara does in no way affect the electric conductibility of the nerves, which remains perfectly intact; nor the contractile power of the muscles, for the muscles are seen to suffer commotions if an electric current is directly applied to them without the intervention of the nerves; it is only because woorara destroys the peculiar force and properties of the nerves, by which the nerves are enabled to produce the play of the muscles. Hence it results that contractions of the muscles cannot be produced by the galvanic excitation of the motor nerves, unless the nerves be in a state of integrity. The electric current excites the nerve and puts in action its property of producing muscular contractions; it causes a disturbance in the molecular equilibrium of the nerve, whereby the nerve is enabled to bring about a shortening of the muscular fibres attended by an increase in their diameter.

Volta, whose genius unfolded so many phenomena related to galvanic electricity, thought the contraction produced at the commencement of the current of easy explanation, but could not well understand why a similar contraction should take place on breaking the circuit; he supposed wrongly that

(a) De viribus electricitatis in motu musculari commentarius. Bologna, 1791. This essay was published five years after Galvani had first made his discovery.

(b) Collesione dell' opere del Cavaliere Conte Alessandro Volta. Florence, 1816. Vol. iv. p. 134.

(c) Reinhold, Geschichte des Galvanismus, etc. 1792. P. 25.

(d) Annales des sciences naturelles. 2 séric. Zoologie. Paris: 1840. Vol. xiii. p. 65.

(e) Sur l'hypothèse des courans électriques dans les nerfs, en Magendie Journal de physiologie expérimentale. Paris: 1830. Vol. x.

(f) Quæstiones physiologicæ de phænomenis galvano-magneticis in corpore humano observatis. Lipsiæ: 1836.

(g) Traité des phénomènes électro-physiologiques des animaux. Paris: 1844, p. 47: and Comptes rendus, etc., 1843, 23 Janvier.

(h) Beiträge zur Anatomie und Physiologie. Giessen: 1858. Vol. i. p. 55.

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this second shock might be due to a sort of counter-current, produced at the moment when the circuit is broken ("causées par une espèce de reflux du fluide électrique") (i). Another view was taken by Lehot (k), who stated that during the passage of an electric current through a nerve a part of the electricity accumulated in it, and on the interruption of the current discharged itself, traversing the nerve in an opposite direction, and thus giving rise to contraction. Nearly thirty years later Lehot's explanation was again taken up by Marianini (l); but neither Volta nor Lehot nor Marianini has been able to furnish any conclusive proofs in support of their opinions, and we are now able to explain the phenomenon described in a satisfactory way without having recourse to hypotheses unsupported by facts.

We have seen that during the time that a continuous galvanic current traverses a motor nerve, no visible effect takes place in the muscles, provided that the current of the battery is constant. It appears, therefore, very strange that Matteucci, in a paper on the measurement of the nervous force developed by the electric current (m), asserted that a constant relation existed between the consumption of zinc in the production of electricity, and the mechanical effect produced in the contraction of a frog's leg the nerve of which is traversed by the current; as it is obvious that we may with the same quantity of zinc in a galvanic circuit obtain *ad libitum* few or an immense number of contractions, in proportion as we make and break the circuit more or less rapidly. Indeed, the remarkable physiological effect occurs at the moment when the density of the current suddenly rises from zero to a certain height, as is the case on establishing the circuit; and on the other hand, when the density of the current descends again from a certain height to zero, as is the case on breaking the circuit. Proceeding from these facts, Du Bois-Reymond has arrived at an electro-physiological law for the motor nerves, which he has proposed in the following terms:—"The motor nerve is not excited by the absolute amount of the density of the current, but merely by the variations which occur in the density of the current from one instant to the other; and the physiological effect is the greater, the more considerable are the variations of the density of the current; that is, in proportion as they take place more rapidly or as they are more considerable in a given space of time" (n). It is obvious that this affords a striking analogy to the development of induction currents in coils of wires connected with the poles of a battery; as induction currents are only produced on making and breaking the circuit of the battery, but not while the circuit is closed.

By Du Bois-Reymond's law it is easy to explain a number of phenomena which had been observed a long time ago. Thus, for producing contractions it is not absolutely necessary that the current traversing a nerve should be closed or opened, as thereby only the maximum of variation is produced. Physiological effects will also be brought about by minor variations in the density of the current; for instance, if the intensity of the current traversing a motor nerve be suddenly increased; or if another current be suddenly brought to bear upon a nerve traversed by a continuous current; or if a portion of the current traversing a nerve be suddenly diverted, as may be done in the following way: the legs of a frog which has been skinned and prepared as usually, are immersed in two separate vessels filled with water and connected with the poles of the battery; now, while the current is circulating in the nerves, the two vessels are suddenly connected by means of a conducting body, as an arc of copper or silver wire; by the wire a portion of the current is withdrawn, and simultaneously with it a contraction is produced. It is obvious that variations of this kind are not so considerable, and the physiological effect, therefore, will not be so striking than that observed on closing or opening the circuit altogether.

It is also easy to understand from Du Bois-Reymond's law the action of an induced current upon the nerves and muscles. Induction currents are instantaneous, they consist only of great and sudden variations, which succeed each other more or less rapidly, in consequence of the commencement and the cessation of the current of the battery, and the magnetisation and demagnetisation of the soft iron. A single induced current will act just as opening or closing the circuit of the battery, there will be a contraction brought about by the disturbance of the molecular equilibrium of the nerve; but the muscle will immediately fall back into relaxation. But when the induction currents succeed each other rapidly, the contractions caused by them will likewise be brought about in a rapid succession, and the muscle will relax less and less the more rapidly the intermittences be given. In a certain rapidity of the intermittences the contraction will appear continuous, as if produced by the will; this apparently continuous contraction, however, consists only of a very rapid succession of single contractions, the intervals between which are too short to be distinguished. Thus the induction apparatus which I usually employ can furnish 120 currents in a second; so that if it be applied to a muscle, 120 single contractions may be produced in a second, and 7200 in a minute. (This circumstance furnishes a clue to understand why the induced current is a more powerful means against paralytic affections than the continuous current.)

Although it is especially the variations which occur in the density of the current which are of influence in the production of contractions, the intensity and the direction of the exciting current are also of great importance.

If a feeble continuous current be applied to a nerve, the nerve will retain its excitability very long, and will not be destroyed, as is done by mechanical and chemical stimuli. But if the continuous current be of a certain intensity (if instead of a single battery a pile be applied), the nerve will be destroyed, both by the calorific and the chemical action of the pile, especially at the point where the negative pole has touched the nerve. The latter circumstance is partially due to the electrolysis of the salt solution contained in the nerve, and the consequent formation of alkali by which the nerve is cauterised; at the same time hydrogen is developed around the negative pole in consequence of the decomposition of the water. If a nerve to which an intense continuous current has been applied be afterwards subjected again to the action of a feeble continuous current or an induced current, above or at the point where the negative pole has been applied, no physiological effect whatever is produced; but if the same nerve be excited at a point near to the muscle and beneath the negative pole, a contraction of the muscles animated by it will again be produced. It is only the continuous galvanic current which is capable of destroying a nerve by its calorific and chemical action; if the continuous current be constantly interrupted and re-established again by means of a cut-current or rheotome; or if, instead of the continuous current, induction currents are employed, a destruction of the nerve will not be brought about.

The phenomena produced by the electric excitation of motor nerves will also present certain differences according to the direction of the current. This was first pointed out by Pfaff (o). To observe such differences, however, it is necessary to employ a feeble current, as furnished by a single galvanic pair; if the current of a powerful pile would be used in such researches, no differences would be noticed.

These differences may be thus described: When the nerves are in the highest degree of excitability, as is the case immediately after death, and when the nerves have not been subjected to the action of the galvanic current, we are generally not able to distinguish if the contractions produced by the excitation of the nerves be more powerful by the direct or the inverse current, and on closing or on opening the circuit. But if the nerve has lost some of its excitability, as is the case a certain time after death, and when it has been somewhat exhausted by the action of the continuous current, a difference is to be noticed in the physiological effect. If a direct or downward current be applied to the nerve, the contraction is produced only at the moment when the circuit is established, but not while the current continues to traverse the nerve, nor at the moment when it ceases to pass; on the other hand, if an inverse or upward current be sent through the nerve, there are no contractions at the commencement of the current nor while the circuit remains closed, but only at the moment when the circuit is broken. If we employ in

(i) On the electricity excited by the mere contact of conducting substances of different kinds. In a letter to the Right Honourable Sir Joseph Banks. Philosoph. Transactions, 1800, p. 421.

(k) Gilbert's Annalen der Physik, 1801. Vol. ix. p. 188.

(l) Sur la secousse qu'éprouvent les animaux, etc. in Annales de Chimie et de Physique, par Guy-Lussac and Arago. Paris: 1829. Vol. xl. p. 225.

(m) Annales de Chimie et de Physique, 1844. 3 série. Vol. xi. p. 403.

(n) Untersuchungen über thieristhe Elektricität. Berlin: 1848. Vol. i. p. 258.

(o) Uber thierische Electricität und Reizbarkeit. Leipzig: 1795, p. 74.

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such researches a frog prepared in the manner of Galvani, and immerse the two legs in two vessels filled with water and connected separately with the poles of the battery, contractions will no longer take place in both limbs at the same time, as was the case immediately after the death of the animal; but a contraction will be observed on making the circuit in that leg in which the current is direct or downwards, and on breaking the circuit in the other leg in which the current is inverse or upwards (p). If the period elapsed after the death of the animal be still greater, or when the nerves have been subjected very long to the action of the continuous current, only one contraction will remain, viz. that produced by making the direct circuit; and finally, all contractibility will disappear. These differences in the contractile power of the muscles have been most elaborately investigated by Nobili, of Reggio, who has distinguished five different degrees of the excitability of the muscles, the first of which is, where by the direct as well as by the inverse current, contractions are produced both at the commencement and at the cessation of the current; the last, where neither by the direct nor by the inverse current, contractions are to be perceived, whether the circuit may be opened or broken (q). The following table may serve to illustrate

Nobili's Law of Contractions.

	Direct		Inverse	
	Making	Breaking.	Making.	Breaking.
I.	Contraction.	Contraction.	Contraction.	Contraction.
II.	Strong contract.	Feeble contract.	..	Strong contract.
III.	Strong contract.	..	..	Strong contract.
IV.	Contraction	..	..	..
V.	..	..	..	..

It is very probable that these differences depend upon certain changes brought about in the current proper of the nerves, after the separation of the nerves from the animal body. But it is not to be presumed that Nobili's law is invariable; it has been observed that in some instances just the contrary did happen, viz. a strong contraction on breaking the direct and on making the inverse current. These variations, which, it is true, are of rare occurrence, are probably to be accounted for by certain differences which exist in the nutrition of the nerves and muscles, and by the different way in which these parts have been treated after death. Besides it will be well to state in regard to the different periods of excitability of the muscles, that we may observe two and even three of these periods in the same nerve at the same time, provided that the nerve be excited at different points of its length. This depends upon the circumstance that the nerves, when they have been separated from the nervous centres, die in a direction from the centre to the periphery, as was first pointed out by Valli and Ritter: the vital energy will, therefore, remain longest in the terminal branches of a nerve; thus it may happen that we observe contractions both at the commencement and at the cessation of the current, whatever may be direction of the current, if the terminal branches of the nerve be excited; but if we excite the nerve nearer to the centre, we may observe only two contractions, viz. on making the direct and on breaking the inverse; while if the nerve be acted upon close to the spinal cord, a contraction is caused only on making the direct current. From this we may infer that the manifold differences noticed in the contractions have not that important physiological bearing which had been attributed to them by previous observers. It is quite true that there are different periods of excitability in the nerves after they have been separated from the animal body. But these do never occur in the living nerves, so long as they are connected with the nervous centres; they are merely the result of the fatigue of the nerves necessarily brought about a certain time after their separation from the animal body; a fatigue which will be accelerated if the nerves have been repeatedly subjected to the action of the galvanic current.

Before we leave this subject, it is necessary to mention the experiments which have been made by Messrs. Longet and Matteucci (r), in order to determine if different physiologica effects would be brought about by the galvanisation of the motor and of the mixed nerves; that is, the pure motor nerves, before they have received sensitive fibres from the posterior roots, or the motor nerves after sensitive fibres have been associated with them.

They say that, if the anterior roots were galvanised, contractions were only produced on making the inverse current and on breaking the direct, while the contrary would be observed if the mixed nerves were subjected to the action of the current; viz. a contraction on making the direct and breaking the inverse current. Hence they concluded that we might be able to tell the nature of a nerve, whether mixed or purely motor, by merely applying to them a continuous current, and noticing the physiological effect produced by it. These results have, unfortunately, not been confirmed by the recent and more exact researches of Claude Bernard and Rousseau (s), so that the assertions of Messrs. Longet and Matteucci deserve a place only in the history of the physiological science.

(To be continued.)

(p) To impress this fact upon the memory, Dr. Todd has proposed the following formula, MD BI—making direct, breaking inverse (Cyclopædia of Anatomy and Physiology; art. Physiology of the Nervous System. Vol. iii. p. 720 M.)

(q) Memoire ed osservazione edite ed inedite del cavaliere Leopoldo Nobili Florence, 1834. Vol. i. p. 135; and Annales de Chimie et de Physique, Mai, 1830. Vol. xliv. p. 60.

(r) Annales de Chimie et de Physique. 3 Série. Paris: 1844. Vol. xii. p. 574.

(s) Leçons sur la Physiologie et la Pathologie du Système Nerveux, par M. Claude Bernard. Paris: 1858. Vol. i. p. 167.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

THE ROYAL LONDON OPHTHALMIC HOSPITAL.

RECENT STRABISMUS CURED BY REMOVAL OF NECROSED BONE FROM A WHITLOW.

(Under the care of Mr. HULKE.)

The influence of peripheral sources of irritation upon the nervous system is well known. Teething and convulsions, lumbrici and epilepsy, are familiar examples as regards the great centres themselves. Instances of the sympathetic affection of single nerves, or of isolated groups of muscles, although less frequent, are by no means uncommon. We mentioned, two months ago, a case confirmatory that tenia in the intestine sometimes cause a circumscribed patch of alopæcia on the scalp, and a severe but localised headache. Strabismus in young children sometimes supervenes apparently in connexion with worms. The subjects of the curious manifestations of nervous sympathy are, however, almost always either children or delicate women, in whom the cerebro-spinal system is peculiarly susceptible. The following case exemplifies the occurrence of a squint, in an adult man, seemingly in consequence of the irritation caused by a whitlow. At any rate, the squint came on coincidently with the necrosis of the terminal phalanx of one finger, and was wholly cured by the removal of the dead bone.

Owen Jones, aged 37, applied at the Royal London Ophthalmic Hospital, September 24, 1858, for advice about his left eye. He gave the following account of his case:—

Seven weeks previously a whitlow came on the last phalanx of the thumb of his left hand; this was followed by inflammation of the lymphatics, and the gland above the elbow and those in the armpit became enlarged and very tender. The whole arm was very painful. While the limb was in this condition, one morning, on getting up, he found that he saw double, and had a squint in his left eye: this induced him to come to the Ophthalmic Hospital. It was found that he had complete paralysis of the ext. rectus muscle, and could not turn the eye out beyond the middle line. He also complained of severe circumorbital pain. He was directed to poultice the whitlow, which had burst; to foment his arm, and keep it up in a sling, on the supposition that the pain about the orbit and the paralysis of the outer rectus might depend on periosteal inflammation. Iodide of potassium was prescribed, which he took till November 23rd, without any

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improvement of the eye. The enlargement of the glands in the armpits and above the elbow, and the swelling of the arm, had quite subsided. A loose bit of dead bone could be felt through a sinus on the under surface at the end of the thumb. It was extracted with a pair of dressing forceps.

30th.—He states that all pain in the arm, and about the orbit, left him soon after the removal of the dead bone. The squint also disappeared. He can turn the eye out till the margin of the cornea nearly touches the canthus. It is only when he looks to his extreme left that he sees double.

ST. THOMAS'S HOSPITAL.

We gave last week a series of instructive cases in which acute peritonitis had resulted from rupture or perforation of one or other of the abdominal viscera. The two following illustrate one of the least infrequent of the forms of that disease, that namely, resulting from perforation of the bowel in typhoid fever. The second of them possesses peculiar interest, from the fact that the patient lived two weeks after the occurrence of the perforation. The first is an example of what is more usual in respect to duration of the fatal attack.

TYPHOID FEVER—PERFORATION—PERITONITIS.

(Communicated by Dr. BRISTOWE.)

Andrew S., a labourer, 31 years of age, was admitted at 7 p.m. on the 28th December, 1853. He stated that he had usually enjoyed good health, but had had a severe cold during the last three months. He had been much worse during the last fortnight, and had suffered from constant diarrhœa, but had continued at his work. At 5 o'clock on the morning of the day of his admission, while in bed, he was seized suddenly with violent pain in his belly, which was increased on pressure. This was followed by sickness; and as there was no abatement in his symptoms, he applied for admission in the morning. He was ordered a hot bath, a mustard poultice to the belly, and a pill containing calomel and opium, to be followed by a dose of castor-oil four hours afterwards. The bowels were not relieved, and on the following morning an enema was administered. At noon the following notes were taken:—"His countenance is anxious and haggard; he lies on his right side, with the knees drawn up, but he can straighten them without inconvenience; the belly is somewhat tumid and hard; and he complains of great pain on pressure, on drawing a deep breath, on coughing or vomiting. The tongue is dry, and covered with a yellowish brown fur; he complains of thirst, vomits frequently, and has occasional hiccough. The pulse is imperceptible at the wrist; the respirations are sixty in the minute, very shallow, and without any motion of the diaphragm. Skin warm (has just come out of a hot bath). No headache." At 3 p.m. the bowels had been just relieved of a fluid but healthy motion; his extremities were chilly, but in other respects he was as before. At half-past 3 he got up to have a stool, and died on the chair.

Autopsy.—A little fetid gas escaped on opening the abdomen; and the cavity contained about a pint of thin pea-soup-like fluid. The peritoneal surface was universally congested and covered by a thin imperfect layer of soft yellowish lymph, which united the viscera more or less completely to one another. A small perforation was discovered in the ileum, about a yard from the cœcum, which at the time of the autopsy was temporarily closed by adhesions. There were typhoid ulcers only in the ileum, three just above the cœcum, and two about a yard higher up; and it was in the lower of the two latter that the fatal perforation had taken place. The only other mark of disease was slight pleuritis at the base of both lungs.

Remarks.—There can be no doubt that the cold which this patient had been labouring under for three months, had no connexion with the disease of which he died. The aggravation of his feeling of illness, and the supervention of diarrhœa, which took place two weeks before death, probably indicate the commencement of the fever. That he did labour under typhoid fever is shown both by the history and the post-mortem; but that it was in a very mild form, is shown by he fact that he continued at his work up to the time of the perforation—a not infrequent occurrence in cases of this kind.

TYPHOID FEVER.—PERFORATION AND PERITONITIS.—DEATH AT THE END OF TWO WEEKS.

Samuel W., a sailor, aged 15, was admitted on the 1st of January, 1857. About the 18th of December, while at sea, he was taken rather poorly with pains in the thighs, and these continued until Christmas-day. He complained during this time of little or nothing else, and his appetite was good and his bowels regular. On Christmas-day he was attacked suddenly with severe pain in the belly, which was not of a griping character, but was attended by severe exacerbations, and increased by coughing. His appetite disappeared, he became thirsty, and the bowels constipated. He continued without any material change in his symptoms up to the time of admission. At that time his face was flushed, his skin hot and dry, without any trace of rash; his pulse 92. He was thirsty, without appetite, had a thin fur upon his tongue; had no nausea, no headache, and no pain in his limbs. He was perfectly sensible, and his mind had not the slightest tendency to wander. He lay on his side, with the knees drawn up. He had pain in the belly when lying on his back, and especially when sitting up, or drawing a deep breath; but had no uneasiness in passing his water or his motions. His belly was not swelled, but the parietes were firm, and there was much pain on pressure. While still he was generally without pain, but was subject to severe exacerbations, during which groans were forced from him, and he evidently suffered intensely. The respirations were shallow, and thirty-six in the minute. For a day or two he seemed to improve under the treatment adopted (viz. the application of twenty leeches to the abdomen and the exhibition of a grain of calomel with hyoscyamus and Dover's powder thrice daily); yet the belly was becoming tympanitic, and the pulse more rapid; and on the 7th it was remarked that, during the last two days, he had been decidedly getting worse. The belly had become distended and tympanitic, and more tender to pressure, especially on the flanks. The bowels had been freely opened both on that and the previous day, but he was sick after everything he took. He was not thirsty, but his tongue was covered with a whity-brown fur. The skin was warm, and not moist. He had become thinner; was dark and sunken under the eyes, and very anxious looking. The patient became worse, passed a very restless night, vomited constantly, and died at half-past 11 a.m. on the 8th. During the last two days he had brandy stimulants and beef-tea injections.

Autopsy.—The abdominal viscera and parietal peritoneum were covered by lymph, which was evidently of some days' standing, and were adherent more or less to one another. A large cavity, separated completely by adhesions from the rest of the abdominal cavity, occupied the left lumbar region, and extended from the diaphragm above to the venter of the ileum below; the parietes were lined by dirty yellow lymph, and a portion of them was formed by the small intestines which at one point presented a perforation large enough to admit a No. 4. catheter. This cavity contained thick yellowish, offensive, puriform fluid. On opening the intestines, a few small typhoid ulcers were found in the lower part of the ileum, and the perforation before spoken of had occurred in one of the largest of them. There was no important disease of any other organ.

Remarks.—Judging from the light thrown on the case by the post-mortem, it is quite clear that the patient had been labouring under a very mild attack of typhoid fever; and it is probable that the slight symptoms he complained of during the week which preceded Christmas-day were referrible to that disease. On Christmas-day he became suddenly worse, with symptoms of peritonitis; and these symptoms continued for a fortnight, at the end of which time he died. Comparing this history with the fact of a perforation having been discovered after death, and that part of the abdominal cavity with which the perforation immediately communicated having become encysted, there can be no doubt that the perforation took place on Christmas-day, and that the patient survived that frightful accident for one fortnight.

DIPHTHERIA—IMPENDING SUFFOCATION—TRACHEOTOMY—DEATH—AUTOPSY.

(Under the care of Dr. BARKER and Mr. SIMON.)

Henry I. G., aged 13, a horseboy, was admitted into St. Thomas's Hospital, January 6, 1859, half-past 1 p.m. He had urgent symptoms of dyspnœa; the fauces were red, and

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there was a small white patch on the right tonsil and right side of uvula. Pain on deglutition and tenderness in the course of the trachea also existed; the voice was indistinct; loud ringing cough, and a little frothy sputa; right side of chest resonant, upper half of the left less so.

An ipecacuanha emetic having afforded but temporary relief, mercurials were administered, but internally and by inunction; but the urgency of the symptoms increasing, Dr. Barker recommended tracheotomy. The operation was performed by Mr. Simon, at 5 p.m. Some venous bleeding which took place at the time was at once checked by tying the vein. The operation was performed in the usual manner, the trachea being opened below the isthmus of the thyroid gland.

Instantaneous and most marked relief followed the operation and continued during the night.

January 7, 11 p.m.—Dyspnœa was rapidly increasing; the dulness over the left lung had extended during the night; he breathed with great difficulty, and at intervals there occurred convulsive twitchings of the muscles of the face.

8th.—It was necessary to change the tube, which had become partially obstructed. He sank gradually during the day, and died at 5 p.m.

Post-mortem appearances.—The tonsils were swollen and partially covered with false membrane. The larynx itself was not nearly so much the seat of disease as the trachea, which below the opening for the canula was lined with false membrane. Many of the smaller bronchi were completely blocked up with this adventitious material. This was particularly the case in the left lung, several portions of which were collapsed; its upper lobe was so intensely congested as to be all but impervious to air.

The above notes have been furnished to us by Mr. Woakes, the House-Surgeon, in charge of the case.

CARCINOMATOUS STRICTURE OF THE ŒSOPHAGUS.

(Under the care of Dr. PEACOCK.)

A man, aged 61, was admitted into St. Thomas's Hospital on October 21, 1858. He stated that two months before, he had had a slight fall, when he struck his chest, and soon after felt difficulty in swallowing, which gradually increased till, when he was admitted into the Hospital, he was entirely incapable of swallowing any solid and very little liquid food. During the time he was in the Hospital he was chiefly, and latterly entirely, supported by food administered by the rectum. He died, excessively emaciated, on December 28. On examination, a constriction of the œsophagus was found immediately below the bifurcation of the trachea, extending for about an inch in length. The coats of the œsophagus were there thickened, and Dr. Bristowe found the indurated tissue to bear the usual character of epithelial cancer, and some lymphatic glands in the neighbourhood contained a similar deposit. The mucous membrane of the œsophagus in the constricted part was ulcerated, and the calibre of the tube was dilated above, and contracted below.

THE LOCK HOSPITAL.

SYPHILITIC DISEASE OF THE CRANIUM.—DEATH FROM SOFTENING OF THE BRAIN.

(Case under the care of Mr. LEE.)

A man, aged 42, remarkably muscular and well-developed, but of dull mental powers, was admitted into the Lock Hospital on October 2, on account of most extensive syphilitic disease of the cranium. He had suffered from primary syphilis six years before, had employed mercurial inunction, and had thought himself cured. About a month after this, however, he "caught cold," and his left eye inflamed and suppurated. Twelve months later extensive ulcerations appeared on various parts of the body, and these continued more or less up to the date of his admission into the Hospital. The left ala of the nose had been destroyed by ulceration, and the nostril closed by the resulting cicatrix. For upwards of five years portions of bone had been coming away from his skull. One of the symptoms which he had most complained of was severe pain in the back of the head, and for this leeches had been employed at a very early period of his complaint. It will be noticed in the subsequent narrative that the part where the softening of the brain had most advanced corresponded with this region. The destructive inflammation of the eyeball, and ulceration of the nose had also occurred on the same side.

In the beginning of November the poor fellow became paralytic on the whole of his left side, including the face. Death took place about a month after this symptom had appeared.

On examining the body a considerable portion of the skull was found deficient at the upper part, the dura-mater here extended across the opening, and no other marks of disease were visible in this situation. The right parietal and right side of the frontal bones was extensively affected with caries, and in one part the internal table of the parietal was necrosed for a space equal to that of a shilling. Opposite these carious portions of bone the dura-mater was covered, both internally and externally, with a soft brown adhesive matter. Corresponding to these diseased portions the brain was softened, and of a greenish slate colour; the softening and discoloration extended deep into the hemisphere. Around the softened and discoloured portion the substance of the brain presented a very remarkable bloodshot appearance. This from its position would seem to have been the first stage in the process of alteration which the discoloured portions of the brain had undergone. The upper portion of the occipital bone was also carious, and opposite the part affected the substance of the posterior lobe of the left hemisphere was of the same greenish-slate colour. The discoloured part here occupied the space of a walnut; its central portions were softened down to the consistence of cream, and appeared to be contained in a cavity completed posteriorly by the dura-mater. The fluid which escaped from this cavity when the dura-mater was removed was of a redder colour than the other discoloured portions of the brain. That the blood in this case had undergone a material alteration was proved by the tough, white, and glistering coagula contained in the sinuses of the brain.

HOSPITAL NOTES.

CASTRATION FOR THE RELIEF OF EPILEPSY.

A man of middle age, who has come over from America in order to put himself under English treatment, on account of epilepsy, and who presents a remarkable illustration of the nitrate of silver staining of the skin, must have come under the notice of many of our London readers. He has been already at several hospitals, and his case has excited much attention. One object especially in view in his crossing the Atlantic was, to have tracheotomy performed, and another, to find some surgeon who would remove his testes, his own firmly fixed notion being, that his disease is referable to the latter organs. He is a widower. At length he has attained his wish. Mr. Holthouse, at the Westminster Hospital, about a fortnight ago, removed both glands. Opinions will, of course, differ widely as to the justifiability of such an operation; but a very interesting opportunity of showing the effect of so radical a measure on the disease, will, at any rate, be afforded. We shall, of course, revert to the further progress of the case.

LIEBIG ON SEWAGE AND MANURE.—Professor Liebig says:—"I am firmly of opinion that if England wishes to remain an agricultural country she must use as manure the night soil and similar residues produced in large cities. This necessity would be increased in the event of a war with America, when the supplies of guano would cease. The price of corn depends upon that of guano, and it is most unnatural that, in a country like England, the production of corn and meat should be so dependent on the supplies of foreign manure. The heads of even the most enlightened agriculturists have been turned by a theory propounded by Mr. Lawe—viz. that nitrogen or ammonia are the most necessary ingredients in manure, and that consequently solid excrements are valueless, the urine alone being of use. These views expose utter ignorance, and prove that in England leading agriculturists do not pay sufficient attention to the fundamental principles of chymistry."

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Medical Times & Gazette.

SATURDAY, JANUARY 29.

PHYSICIANS' PRIVILEGES.

A curious discussion is going on at Shrewsbury. There is a vacancy for a Physician to the Salop Infirmary, owing to the lamented death of Dr. Drury. The candidates are Dr. Styrap, a licentiate of the King's and Queen's College of Physicians, Dublin; and Dr. Watts, an M.D. of the University of Edinburgh. An objection is raised against the eligibility of Dr. Styrap upon the following rule of the Infirmary:—

"That no Physician by diploma shall be eligible to fill the office of Physician to this institution who shall not have such diploma granted after study and examination at the University granting the same; that diplomas on certificate be excluded." It is urged that Dr. Styrap is "only a Doctor by courtesy," as he has no University degree, the Irish College of Physicians not being a University, and the licence being only a licence, and not a diploma. It is replied, that as a test of qualification the examination is much more severe at Dublin than in Edinburgh, that, under the Medical Act, Dr. Styrap is legally qualified to practise as Physician, and that he has been addressed as *Dr.* Styrap by the Registrar. It is also said that if the question of Universities as against Corporations is to be raised, then Dr. Watts, not being a member of a College of Physicians, although he is a Doctor of Medicine, is not legally a Physician. The discussion has been adjourned for a month, and a sub-committee has been appointed to obtain legal and Medical opinions on the case. This is one of the difficulties raised by the Medical Act.

Much anxiety prevails in the Profession as to the effect of the words in the 31st section, declaring that, "every person registered shall be entitled according to his qualification or qualifications to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, in any part of Her Majesty's dominions." We cannot remove entirely the doubts these words create, but we may perhaps, by the aid of a legal friend, who has already come to our assistance on more than one occasion, be able to assist our readers in forming some definite opinion upon the subject, which all must admit has so important a bearing upon the changes now in contemplation in that branch of the Profession to whom the practice of Physic is entrusted.

There can be no doubt that, prior to the year 1511, the practice of Physic in England was free, and open to any persons who chose to occupy themselves as Physicians. The Act 3 Henry VIII., c. 11—the Physician's Magna Charta — then passed, recites that "common artificers boldly and accustomably take upon them great cures, and things of great difficulty; it was therefore to the surety and comfort of all manner of people enacted that no person should exercise and occupy as a Physician in London, or within the precincts of seven miles thereof, except he be first examined, approved, and admitted by the Bishop of London, calling to his aid four doctors of Physic; and if out of the said city and precincts, unless previously approved by the Bishop of the respective diocese where the Practitioner was located." This Act was, however, declared not to be prejudicial to the two Universities of England. Shortly afterwards, in 1518, the Royal College of Physicians of London was established, and the privileges of the College were confirmed by the Act 14 and 15 Henry VIII. The effect of this charter and these enactments was to confer upon the Fellows, Licentiates, and Extra-Licentiates of the London College, an exclusive right to practise Physic in England and Wales; but the privileges of the English Universities having been reserved their graduates were enabled legally to practise Physic out of London and its precincts. Doctors of Medicine graduated at Scottish Universities claimed the same privilege out of London; but the English courts of law decided that they came not within the specific proviso just quoted exempting the Medical graduates of Oxford and Cambridge Universities from the strict monopoly established in favour of the Royal College of Physicians by Henry VIII. Similar prohibitions and restrictions in the practice of Physic were created by the Kings and Parliament of Scotland. A qualification to practise Physic in Edinburgh did not qualify the holder to practise in the city of Glasgow and four Western Counties. In that part of Scotland lying north of the river Tay, all were free to act and practise as Physicians in the same manner as they could have done in England prior to the act of 3 Henry VIII.; no licence being then required in that northern portion of Scotland. Further, the graduates of Scottish universities had no privileges reserved to them as in England. The Medical graduate of the Edinburgh University could not legally follow his profession in the Scottish metropolis without first obtaining the specific licence of the College of Physicians in that city; while in Glasgow no graduate, even of that western university, could lawfully occupy himself in Physic without possessing a licence from the Faculty of Physicians and Surgeons. These privileges became, however, in a great measure disregarded and obsolete. An analogous result took place likewise in England, where the powers belonging to the Royal College of Physicians were not generally or strictly enforced. In both countries privileges, although conferred by charter and confirmed by the Legislature, were openly usurped by numerous Practitioners who had no other qualification to practise Physic than the Diploma of some University. It was under this peculiar or anomalous state of circumstances that Parliament passed the recent Medical Act, and thereby for the first time established a system of Registration throughout the United Kingdom. Clause 15 of that measure explicitly defines what are the professional qualifications now required for Registration. Nothing is said, however, in that statute respecting the qualification to practise, except in the 31st section, the exact words of which are copied above. From these it appears clear that Parliament contemplated considerable enlargement of the qualifications there mentioned, so as to enable the holder, as a duly-qualified Practitioner, to practise Medicine or Surgery, or Medicine and Surgery in any part of her Majesty's dominions. Now, if a qualification to practise was in the contemplation of Parliament, the effect must be to empower the Fellows, Licentiates, and Extra-Licentiates of the Royal College of Physicians of London to practise Physic throughout Scotland; and *vice versâ*, that is, Fellows and Licentiates of the College in Edinburgh will be also enabled to practise Physic in England. According to this view, however, the Medical Graduates of the Universities would not come within the words quoted from those of the 31st Section, as neither those of the English Universities, whose

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privileges were reserved, nor those of the Scottish would appear to possess any valid qualification to act as Physicians, or so to designate themselves. The Universities never had granted to them the legal power to confer any exclusive right to practise Medicine. The draft of an Act of Parliament, dated February 6, 1422, has been preserved; by which it was proposed to enact that "no one shall use the Mysterie of Fysyk, unless he hath studied in some University, and is at least a Bachelor in that science." This measure never received the assent of the Legislature, and it is not found upon the Statute Roll. Therefore University Degrees can only be looked upon *by law* merely in the nature of testimonials, and nothing more, when rigidly scrutinised. The professional rights of University Graduates, consequently, remain precisely the same as they existed previous to the recent Medical Act coming into operation. That Statute, although it has in this manner enlarged the several privileges of Members of the Medical Corporations who grant licences to practise Medicine and Surgery, has not diminished or limited those belonging to Educational Medical Institutions of the country. If, however, the words "qualification" or "qualifications," in Section 3, really refer to the qualifications entered on the affixed Register, the exclusive privileges heretofore enjoyed by the Fellows, Licentiates, and Members of various Licensing Bodies will be virtually abolished; and hence, all those persons who have obtained under the Medical Act the right to register, must thereby acquire full authority to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, in any part of her Majesty's dominions. Which of these two important results it was the specific intention of Parliament to effect, we shall not, on the present occasion, authoritatively venture to suggest; but will, in the meantime, leave our readers to examine the question here mooted leisurely for themselves, merely stating that we wish the opinion we have stated above to be regarded rather as that of a lawyer who has given great attention to the subject, than as our own.

THE WEEK.

A special and unexpected meeting of the General Medical Council has been held this week in order to decide upon a question raised as to the registration of foreign graduates; but we have been requested not to anticipate the official report of the proceedings.

During the week the anatomical examination has been going on at the College of Surgeons. About 170 young gentlemen have undergone the ordeal. Tables on which dissected parts of the body are placed have been disposed around the area of the large lecture theatre, and the students have gone through a very interesting peripatetic excursion with the examiners. Some young gentlemen with whom we have conversed have described the examination as a very good test of a man's actual knowledge of practical anatomy, without being too minute.

On the 21st instant a remarkable dinner took place at the Albion, Aldersgate-street, to inaugurate three additions to the British bill of fare. A select party of the Zoological Society, Professor Owen in the chair, met for this purpose; and a very novel repast was arranged under the direction of Mr. Mitchell, Secretary of the Zoological Society. The *pièce de resistance* was ELAND, a South African antelope, first introduced by the late Earl of Derby, and now for the first time fatted for the table by Lord Hill. Joints had been sent to her Majesty, to the Emperor of the French, to the Zoological Society, etc. Messrs. Staples dressed it in two ways; it proved excellent in each. A new species of grouse, the TREE GROUSE from America, was the next novelty, and with CORTON to support it, was highly approved; but a wild goose from the Faroe Islands enlisted the tenderest sympathies of the company from its surpassing excellence. Yet another novelty titillated the palates of the party—Haddock soup! "first-rate" was the general exclamation! And the writer heaves a gentle sigh over the memory of the past good things. A letter from Professor Owen on the Eland, which will be found at p. 125, is very interesting. Our readers may do something for English dinners by introducing the Eland to the notice of their agricultural patients.

We are very happy to state that the Swiney prize has just been awarded to Dr. Taylor for his work on Medical Jurisprudence. It has been a matter of surprise that this admirable work had not obtained the prize at one of the two former adjudications. The prize is awarded on the 20th of January of every fifth year. The first award was in 1849 to the work of Paris and Fonblanque. In 1864 the award will rest with the Society of Arts, and in 1869 with the College of Physicians. Hitherto it has been a joint adjudication. The prize is a very handsome silver vase of the value of £100, containing coin to the same amount.

Death has taken away another of the Medical notabilities of the Metropolis. Mr. Alexander, Surgeon-Oculist to Her Majesty, died on the 20th inst. at his residence in Cork-street, aged 76. The deceased gentleman succeeded many years ago to the practice of Sir Wathen Waller, and enjoyed during the greater part of his life a very large practice as an Oculist. He was known as a very dexterous and remarkably successful extractor of cataract. He always did this operation without an assistant, and attributed much of his success to the practice of not interfering with the eye for several days after operation, unless something arose which called for interference. The eye was covered by a simple light bandage, fastened to a nightcap. Mr. Alexander attended many members of the Royal Family, and operated for cataract upon the late Duke of Sussex with complete success.

A new Medical journal commenced its existence at Paris on the first day of the new year. Its name is *La Clinique Européenne*. The editors are Dr. Kraus, of Vienna, and Dr. Pichlar, of Paris. Its objects are to give to its readers the benefit of the clinical instruction which is being delivered by the masters of our art in the different Medical schools of Europe. The first number contains: An excellent lecture of Trousseau (as all his lectures are), on Ulcer of the Stomach and Hæmatemesis; a mystical monologue, by Skoda, on Bleeding; a case of Tumour of the Neck, by Nélaton; Practical Remarks on Strabismus, by Mr. Critchet; etc. etc. We wish the journal every success. A pithy Clinical Lecture, by one thoroughly master of his business, is the most instructive and delightful mode of imparting information to the advanced Student and the Practitioner. Our "Selections" will contain abstracts of such papers as are most likely to interest our readers.

Under the signature of "A retired Indian Officer," Dr. Murchison has addressed a letter to the *Morning Post* on the Sanitary Condition of the Army in India, which contains some very startling facts. Our present losses by death in India cannot amount to much less than 5000 annually, and some 3000 more men are invalided; so that the losses by death

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and invaliding amount to about 10 per cent. of our total strength. The great causes of this sickness and mortality are shown to be diseases preventible in a great degree by sanitary measures; and Mr. Martin's oft-repeated advice to appoint a sanitary officer for each Presidency, and one for the Indian Government at home, is urged with irresistible effect. The letter is too long to reprint, but we give the concluding passage:—

"Let not expense be urged for a moment in objection to the adoption of such a scheme. Remember that the State annually loses £800,000 sterling from diseases which may, in a great measure, be prevented. Reflect upon the enormous sums which, through neglect of sanitary precautions, are often recklessly wasted. The buildings for the European troops at one station in Bengal, abandoned since 1835 on account of its unhealthiness, are stated by the finance authorities of Calcutta to have cost, since 1757, £17,000,000 sterling! A greater attention to sanitary science would prove a direct saving of the public expenditure, and is therefore advisable even on the score of economy; while the advantages which may be expected cannot be valued in money."

Dr. Pickford, of Brighton, has been writing to Lord Derby requesting that the Registrar-General's reports may be freely circulated, as heretofore, among members of the Medical Profession. It is admitted that the Registrar-General is indebted to Medical men for much of the information that enables him to prepare these reports, and also that the information is supplied gratuitously; but the Lords of the Treasury do not seem to think it ungracious to prevent the free distribution of the reports among those who gratuitously supply the most important part of the information they contain. "My Lords" say, "it will be obvious that if the principle of sale at a low fixed price be adopted, it must be uniformly applied; for the reasons which are urged for a gratuitous distribution are of so uniform a kind that if a concession be made in any quarter the entire system is likely to be broken down, from the impossibility of drawing a line between different classes of cases." Perhaps as my Lords find it impossible to draw a line between those gentlemen who give the Registrar-General gratuitous information and those who do not, their Lordships will grant a small fixed payment for the Medical certificate of the cause of death in every case.

We continue to receive a great number of letters respecting the new scheme of Medical relief proposed by the President of the Poor-Law Board. We have received one in particular, the length of which has compelled us reluctantly to decline its insertion, as it is a masterpiece of correct reasoning. It is written by Dr. Scholefield, of Pickering, in Yorkshire, and is addressed to the President of the Poor-Law Board. Dr. Scholefield's letter is devoted to two principal topics, the first being the consideration of the best method of rendering Medical relief more efficient, and the second the improvement of the salaries of the Poor-Law Medical officers. The plans proposed for both these objects by Mr. Estcourt are proved to be inefficient, and indeed are shown as being likely to make matters worse than they are at present. It is almost unnecessary to state that the proposition to make the Poor-Law Medical Officers subject to triennial election is entirely disapproved by Dr. Scholefield, and indeed we have not found in the ranks of the Profession a single advocate for such a measure. Another proposition to render Medical relief more efficient by appointing two Medical officers to each district, and allowing the poor to make their choice, is strongly condemned as being likely to lower the character of the Medical Practitioner, by inducing him to condescend to unworthy arts for securing the good-will of the poor patients; and it is also urged that the principle of remunerating the Medical officer according to the number of cases is objectionable for similar reasons. With regard to the new plan of payment proposed by the Poor-Law Board, it is shown that while in the town populations it may probably be advantageous to the Union Surgeons, it will act in a contrary direction among the rural districts; and that indeed the whole system of payment by the case is unfair in principle, because trivial and temporary ailments are then placed on a level with serious and chronic ones. Dr. Scholefield, therefore, proposes that the Medical officers should be paid by a fixed annual salary, as at present; that the amount should be decided upon by the Poor-Law Board, acting by the advice of the Medical Council; that whenever the number of cases exceeds a certain per-centage of the population, then some extra payment should be made, the excess over the average being decided by the returns of the Registrar-General; and that the salary should have relation to the income of the Union, but that rural parishes should be treated on principles similar to those which are established in all State arrangements, namely, that the thickly-peopled districts should assist those that are in the opposite condition in matters relating to the general welfare of the community.

Those who are so desirous of hanging lunatics in these latter days, by way of a warning to other lunatics, might take a hint as to the value and efficacy of their remedy from the following fact detailed the other day to the Justices of Middlesex by one of their committees. The committee, reporting on the state of the prison and prisoners under their jurisdiction, observe:—

"There have been from time to time a number of prisoners whose minds appear to be in a weak state, without, however, justifying the Medical officer in certifying to their actual insanity. Such prisoners set the rules of the prison at defiance, refuse to work, and in every way subvert the discipline of the establishment, and such of them as are sentenced to hard labour evade that part of the sentence. Many of them have been punished in various ways without any effect, and virtually they succeed in baffling all attempts on the part of the visiting Justices and the Governor to carry out the prison rules. In some instances they have defied all authority, and it has been found useless to continue to punish them."

Now what is a weak state of mind but a minor degree of insanity? Here, at all events, is a very curious psychological fact which demands investigation. With certain individuals punishment, as a reforming agent, is found to be completely inefficacious. It has been tried until the hand of the punisher is actually weary, and yet it is utterly useless.

M. Baer has been elected Corresponding Member of the Academy, in the place of M. Temminck.

Conviction in France for causing Abortion by Iodine.—A herbalist was charged before the correctional police with having illegally prescribed and sold an iodine mixture to a pregnant woman, by means of which abortion was unintentionally caused. The herbalist, while acknowledging himself guilty of the illegal sale of the medicine in question, denied that the mixture could have given rise to abortion. Three Montpellier professors, however, who had been consulted on the medico-legal bearings of the case, delivered their opinion in favour of such action of iodine. Two Physicians, at Marseilles, protested against the idea that a mixture consisting of ʒi of iodide of potassium in 5 ounces of fluid, and of which 1 ounce was taken *per diem*, could by any possibility induce abortion. The tribunal declared that both counts of the indictment were proved to its satisfaction, and condemned the defendant, who is a notorious quack, to the payment of 500 francs and eight days' imprisonment for infraction of the pharmacy law, and to the payment of 3000 francs damages, with costs to the patient and her husband, or to a year's imprisonment.

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REVIEWS.

Observations and Notes on the Arteries of the Limbs. By Thomas William Nunn, F.R.C.S. Pp. 27. London: 1858.

This little pamphlet, though only an affair of some five-and-twenty pages, is yet very significant. The author has been for many years an enthusiastic and successful demonstrator of anatomy, and has ably worked together with his colleagues in raising the Medical school of the Middlesex Hospital to its present respectable position. The notes and observations which he now offers to public attention seem to be a fragment of the every-day information brought before the student in the lecture-room; and the perusal of them suggests some almost painful reflections and regrets to any one who remembers what the dissecting-table and the anatomical theatre were years ago. The time spent at them seems to have been almost thrown away, when compared with the advantages which the present system of instruction affords. Anatomy, on the whole, was made one of the most uninteresting studies. Dissection, as then practised, was very little better than a trick of delicate carving, or toying with the pieces of a Chinese puzzle; and the demonstrator, sometimes feeling conscious that he was on uncultivated ground, was callous enough to attempt to enliven a subject, dull only from his own negligence, or to stimulate the acquisitive powers of his unwilling hearers, by dirty doggrel, wretched jokes, or still more wretched puns. Even when not quite so bad as this, and in the hands of an expert, an anatomical lecture was as much as possible a species of "Patter *versus* Clatter" oratory, or an Albert Smith summary, which might amuse a raw provincial, to whom the jargon was unfamiliar, but seldom taught him anything, or set him to think seriously about his work. But matters are now very different. A new life is infused into the dry bones, and a thread of philosophy runs through the whole subject which soon entangles and enchants the student, and even turns the old rack of the examination board into an easy seat for the discussion of principles and Owenistic theories. Teacher and student stand in far superior relation to each other. The one feels that the truths he has to communicate are weighty and interesting enough to commend themselves; the other would for the most part resent any use of low or questionable sallies. The practitioner who has for many years been tied down to the daily drudgery of his Profession, and whose notions of transcendental anatomy are about as clear as they are of Indian mythology, or who has had only a few opportunities of correcting and modifying his reminiscences of the olden time and customs, or who may, as paterfamilias, be teased with anxiety about a son now passing through the classes, can by sitting down with us for a few minutes to the examination of Mr. Nunn's production, or still better by spending an hour in its private reading, get an insight almost microscopic into the training at present going on, and form an exact estimate of the scientific influences to which the young Medical mind is now daily submitted.

But the matter of the work is abundantly interesting independently of any secondary considerations.

Mr. Nunn's object is to show that the arteries of limbs admit of a classification based on essential differences; that their distribution is homologous, or in accordance with a general plan; that the so-called irregularities, or varieties of distribution, have a definite relation to this general plan; and lastly, to suggest some further explanation of certain of the observed phenomena of the circulation. And at page 25 he gives an epitome of his views in these words:—"To recapitulate, in conclusion; the main trunk divides into an artery for transmission to the distal segment, and another for the nutrition and warming of the proximal segment; the transmissive artery is suited to satisfy the hydraulic conditions for the rapid passage of the blood through it, thereby preserving the blood's heat; the nutrient artery is arranged so as to delay the blood, to deliver it with diminished velocity to the capillary system, and to allow it to yield part of its heat to the tissues of the segment. The communicating vessels serve to maintain a continuous supply—a uniform result under varying conditions."

In working out these views and reducing them to a presentable form, Mr. Nunn finds that the most natural classification of the arteries of a limb is into three primary divisions, which he names segmental, transegmental, anastomotic or communicating, with a fourth composite class, including arteries in which the characteristics of any one of the other classes may predominate, so as partially to mask their true nature, and of which the anterior tibial presents an example. The special characters and functions of these classes of arteries are at once perceived. The segmental arteries, distributive in their function, branch either by large offshoots, which again subdivide, or by numerous small twigs at right angles, or nearly so, from the parent vessel. They continually diminish in size, and lie generally in close proximity to the bone or bones of the segment to which they belong. Mr. Nunn adds that "they terminate by anastomosing with other arteries." To this statement, as it stands unqualified, we must demur; though, perhaps, it is only a form of expression common among general descriptive anatomists who, while perfectly aware of the real destination, seldom condescend to acknowledge the ramifications of any artery or other structure beyond the point of its demonstrability to unaided vision. The truth is that all these distributive arteries, instead of terminating by "anastomosis with other arteries," end in the nutrient capillary system of the organ to which they belong. This, however, is only a trifling inaccuracy of expression, and would not mislead any thoughtful reader; but yet it is as well for a philosophical anatomist to be rigidly exact.

The transegmental arteries continue the line of direction of the parent trunk, do not diminish in size during the greater part of their course, giving few and small branches, excepting at their commencement or near their termination. These straight uniform tubes offer the minimum of resistance, and, therefore, the blood is as little as possible deprived of its velocity; and, on examining how it comes to pass that the pulse is so nearly synchronous in all arteries, the transegmental trunks may be taken for all practical intents and purposes as having no length; so that each segment may be considered as substantially at the same distance from the heart.

In proceeding to consider the homologous nature of the distribution of arteries, and the relation of varieties to type, Mr. Nunn says, "For this purpose let us compare the artery of the thigh with the artery of the upper arm—the common femoral with the axillary-brachial artery. At first sight there appears to be but little resemblance. The common femoral divides into a branching and a non-branching trunk; but the axillary-brachial, on the contrary, gives off branches at various points along its course. But this remarkable circumstance demands consideration—namely, that the axillary-brachial artery shows a tendency to assume the arrangement normal to the femoral, whilst the femoral itself very seldom varies essentially in its mode of arrangement." The whole of Mr. Nunn's propositions are very clearly laid down, and tend to such truthful simplicity that any student at once feels himself relieved of much of his old grievance of the tangle of anatomy. Details and proofs are plentifully supplied from his own dissections; but these receive full corroboration from repeated references to the work of the indisputable arteriologist, Richard Quain, whose facts and inferences are in this instance acknowledged with the candour due from one man of science to another, as well as freely and fairly made use of.

But, here, we feel inclined to complain, that Mr. Nunn fails to do justice to himself. Why, with the clue to the whole subject in his hand, and with information and tact sufficient for the task, does he content himself with an investigation of the arterial condition of the limbs only? Why are we to be stinted to a pamphlet on a comparatively unimportant section, when what we want, and see may be done, is a complete treatise on the homologies of the vascular system? Cannot Mr. Nunn trace out the same adherence to typical forms in the disposition of the vessels of the hæmal arches, as in their diverging appendages? What does he find indicated in the abdominal walls? What is very plainly seen in the thoracic arches? What in the cervical region? What in the lower maxilla? To carry research further among the enderonic structures and embryonic developments, let us ask Mr. Nunn, what is the vascular condition of the eye? In what form can he demonstrate the ciliary arteries, the various choroidal arteries, the artery of the retina and of the crystalline lens? Can he detect no corresponding arrangements in the vessels of the abdominal viscera, or in the microscopic circulation of

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the kidneys or the ovaries? If so, why should not the whole tale be told? And why should it not be finished by him who has already struck the key-note?

Mr. Nunn has lately joined the staff of the Middlesex Hospital as Assistant-Surgeon. He has before him the recent and illustrious examples of a Bell, a Mayo, and a Watson, men who were teachers of men, authorities whose opinions were world-quoted, and who are world-respected for their scientific revelations. It is no light or trifling matter to step on to one of those vacant pedestals, up to which we have been accustomed to look for the words of truth and wisdom. We insist that the Profession has a right to claim from him who stands on such an elevation something more than silent devotion to his duties, something more than the routine training of adolescents.

Mr. Nunn has made a limited, but worthy utterance. We shall hear his voice again, after he has done further research in some of the yet untracked regions of transcendental anatomy.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON COMPRESSION OF THE AORTA IN UTERINE HÆMORRHAGE.

By Dr. SPIEGELBERG.

M. Seutin of Brussels, in a communication made to the Berlin Obstetrical Society, proposed what he termed a new method of arresting uterine hæmorrhage, viz. the compression of the aorta, a procedure which he described as both easy of execution and certain of success. Of course, in a society of obstetricians, the pretension to novelty was soon disposed of, and the communication only calls for notice as having induced Dr. Spiegelberg to make some remarks condemnatory of the practice. That compression of the aorta will arrest uterine bleeding, he has convinced himself by many experiments; but the explanation of this is not due to the fact that all blood is thus prevented entering the uterus. The instant we divide the arteries conveying blood to the uterus, its muscular fibres contract, and the organ becomes diminished in size. Every one knows that such contraction will arrest hæmorrhage. Dr. Spiegelberg has several times observed these remarkable results in both pregnant and non-pregnant animals; and has found the same consequence follow compression or ligature of the aorta, when it has passed the diaphragm. If, therefore, compression of the aorta thus excites powerful contraction of the uterus, it should evidently be an appropriate means for arresting hæmorrhage, but the author's experiments show that for such compression to be of use it must be permanent, the uterus distending again, as soon as the calibre of the artery becomes unobstructed. But on a living woman, compression could not be kept up continuously long enough to secure permanent contraction. Moreover, the aorta cannot be so completely compressed through the abdominal parietes, even immediately after delivery, as it can in animals when the cavity is laid open. So that, however surely we may seem to exert compression, some blood will always gain admission. Again, the closure of the aorta cannot be effected in woman as in animals just below the diaphragm, but only after the large vessels of the intestines, and the renal and spermatic arteries have been given off; from which vessels the organ may obtain an abundant supply of blood. Lastly, the compression employed will also close the vena cava inferior; and the speaker's experiments and observations have convinced him that in such a case contraction of the uterus will not take place—the organ remaining then gorged with blood and relaxed. Indeed, it would *à priori* be expected that if the return of blood from the organ be obstructed, the vessels would become distended, and the open state of their orifices after birth would allow of the escape of their contents. This explains the cases in which R. Lee and Schneemann have observed the hæmorrhage *increased* after compression of the aorta. Dr. Spiegelberg, therefore, regards the practice as destitute of a physiological basis, and of no practical utility: and he agrees with Dr. Schneemann, in considering the cases which have been seemingly benefited by it, to be really examples of excitement of contraction induced by the friction of the uterus made during the attempts at compression of the aorta.—*Monatsschrift für Gebartskunde*, Ban xi. p. 26.

RELAPSE OF MEASLES.

During the epidemic of measles that prevailed at Stockholm in the spring of last year, a child came under Dr. von Duben's observation, at the Children's Hospital, who was again attacked with the disease the day after the eruption, which had pursued its normal course, had ceased. Dr. Malmsten also had had four or five children under his care, in whom the measles reappeared some days after the affection had passed away. Dr. Battiger related the case of a child eight months old, who was seized with measles at the end of March, the rash disappearing rather rapidly on the third or fourth day. It was followed by an indolent parotitis, which was long in subsiding. A person in the house being then taken with variola, the child was at once vaccinated. On the fourth day afterwards an eruption appeared, which, at first seeming like variola, proved to be a well-marked attack of measles, accompanied by its ordinary symptoms, three weeks having elapsed since the former attack. The vaccine pustules only appeared on the twelfth day after vaccination. Dr. Levin had also met with the measles occurring twice in two persons, at long intervals. Dr. Carlson believed that we ought not to regard these cases as instances of relapse, but as continuations of one and the same disease, the course of which had been interrupted from some cause. Dr. Malmsten agreed in this view as regarded those cases in which the time between the two outbreaks was short, as four or five days; but believed that when these were separated by longer intervals they must be regarded as relapses. Dr. Abelin related the case of a child 9 years old, in the Hospital, who after suffering from a bad attack of measles, was fourteen days after seized with the same disease. Dr. Malmsten reported that he had inoculated his two sons for measles, the disease appearing on the fourth day afterwards, and pursuing a mild course.—*Stockholm Med. Soc. in J. für Kinderk.* Band xvi. p. 172.

EXCERPTA MINORA.

The Syrup of Mussels as a Therapeutical Agent.—M. Foucher, a *pharmacien* of Orleans, has prepared a syrup of mussels which has been extensively tried by the practitioners of his locality, and in some of the Paris hospitals. It has been used as a means of relieving cough in bronchitis, phthisis, and analogous affections, and the general reports are highly in its favour.—*Rev. Med.* 1858, Tome 1, p. 160.

Secale Cornutum in Cross Presentations.—M. Fauvel, a provincial practitioner, relates some cases which have fallen under his notice, in which ergot of rye administered in a cross presentation seemed to have the effect by restoring the normal direction of the uterine movements, inducing an evolution of the infant.—*Ibid.* Tome 2, p. 33.

Another Agent for the Production of Local Anæsthesia.—M. Claisse, a French provincial practitioner, states that for some years past, he has been enabled to induce local anæsthesia, allowing of the performance of painless extraction of teeth, opening abscess, and other minor operations. He forms a solution by filling up with sulphuric ether a small bottle which already contains powdered camphor equal to one-third of its capacity. A small sponge attached to a slip of whalebone is dipped into this solution and rubbed for about a minute upon the gum or the part to be incised. In two minutes the anæsthesia passes off.—*Gazette des Hôpitaux*, 1859, No. 2.

Dry Cauterisation in Pigmentary Spots of the Skin.—These pigmentary spots, which are often so great a disfigurement, are treated by M. Chassaignac in the following way: The thinnest possible layer of Vienna caustic paste is to be laid on the spot (or if this be large, on portions at intervals of some days) and kept on for five minutes, or less if the skin be very thin. The part is then to be washed with vinegar and water, so as to remove all traces of the caustic, and thoroughly dried. A very supple piece of agaric, cut to the exact size of the cauterised part is to be laid over this; and, if we carefully exclude all humidity, the agaric will adhere so intimately to the eschar as only to fall off with it, leaving the surface below completely cicatrised. This adhesion of the agaric is essential to the success of the application, and to secure it a bandage is required at first.—*Gaz. des Hôp.* 1858, No. 25.

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FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, January 17, 1859.

DURING the past fortnight we have seen sundry interesting cases, chiefly connected with diseases of the nervous system. In the Salle St. Agnes, in the service of M. Trousseau, is a case of paralysis following an attack of diphtheria. The subject of it is a labourer aged 24, and unmarried. The original disease was ushered in by a rigor, followed by the usual pathognomonic symptoms. Patches of false membrane appeared in due course, principally on the soft palate and the upper part of the pharynx. He had been actively treated at his own house for three days, after which he was conveyed to the Hôpital Beaujon, where by the means of escharotics topically employed, and the internal use of chlorate of potass, the disease was ultimately overcome in the course of a week. Three days after his discharge from the Hospital he was suddenly seized with paralysis of the palate and pharynx, rendering the act of deglutition, if not altogether impossible, at least extremely difficult. Fluids taken into the mouth entered the œsophageal tube only by degrees, by far the greater part escaping by the nostrils. Fifteen days later he began to experience a tingling, pricking feeling at the extremities of the fingers, accompanied with partial loss of power and impaired sensibility, which gradually embraced the entire arm. The muscular force of the fore-arm as tested by the dynamometer of Duchêne de Boulogne gave 21, 55, or 60, being about the natural average standard. By degrees the feet and legs became affected in a similar manner. More recently the genital organs began to lose their power; and although originally a strong vigorous young man, he was, on admission, reduced to a state of complete anaphrodisia. His voice had a strong nasal sound. The sight was unimpaired, and his memory and intellect intact. The bladder and bowels performed their functions naturally. The treatment consists in the administration of quinine and iron, and latterly of small doses of the sulphate of strychnine. The improvement of the patient is slow but gradual. M. Trousseau, in his clinical remarks on this case, directed the attention of his hearers to certain of its leading peculiarities. He commenced by remarking that paralysis is much more frequently a consequence of diphtheria than is generally supposed. The pathology of the paralytic affection was, he confessed, for a long time altogether misunderstood, both by himself and others. In consequence of its being more frequently local than general, in other words, the palate and pharynx being more usually affected with paralysis than the system generally, M. Trousseau was for a long time under the impression that the loss of power was dependent on inflammation of the coats of the nerves supplying these parts, and on infiltration producing pressure on their motor muscles, and this opinion he even ventured to publish in the Archives of Medicine some eight or ten years ago. A more extensive experience, however, of the general character of the paralysis which accompanies and follows diphtheritic affections, caused him to change his views, and he now believes that loss of power and sensibility is the direct consequence of the peculiar diphtheritic poison acting generally on the system, and strangely modifying the blood. He further stated a fact, which has often come under his observation, that many children who have been subjected to the operation of tracheotomy fall victims to paralysis of the epiglottis and larynx. In the same ward is a case of choreic paralysis, that is to say, chorea accompanied with diminished power and sensibility of the affected side. The subject of it is a blacksmith, aged 55, and up to the time when the accident which caused it took place, was in the enjoyment of perfect health. Some six weeks ago, while engaged at work he was rather seriously injured by being squeezed between two horses. A few days after this he was seized with choreic twitches of the left arm and leg, which continued to increase in intensity up to the period of his admission. The movements of the arm and leg are incessant; pronation and supination of the hand taking place with considerable regularity, and altogether independent of the patient's will. His intelligence does not seem to be impaired. The vision is perfect, but his tongue seems slightly affected, as when he speaks it seems as if it were too large for his mouth. He has now been under treatment a week—it consists simply of small doses of strychnine. He has evidently made progress during his stay in the hospital, the dynamometer showing an increase of power of the affected arm. Being, however, tired of the confinement, he abruptly left the hospital of his own accord, and was consequently discharged as improved.—In the Salle St. Bernard, under the same Physician, we have seen a case of facial neuralgia, and another of sciatica, treated with the essential oil of turpentine, the efficacy of which, in affections of this nature, M. Trousseau advocates very strongly. In the first-mentioned case the attack was most acute, causing the patient to utter from time to time the most piercing shrieks, the paroxysms coming on regularly at night, followed by periods of intermission during the day. At first M. Trousseau imagined that another of his favourite remedies, the sulphate of quinine, from its well-known antiperiodic properties, might prove beneficial, and he accordingly prescribed it in very considerable doses, which were continued for eight days. Finding, however, that the quinine produced no impression on the disease, he two days ago stopped it, and had recourse to the essential oil of turpentine. The dose consisted of 9 capsules or 6 grammes (90 grains) daily, and the relief experienced after one single day's treatment was very marked. In the case of sciatica above alluded to, the treatment by turpentine was producing the very best effects; but owing to disturbance in the digestive apparatus (which accident, by the way, is not at all infrequent when this medicine is continued for any length of time), it was suspended. Almost immediately on the suspension of the turpentine capsules, the sciatica reappeared as violently as ever. The derangement of the digestive organs having been corrected, the turpentine was a second time had recourse to, and an almost immediate relief of the pain was the consequence. It is but justice to M. Trousseau to state that he has little or no faith in the curative influence of the essential oil of turpentine in neuralgic pains, when these are the result of tumours or of some organic change in the nerves or their sheaths. Its value is chiefly remarkable when the neuralgia is of a sympathetic character, arising from impaired health or some such cause.

On Monday last a fine boy, aged 2½ years, was brought to the hospital (Hôtel Dieu) in a state of impending suffocation, resulting from croup. The mother of the child stated that it had been seriously ill for four or five days, but that for about a fortnight it had been suffering from catarrh. The face was livid, the lips violet coloured—the respiration short, interrupted at intervals, and the sifflement laryngeal distinct. To all appearance, death from suffocation was imminent. The child had received little or no treatment. Tracheotomy was performed immediately by the "Chef de Clinique" in the presence of M. Trousseau, and under his immediate directions. For some hours after the operation everything went on well, and hopes of a recovery began to be entertained. These were however soon dispelled by the occurrence of pulmonary inflammation, which proved fatal on Tuesday night, just thirty-eight hours after the operation. At the time the operation was performed there was no evidence of the existence of false membrane in the trachea, the disease having been confined to the larynx. Intermediate, however, between the operation and the death, there were indubitable symptoms that the diphtheritic affection was progressing. Patches of false membrane began to appear on the fauces, and, as the post-mortem appearances proved, the same exudation had taken place in other portions of the air passages, even below the wound in the trachea. It may be remarked that the child, although *in extremis*, was not in a state of anæsthesia, a condition frequently noticed in the very last stages of this disease, as he offered considerable resistance, and gave other unmistakeable evidences of pain the moment the knife was applied to the skin. After death a careful examination was made of the air passages, when false membrane of considerable thickness was found lining them from the upper part of the larynx down to the minute branches of the bronchial tubes. It appears that another child of the same family was carried off by this same disease, five years ago, after an illness of twenty-two hours, proving, as M. Trousseau remarked at the time, that there is an extraordinary aptitude in certain families to diphtheritic affections. In further support of this, he instanced some remarkable examples which had occurred in his private

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practice among families in affluent circumstances, where the children had not only been well taken care of, but where all the conditions calculated to ensure good health had been rigidly observed. In one family in particular, not a very numerous one, no fewer than three of its members had been successively seized with this malady, and in each case tracheotomy was had recourse to.

In the service of M. Robert we had brought before our eyes a most painful illustration of the evil consequences of long-continued and injudicious employment of the taxis in a case of strangulated inguinal hernia. On the day preceding the patient's admission into the Hospital sundry unsuccessful attempts had been made to return the tumour, which protruded beyond the external abdominal ring, by several Surgeons in succession. It would appear from the leech bites surrounding the hernial tumour, that the said Surgeons had had some misgivings that they had produced some mischief from a too prolonged manipulation: notwithstanding this, and before proceeding to the use of the knife, M. Robert deemed it advisable to make a last attempt with the taxis, which he did with extreme caution, the patient being, in the interim, under chloroform. The attempt proved unsuccessful. The operation was remarkably well performed, and the incarcerated gut duly relieved; but to the horror of M. Robert and those who were present, the mesentery was found to be fearfully lacerated, and some parts of it in a state of gangrene, the consequence, no doubt, of rough handling to which he had been subjected prior to admission. A large portion of the mesentery having been cut away, together with four inches of intestine, and simple dressings applied to the wound, the patient was carefully placed in bed with a view to the prevention of further mischief; a blister was applied over the whole of the abdomen. Naturally, the prognosis pronounced by M. Robert was most unfavourable. Contrary to expectation, the case progresses favourably. Six days have elapsed since the operation, and an artificial anus is being formed, by which excrementitious matter begins to pass.

GENERAL CORRESPONDENCE.

POOR-LAW MEDICAL REFORM.

[To the Editor of the Medical Times and Gazette.]

Sir,—The Poor-Law Medical Officers all agree that increase of salary is requisite to amend their position. The difficulty seems to be in arriving at a right method for making such increase.

I propose, as the most simple and agreeable, that each officer should have a fixed salary, without extras of any kind, and that such salary may be most fairly arrived at, let the number of paupers attended by each officer during the last twelve months be ascertained, and for the amount per case abide by the decision of the Poor-Law Board advised by the Medical Council. Any sum not less than five shillings would be agreeable to most of us, and if nearer ten shillings would not be less satisfactory to all. Mileage to be left also to their consideration.

Let each Union have its own dispensary, and the Surgeon provide his own instruments.

If some such plan as the foregoing were adopted, I am convinced it would tend greatly to improve our position in every way.

I am, &c.

Jan. 27, 1859. M. O. to X. Union.

ARSENICAL PAPER-HANGINGS.

Letter from Dr. Rooke.

[To the Editor of the Medical Times and Gazette.]

Sir,—The communications that have lately appeared in your own and other journals, on the subject of arsenical wall papers, have induced me to examine the green wall-paper of my own dining-room, more especially as one member of my household has for some months since it was put up, been constantly suffering from obscure colicky gastro-intestinal symptoms, not certainly great in amount, but not referable to errors of diet, or any hitherto known cause. On collecting some of the dust from the tops of the picture-frames, ledge of doorway, etc. (in the manner described by Mr. Gay), to the amount of between two and three grains, and submitting this to Reinsch's test,—a piece of fine copper gauze about an inch square became covered by an iron grey metallic coating after some twenty minutes' boiling—and the metallic crust was converted into crystals of arsenious acid in the usual manner, and gave the ordinary reactions. I think this matter of poisoned wall papers is certainly one of which it behoves Medical practitioners at large to warn the public in their respective neighbourhoods, as here is a source of danger readily detectible and as easily removable. It is difficult to say the amount of mischief that may be quietly and unsuspectingly going on from this source alone.

I am, &c.

Scarborough, Jan. 25, 1859. T. Mosley Rooke, M.D.

P.S. I understand that working paper-hangers are fully sensible of the noxious character of green wall papers, and frequently have attacks of illness after being engaged in hanging the walls of rooms with them.

Letter from Mr. Gay.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have just received from Dr. Taylor an account of his analysis of a portion of the green flock paper with which my study, alluded to in my letter of last week, was "hung;" and feel assured that the results are of so remarkable and important a nature that you will not refuse them a place in the ensuing number of your valuable journal.

The following are extracts from Dr. Taylor's able communication to myself:—

"Chemical Laboratory,
"Guy's, January 24, 1859.

"Dear Mr. Gay,—The green flock paper of your room abounds in arsenic; and it is in that form in which it may become easily detached; *i. e.* the flock is hygrometric, and is thus liable to fall off in changes of temperature and humidity.

"You have done well to have it changed; and I think it satisfactorily accounts for the symptoms from which you have suffered—symptoms which have since been gradually declining.

"There is more arsenic in a square inch of the green colour than is commonly found in the whole of the liver of a person who has died from that poison.

"The green is not the pure aceto-arsenite of copper; but it is a compound of that substance and another copper colour. . . . . I am, yours truly,

"(Signed) Alfred S. Taylor.

"John Gay, Esq."

I think, Sir, you will agree with me that this subject ought not to be allowed to drop until such measures shall have been taken by the Legislature of this country as will put a stop to the wanton and wholesale traffic in this and other terrible poisons that at present exists.

I am, &c.

10, Finsbury-place South. E. C. John Gay.
January 25, 1859.

ON APNŒA FROM CHLOROFORM.

Letter from Charles Hunter, Esq. M.R.C.S.

[To the Editor of the Medical Times and Gazette.]

Sir,—In a communication published in your journal for Nov. 6, inst. I brought forward certain facts in favour of the idea that chloroform may produce death purely from the lungs, apnœa resulting; I showed that the apnœa might be primary, death taking place at the time; or secondary, the influence of the chloroform gradually telling on the lungs through the nervous system, till such a state of narcotism might be produced, that life becomes placed in the greatest danger; and I detailed a case in which secondary apnœa lasted for some hours, the patient finally being restored. With regard to the physiology of secondary apnœa, the following points observed in the patient just alluded to may prove interesting:

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1. *The state of the heart.*—The heart throughout never appeared to be the first organ (of heart and lungs) to grow feeble or threaten to cease acting—its pulsations for the most part were slow and without much strength, and only appeared on the verge of cessation when respiration had stopped for a time, and the colour had gone from the face.

2. A "weight," a "hard feeling," or "lump," in the region of the heart was felt by the patient in the intervals of consciousness between the periods of apnœa; it had been coming on for some hours before apnœa set in, but was then only slight; after it had once commenced the "lump" or weight appeared every now and then to be most oppressive, causing attempts to be made by the patient to rub it off with her hand.

This feeling was always alleviated or removed by deep respirations, and as these ceased the lump gradually returned. It may be said that this symptom proves that the heart was paralysed; it may have been partially so; but it seems to me rather a proof that the cessation of respiration was telling in greater or less degree (according to the amount of "oppression" or "lump" felt) on the heart.

The overloaded state of the lungs, and their inaction, caused the venous blood brought to the right side of the heart to be detained and accumulated there until deep respirations should unload it. The heart was never thoroughly paralysed, because its pulsations never completely stopped, and were never affected except as secondary to the lungs. Had the heart in this case become paralysed it would have been from complete continued cessation of lung action (in proportion to which it was indeed enfeebled), and the paralysis would have been because the heart could not contract on the large amount of blood it contained.

3. *The state of the lungs.*—As the state of apnœa came on very gradually, as shown by the gradual increase of the cardiac symptom above-mentioned, and as a prolonged administration of chloroform will produce engorgement of the lungs even before death is occasioned (as I showed by experiment on a rabbit) (a), I think the lungs, had death resulted, would have been found overloaded with blood, if not gorged. During the state of danger which lasted some hours, and in which time, very frequently, all respiration ceased for many minutes unless performed artificially, the lungs appeared completely paralysed; and all this while the heart still slowly acted, and must have been gradually helping to fill them with blood.

4. *The state of the nervous system.*—The cutaneous nerves were so deadened that it was frequently with great difficulty, and often impossible, that they could be employed to induce or stimulate respiration.

The brain and medulla oblongata appeared narcotised, but the latter more than the former; for although the sensory ganglia and the cerebrum again and again lost their power, they regained it frequently with rapidity; danger perhaps was at hand, and perceived by the patient, who finding ordinary respiration wanting, would employ deep voluntary efforts either till she was tired or till consciousness was again lost. But the medulla oblongata and also the medulla spinalis were more thoroughly narcotised. Frequently no respiration or respiratory efforts at all took place; the muscles, even when the will appeared inclined to direct efforts, failed to produce them. The muscles of the back of the mouth, the tongue, and the pharynx appeared particularly deficient in power, or paralysed. Liquids put into the mouth could only be swallowed after repeated efforts, and then with the greatest difficulty; and although the will was assisting to guide the attempts, there appeared once or twice even cause to fear (from the blueness of the face), lest suffocation should ensue from the passage of the fluid into the trachea.

5. *The state of the tongue.*—It appears to me certain that the supine position, in the state I have been describing, must itself be productive of some, if not extreme, danger to the patient, from the tongue like the pharyngeal muscles being paralysed, rendered passive, and consequently falling back, thereby shutting the glottis. In the dead subject the falling back of the tongue prevented artificial respiration being employed in the supine position (but which was effectually obtained in the prone posture), in a large proportion of cases experimented on by Dr. Fox, of Bristol, Mr. Bowles, and myself, for Dr. Marshall Hall (b); further, it is astonishing in this case of secondary apnœa, how much relief was afforded by placing the body on the side with the face inclined downwards; often the gradual cessation of respiration and the dark colour of the face were improved by avoiding the supine position.

The treatment of secondary apnœa.

As death was impending from cessation of lung action, and practically from that only, all the treatment was directed to the keeping up respiration.

Excitation to respiration, artificial respiration, attention to posture, avoidance of cardiac stimuli till free respiration was established, comprised the principles employed.

Of excitants to respiration, these were used: cold air (craved for by the patient), created by a thorough draught by fanning or by such like means; cold water, sprinkled or dashed, according to the emergency; cold sponging of the face, neck, chest, and arms, this was often begged for by the patient in the intervals of consciousness; slapping sharply on the chest and shoulders would occasionally excite good respiration; lastly, sal-volatile was frequently given and craved for, and afforded much relief.

Dilute ammonia in secondary apnœa is most important; "this gas," says Marshall Hall, "actually neutralises the carbonic poison in the pulmonary blood" (c).

Attention to posture. When artificial respiration was not being employed, the position which certainly gave most relief to the patient was on the side, with an inclination of the face and chest downwards. Often if the patient was for a minute or so supine, the threatening apnœal attack was warded off by this alteration in posture.

The prone position, or an inclination towards it, may be then adopted; in some cases prophylactically, to avoid apnœa; indeed I have frequently so employed it in cases where respiration is laboured or difficult from overloaded bronchial tubes; and in patients dying in that condition I have sometimes much eased them for a short time.

Artificial respiration. All excitation to respiration failing, artificial respiration alone was effectual, and in the prone position remarkably so. Often half the battle appeared effected by it. Sometimes I used the Marshall Hall method, pronation and rotation on to the side, at other times the body being inclined prone, I compressed and relaxed the thoracic parietes.

The question will arise, is the same treatment applicable in all cases of danger from chloroform, in threatening death from paralysis of the heart, or in primary apnœa?

In primary apnœa if compression and relaxation of the thoracic parietes fails to restore respiration in the position the body happens to be during the administration (which is generally supine), I should employ the Marshall Hall method, or incline the body towards the prone position while artificial respiration is being attempted.

In paralysis of the heart from the chloroform, a direct and immediate stimulus to recontraction is of course obviously indicated; but how to apply it is the difficulty. Galvanism has often been tried, but statistics are not in favour of its being beneficial. To unload the heart must be a great object, and must stimulate recontraction. Dr. Chapman lately showed, that in an animal killed by chloroform the dividing the aorta and pulmonary artery stimulated the heart to recontraction (d); and in my case of secondary apnœa it was seen how remarkably the heart was relieved by deep inspirations. The surest, at present known, stimulus for the heart appears to me, judging from observation of cases and experiments, to be to excite or effect deep inspirations, thereby emptying the heart, and so taking away one obstacle to its continuing its pulsations.

Artificial respiration to do good must be free, full, and effectual; it cannot be these, as I can multiply cases to show. In the supine position, unless with the tongue drawn forward, Dr. Snow gives an admirable case in point, quoted by him from Mr. Bickersteth (e). In the country I tried once to resuscitate a child whose pulse and respirations were stopped by chloroform in the supine position, and failed. The subse-

(a) Medical Times and Gazette, Nov. 6, 1858, p. 481. Dr. Glover has shown that death need not take place from the heart, but from congestion of the lungs by what I should call primary apnœa.—The Lancet, Nov. 6, 1858.

(b) Marshall Hall on Drowning, &c. 1857, pp. 62—69.

(c) Marshall Hall on Drowning, etc. pp. 72 and 73.

(d) Medical Times and Gazette, Oct. 30, p. 459.

(e) Snow on Anæsthetics, p. 255.

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quent employment of the prone and postural method immediately restored it (f). The pronation and rotation of Marshall Hall effects free, good respiration: it liberates the glottis from pressure by the tongue. But prophylactic treatment is, if anything, still more important. The danger may be avoided. It having arrived, nothing *may* save the patient. Many of the recorded deaths from chloroform might have been avoided, I believe if the following most essential points had been duly attended to:—

1. That chloroform is never administered unless properly regulated, as with Snow's inhaler (g).

2. That the respiration be continuously and carefully observed, the upper part of the chest being bare for that purpose.

3. That the pulse also be continuously and steadily watched.

I am, &c.

CHARLES HUNTER, M.R.C.S.

November 16, 1858. Surgeon to St. George's Hospital.

PIROGOFF'S AMPUTATION.

LETTER FROM MR. WILLIAMSON.

[To the Editor of the Medical Times and Gazette.]

SIR,—Pirogoff's amputation at the ankle-joint was performed on the 24th December, 1858. The articular extremities of the tibia and fibula were sawn off obliquely—the thick part of the wedge-shaped pieces being posteriorly; the os calcis fitted admirably. The wound has healed, and a very good solid stump has been the result.

The sawing off the ends of the bones obliquely is an improvement, and is well worthy of being universally adopted, as allowing of easy adaptation of the os calcis to the end of the bones.

Amputation of the thigh was also performed for extensive necrosis of the tibia, followed by sloughing of the calf. Case doing well.

I am, &c.

G. WILLIAMSON, Staff-Surgeon.

Fort Pitt, January 19, 1859.

POOR-LAW MEDICAL REFORM ASSOCIATION.

LETTER FROM MR. GRIFFIN.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have much pleasure in laying before you the annexed letter from the President of the Poor-Law Board. From the numerous communications I daily receive, very many of which contain remittances, I am convinced that the Medical Officers, as a body, are satisfied with the efforts the Association is now making: I have already forwarded a large number to the Poor-Law Board.

I am, &c.

RICHARD GRIFFIN.

12, Royal-Terrace, Weymouth,
January 26, 1859.

"St. Leonard's, Jan. 21, 1859.

"DEAR SIR,—I have to thank you for sending to me a copy of the resolutions adopted at the meeting at Freemasons' Tavern on the 14th of this month. I am much satisfied and pleased with the business-like manner in which my scheme has been considered at that meeting—so far as I can judge by your printed report. I shall give a dispassionate attention to the remarks and suggestions contained in that paper, with a sincere desire to arrive at such a practical conclusion as shall effect a reasonable adjustment of the question before us. I have received other and different proposals in great variety from numerous quarters: I cannot enter upon any attempt at reconciling these until a sufficient period shall have elapsed to allow me to conclude that those who desire to offer an opinion have had a full opportunity of doing so; but I reckon that at any time after the middle of February, the Board will be ready to attend to any application for an interview with your Association.

"I am, dear sir, yours truly,

"T. SOTHERON ESTCOURT."

"R. Griffin, Esq."

(f) Marshall Hall on Drowning, p. 143.

(g) Especially borne upon by Mr. Potter, chloroformizer, Lancet, ii. 1858.

REPORTS OF SOCIETIES.

ROYAL SOCIETY.

THURSDAY, JANUARY 20, 1859.

SIR B. C. BRODIE, Bart. President, in the chair.

EXPERIMENTS ON THE PHENOMENA OF RESPIRATION.

DR. EDWARD SMITH read the first of his papers on the above subject, in which he described the quantity of carbonic acid expired and of air inspired, with the rate of respiration and pulsation in reference to the whole day and night, the variations of the day with and without food, and the variations from day to day and from season to season. He exhibited and described the apparatus and method which he had devised and pursued, and stated that he could collect the whole of the carbonic acid expired during the act of expiration for any period however long or short, with experiments continuing for hours or repeated every few minutes. The total quantity of carbonic acid expired in the twenty-four hours was determined in four gentlemen in eight experiments, some of which were continued for eighteen hours, with short intervals for meals only; and others were made at the beginning of each hour and half-hour during that period. The quantity of carbonic acid exhaled in the six hours of the night was 1950 grains, and the total amount of carbon exhaled in the twenty-four hours at rest varied from 5·16 to 7·144 ounces in the different persons. The effect of walking at two and three miles per hour was found to be equal to 1¼ and 2½ times that during rest; and by making a computation of the amount of exertion made by different classes of the community, he found that in the non-laborious class the carbon was increased from 7·144 ounces when at rest, to 8·68 oz. and in the laborious class to 12·19 ounces daily. These quantities were contrasted with those obtained by previous observers. During profound sleep the amount of carbonic acid is lessened to the extent of half of that of the average of the day. The variations of the day with food were so great that the maximum was one half more than the minimum, and in one gentleman it was nearly double the minimum, the greatest occurring after each meal, but particularly after breakfast and tea, and the least immediately before the meals. During a fast of twenty-seven hours the minimum quantity was maintained almost without change during the whole period of wakefulness, but there was a rise at the periods when the quantity usually rose with food. The quantity of carbon evolved in twenty-four hours without food was 5·923 ounces instead of 7·144 ounces with food—a quantity equal to that contained in 20 ounces of bread. The blood and the secretions became unusually alkaline. The variations from day to day were due to temperature and the state of the system. Sudden increase of temperature caused a sudden decrease in the respiratory changes which continued until the temperature rose. This was an ever acting cause of variation, but was the greatest after the cold of the winter. The state of the system caused by changes in the proportion of waste and supply, varied the quantity of carbonic acid evolved on the following morning. A good night's rest, a feeling of health, good supply of food, and not too much exertion, gave an increase on the following morning (hence there was usually a high state of system on the Monday), and the reverse under the contrary conditions. As these conditions vary from day to day, the amount of carbonic acid evolved varies every day. The variations which are due to season are very remarkable and important, since it was shown that the respiratory changes vary from season to season in a definite and periodic manner, and so that the greatest changes occurred in the cold season, and the least in the hot season, and with definite periods at which this variation begins.

DR. SMITH also showed the amount of carbonic acid evolved with the exertion of the treadwheel.

All the above results were delineated upon an extensive series of diagrams.

Prof. WILLIAMSON, of University College, bore testimony to the great accuracy of the method employed by Dr. Smith

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in a chemical point of view, for he had ascertained that Baryta water gave evidence that no carbonic acid escaped. He thought that both the apparatus and the method were likely to yield important results.

Prof. FRANKLAND, of St. Bartholomew's, confirmed Dr. Williamson's statement, and said that, although he had at first some doubts as to the accuracy in dealing with such large quantities, he has ascertained by actual experiment made by himself, as well as those made by the author, that the results were as trustworthy as any which could be obtained by a chemist in his laboratory. He had been a subject of experiment for a whole day, and knew well the extreme labour involved in the inquiry.

The PRESIDENT made an inquiry in reference to the action of tea, to which Prof. Franklin and the author replied. It was stated that the action of almost all kinds of food will be described in Dr. Smith's second paper, which was stated to be in the hands of the Society.

THE PATHOLOGICAL SOCIETY.

TUESDAY, JAN. 18, 1859.

Mr. FERGUSSON, President, in the Chair.

AFTER a brief but appropriate address from the PRESIDENT on the occasion of his taking the chair for the first time, the usual business of the evening was proceeded with.

Mr. HUTCHINSON showed a

CARTILAGINOUS TUMOUR REMOVED FROM THE UPPER JAW.

The tumour was somewhat larger than a pigeon's egg, and of ovoid shape. It had been removed a few hours before the meeting from under the cheek of a girl aged 15, in whom it had *been growing* for three months. It had been formed originally in the cellular tissue, and had no connexion with the bone; the surface of the latter had however been hollowed by its pressure. It consisted of fibrous tissue, through which were scattered many small nodules of cartilage.

The PRESIDENT said that he agreed with Mr. Hutchinson in thinking the development of such tumours in the position described very rare. He did not recollect to have ever before seen an example of it.

Mr. HUTCHINSON next brought forward some reasons for believing in the

IDENTITY OF THE FUNGUS IN PITYRIASIS VERSICOLOR AND TINEA TONSURANS.

The cryptogamic origin of pityriasis versicolor, and of tinea tonsurans (true ringworm), was, he observed, generally acknowledged, but hitherto all observers had considered that the fungus present in each was distinct. That of the pityriasis had been named the microsporon furfur, that of ringworm the trychophyton tonsurans. He had himself for some years entertained the belief that the fungus was the same much modified in its growth by the difference in position, and that the two diseases, however dissimilar, were mutually contagious, the one producing the other, and *vice versâ*. His attention had been drawn to this interesting question by the circumstance that several women had come under his care with pityriasis on the chest, which they alleged they had contracted by nursing infants suffering from true ringworm. In five instances in which he had himself examined both mother and infant, and in all of which the two diseases were exceedingly well characterised, this occurrence had been noticed. Then there appeared to him to be no real difference between the two fungi. It was true that the spores of the microsporon were much larger than those of the trychophyton, and that the filaments of the latter were very abundant, whilst those of the former were very scanty; but these differences might fairly be attributed to diminished or increased luxuriance of growth, dependent on altered habitat. But the chief reason for thinking that the two were identical was, that he believed he had succeeded in artificially producing the one by contagion from the other. Some scales, etc. from a patch of true ringworm on the scalp of a child were placed in lint, and the latter secured by sticking-plaster on the epigastrium of a healthy adult. It was retained three days. About a month later a crop of brown patches like those of pityriasis had appeared. (A coloured sketch of these patches was shown.) Unfortunately, the microscope was not used, and so the experiment was left inconclusive. Whilst waiting in the hope that the patches would extend, they in the course of a month or two gradually disappeared. Should further experiments prove the two diseases to be convertible, a very interesting example of apparently very different effects proceeding from the same morbid cause would be afforded. Ringworm was a disease to which, as far as Mr. Hutchinson's observation had gone, only young persons were liable, whilst in children pityriasis never occurred. It would seem that about the age of fifteen the human scalp ceased to be accessible to the attacks of the fungus of ringworm, and that about the same age the epidermis of the epigastrium became for the first time a fitting pabulum for that of pityriasis. The immunity of adults from ringworm of the scalp was no doubt due to the greater hardness of the cortex of the hair in adults than in children.

A discussion followed, in which Dr. Bennett, Dr. Hare, Dr. Camps, Dr. Ballard, and Mr. Thompson took part. Dr. Bennett thought the sketches of the two fungi handed round by Mr. Hutchinson did differ in general appearance considerably; but, when asked, said he could not point out any single feature of marked difference. Dr. Hare had known one case in which true ringworm existed on the scalp of a girl of 20; it was, however, the only exception he had ever known to Mr. Hutchinson's assertion that this disease is limited to children. Mr. Thompson thought the two fungi so much alike that it was not improbable they might be the same.

Mr. CHRISTOPHER HEATH showed a

FIBROUS TUMOUR OF THE DURA-MATER.

It had been found on the internal surface of the dura-mater in a subject in the dissecting room of the Westminster Hospital. The tumour was of the size of a nut, and had produced an indentation on the surface of the brain. The woman was 99 years of age, and had been insane for some years before her death. She was subject to violent paroxysms of mania, one of which occurred a few hours before her death, and after which she became comatose and died.

Mr. HEATH also showed a

FATTY AND ATROPHIED KIDNEY,

also from a subject in the dissecting-room, and which presented a remarkable appearance; being externally, apparently, a mass of fat, while on section there were found a few scattered traces of kidney substance. The opposite kidney was normal, both in size and structure, and had two arteries, while to the atrophied one no vessel could be traced from the aorta.

At the previous meeting of the Society,

Mr. SPENCER WELLS exhibited a

SOLID OVARIAN TUMOUR,

removed after death from a lady, 64 years of age, whom he had attended with Mr. Swete of Stockwell. She had died of another disease, and this tumour, which seemed to be a mixture of fat and bone, so hard that it could only be cut with a saw, and of the size of a cocoa-nut, had not been attended with any symptoms during life beyond occasional irritability of the bladder. It had lain between the bladder and uterus, pushing the uterus backwards.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—The following gentlemen will be balloted for as Fellows of the Society next Tuesday evening. An election of honorary Fellows will take place at the same time; the names of those gentlemen who are recommended by the Council for that honour will be found annexed. The ballot will be opened at half-past 7 o'clock, and will close at half-past 8 precisely:—William Henry Flower, Theophilus Miller Gunn, William Price Jones, Thomas Nunneley, William Scovell Savory, Septimus William Sibley, Edward Tegart, jun. *Honorary Fellow:* John Thomas Quekett. *Foreign Honorary Fellows:* J. Henle, P. Rayer, W. Vrolik.

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REGISTRATION.

The following note and letter were accidentally delayed last week, and did not reach our office, until the journal was "made up."

Medical Registration Office,
32, Soho-square, London, W. Jan 20, 1859.

The Medical Registrar presents his compliments to the Editor of the *Medical Times and Gazette*, and would feel obliged by the publication of a letter which he recently addressed to the Poor-Law Board. He has written it with the hope of averting serious inconvenience from many of the Poor-Law Medical Officers through difficulties which do not seem to have been sufficiently considered when the disabling clauses of the Medical Act were framed.

Medical Registration Office,
32, Soho-square, W., Jan. 17, 1859.

SIR,—I have had the honour to receive your letter of the 13th inst. (No. 47562), conveying a copy of the circular issued by the Poor-Law Board on the 23rd of December, respecting Medical Registration, which shall be laid before the Medical Council. This circular has greatly promoted Medical Registration. But I am most anxious to submit respectfully to the Poor-Law Board that very great difficulty has arisen from the shortness and inadequacy of the time allowed for complying with the provisions of the Medical Act 21 and 22 Vict. c. 90.

By the 26th section of that Act the Registrar is required to enter no one on the register unless he be satisfied by the proper evidence that the person claiming is entitled to be registered. And by the 15th section, the Registrar is referred for the proper evidence to the certified lists of the bodies empowered to grant Medical qualifications. But the process of verifying the qualifications of candidates by reference to these lists require considerable time, especially since most of the claimants demand to be registered on several qualifications.

The Medical Council was not appointed by the Secretary of State to hold its first meeting until nearly the end of November, and some days more were consumed before a Registrar could be appointed, who was unable, with the utmost diligence, to obtain most of the certified lists until within a fortnight of the close of last year. Some thousands of persons have since applied, and are still applying to be registered, and many demand certificates of their registration, which cannot be given to them without much time and labour and interruption of the business of making the register.

Under these circumstances, would it be asking too much of the Poor-Law Board to request that another circular should be issued, directing the guardians not to press for proof that their Medical officers are registered until the Medical Council shall be enabled to direct that the register shall be published, as required by the 27th section of the act, which will not probably be for three or four months.

I am desirous also of mentioning that the Medical Registration Office is now at 32, Soho-square, W.

I am, Sir, your obedient servant,
FRANCIS HAWKINS, Registrar.

W. G. Lumley, Esq., Assistant Secretary,
Poor-Law Board, Whitehall.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 19th inst.:—

AUBIN, THOMAS JOHN, Jersey.
BRISLEY, CHARLES, Huntingdon-street, Barnsbury.
HAWKINS, THOMAS, Cape of Good Hope.
FISHER, HENRY, Cape of Good Hope.
GWYNNE, THOMAS, West Indies.
HAY, JOHN, Savill-row.
HUMPAGE, BENJAMIN HILL, Judd-st., Brunswick-sq.
LEVER, REGINALD CROFT, Tavistock-square.
LODGE, SAMUEL, Bradford, Yorkshire.
M'ARDLE, CHARLES, Newport, Monmouthshire.
SMITH, HENRY BENNETT, Staines.

Also on the 21st inst.:—

CLARKE, JOHN, Sutherlandshire.
EVANS, CALEB, Haverfordwest.
KERBY, WILLIAM HOLMAN, Bath.
NOBLE, SAMUEL CLARKE, Kendal.
RALFS, SAMUEL, Brentford.
ROGERS, HENRY PHILIP, Mauritius.
VITRY, JOSEPH, HIPPOLYTE, D., Mauritius.
YOUNG, HENRY JAMES, Bath.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, January 20, 1859:—

CROCKER, JONATHAN, Launceston.
JOHNSTONE, JAMES WOODRUFF, Rotherfield, Sussex.
MILLEN, STEPHEN RICHARD, Deal, Kent.
SAULBY, HENRY, Toynton, All Saints.

As an assistant:

INNES, ALEXANDER, Birkenhead.

The following gentlemen also, on the same day, passed their first examination:—

DRAKE, CHARLES HENRY, St. Thomas's Hospital.
SHERWIN, HENRY CHRIPPES, Petworth, Sussex.
THOMPSON, SAMUEL, Bedford-place, Comml.-road.

DEATH.

SCATLIFF. — On the 20th inst. at St. Helier's, Jersey, Arthur Scatliff, M.D. late of Brixton, near London, aged 30.

APPOINTMENTS.

On Monday, Jan. 24, R. Craven, Esq. F.R.C.S. Eng. was elected one of the Surgeons to the Southport Local Dispensary.

Dr. Henry Thompson has been appointed Physician, and Dr. Charles Coote Assistant-Physician to the Middlesex Hospital.

GERMAN MYSTICISM.—"Our opinion is," says Skoda, "that bleeding is of no real service except in cases where, by diminishing the quantity of the blood, it prevents certain imminent affections, whose appearance may be arrested by such diminution of the blood."

EAST SURREY MEDICAL REGISTRATION COMMITTEE.—A Meeting of the members of the Medical Profession residing in East Surrey, convened by circular, was held at Croydon, January 6th, 1859, when the committee was formed, and Mr. Carpenter was appointed District Secretary.

LORD BROUGHAM has addressed a letter to the Secretary of the Academy of Sciences, in the name of Dr. Ayre, concerning the treatment of cholera morbus by calomel. Dr. Ayre is dissatisfied with the report of the Commission in the Compte Rendu, which gives him credit for the administration of larger doses than he actually administers.

GOLD MAKING.—M. Tiffereau, who retains alchemistic ideas relative to the transmutations of metals, objects to M. Despretz's views of the simple nature of metals. He asserts that he has made gold. M. Despretz answers very sensibly; if he knows how to make gold why does he make reclamations? let him only make gold, and there will be no need for him to be troubled by other people.

PHOTOGRAPHIC SOCIETY.—The President and Council of the Photographic Society have lately received a number of friends at the Gallery of the Society of British Artists. The rooms of the Society were crowded, and the beauty and variety of the specimens exhibited were fully appreciated by the scientific, artistic, and literary visitors. The exhibition is well worth a visit.

PUBLIC VACCINATION.—At the Bridgewater Town-hall, on Monday last, a labourer named George Fry was brought before the magistrates and fined the full penalty of £1, with 18s. 6d. costs, for factiously and vexatiously refusing to have a child vaccinated, due notice having been served upon him according to the Act of Parliament. The magistrates expressed a hope that the case would be reported in the public press.

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A PLEA UNDER THE MEDICAL ACT.—A case, at the instance of John Moore, Physician at Sauchie, for an account due for Medical attendance, against Robert Greig, teacher there, was called before Sheriff Clark on Wednesday last. The defender urged that the pursuer had not been registered in terms of the Act of Parliament passed last session, which enacts that, "after the 1st day of January, 1859, no person shall be entitled to recover any charge, in any court of law, for any medical or surgical advice, attendance, etc. unless he shall prove upon the trial that he is registered under the Act." The pursuer having admitted that he was not so registered, the Sheriff gave effect to the objection, and dismissed the summons.—*Alloa Advertiser.*

NEW PHARMACEUTICAL PREPARATIONS.—We have received some very elegant preparations of the active principles of colchicum, henbane, and sarsaparilla, made by Mr. Bastick, of Brook-street. The ordinary medicines prepared from these drugs undergo changes by keeping, and contain very variable quantities of the active constituents. With colchicum and hyoscyamus it is especially difficult to obtain two preparations of equal strength. But the solutions of hyoscyamine, colchicine, and smilacine, as prepared by Mr. Bastick, are, we have good reason to believe, uniform in strength, definite in action, and not deteriorated by time. We should be glad to see such solutions of the active principles of our most important drugs placed in the British Pharmacopœia.

THE DISCUSSION AT THE ACADÉMIE DE MÉDECINE ON TUBAGE AND TRACHEOTOMY IN CROUP.—The discussion upon this topic has been revived at the Academie de Médecine; but as it has chiefly consisted in the repetition of arguments and statements already adduced, we have not thought it necessary to continue its analysis. The result is, however, that the attack made by M. Bouchut upon tracheotomy has proved a most signal failure, the discussion having brought that operation out in far higher relief than it stood in before. The following are the final conclusions voted by a large majority at the Academy:—"1. Tubage of the larynx, so far as it has hitherto been employed, does not appear to be sufficiently useful, nor sufficiently exempt from danger, to deserve the approbation of the Academy. 2. Tracheotomy, in the present state of science, is the sole means that can be employed when all hope from the use of medicinal agents has been abandoned." This, it will be observed, is a much more unfavourable resolution with respect to tubage than that originally and too good-naturedly proposed by M. Trousseau.

POOR-LAW MEDICAL RELIEF.—At a late meeting of the Stourbridge Board of Guardians in reference to the heads of a scheme for a suggested new arrangement of Medical Relief, dated November 30, 1858, the chairman read the following propositions for the consideration of the Board:—Firstly, That it would be unjust to the present Medical officers to determine, without their individual consent, the contracts at present existing. Secondly, That it is most undesirable to appoint two Medical officers for the same district or parish, as it would lead to rivalry of an unpleasant character, and tend to the increase of pauperism. Thirdly, That grave objections exist to the giving of orders for Medical relief by each guardian. By virtue of his office, as a member of the Board, each guardian has judicial duties to perform. Among others, that of allowing or disallowing the Medical or other relief given by the relieving officer. It would follow that the Medical orders given by the guardian would be brought in comparison with those of the officer, and as a consequence the authority and control of the Board over such officer be thereby weakened, while the Board collectively would have to sit in judgment on the individual acts of such of its members as choose to exercise the proposed power; a proceeding which could scarcely fail to be the cause of great diversity of opinion, and lead to frequent dispute; and lastly, on this head, because it is desirable that the Medical officer should attend on urgent cases on his own responsibility, without the intervention of a third party. Fourthly, The proposed manner of remunerating the Medical officers is discursive and complex, failing to recognise the simplicity that prevails in the present mode, and which is desirable in all contracts between public bodies and individuals. Fifthly, The proposal to provide "more expensive drugs," and the manner of providing them, are most objectionable, placing, as they do, in the way of the Medical officers, a temptation to which no human being should be subjected by a deliberate act of his fellow-man. Sixthly, The tendency of the whole proposal is to increase pauperism: to place the poor industrious man of independent thought and action in a worse position than the idle, improvident, and voluntarily dependent. For while the former, being a member of a friendly society, is attended by the Medical Practitioner at the rate of 2s. 6d. per head per annum, paid from the funds of his own providence, the latter, at the public cost, from funds in part abstracted from the industrious man's earnings, will, should this proposal obtain, receive Medical attendance of far more costly character. After a short conversation, the propositions were adopted.

POOR-LAW MEDICAL RELIEF.—At a meeting of the Medical profession, held at Norwich, January 19, 1859, Dr. Ranking in the chair, the following resolutions were carried unanimously:—Proposed by W. P. Nichols, Esq., seconded by J. Cooper, Esq.—"That the subject of Medical relief to the poor is one of interest to every member of the Profession, and it is the duty of all to assist the Poor-Law Medical Officers in obtaining a satisfactory arrangement of this much-vexed question." Proposed by G. W. A. Firth, Esq., seconded by J. B. Pitt, Esq.—"That the thanks of the meeting be given to the Right Hon. the President of the Poor-Law Board for the opportunity afforded of expressing our opinions on his scheme." Proposed by Dr. Copeman, seconded by — Stafford, Esq.—"That all Medical appointments should be permanent, and that to deprive the present officers of appointments, to which most of them have been appointed for life under the authority of a general order of the Poor-Law Board, would be most unjust, especially so at the moment there is a prospect of a better remuneration for their services." Proposed by J. G. Johnson, Esq., seconded by D. Dalrymple, Esq.—"That the appointment of two Medical officers to each parish would be unwise as well as unjust to our Profession, to the poor, and the public—to our Profession, because it would subject us to a kind of pauper patronage; would, in a majority of instances, diminish the emoluments of the Medical officer, and revive that unfair rivalry which recent enactments have so much diminished; to the poor, because it would give rise to incessant difficulties in procuring prompt Medical attendance or medicine in cases of emergency, and lead to constant errors as to the commencement and termination of medical attendance; to the public, because it would fail to secure that efficient Medical aid which is their great object; prove a frequent source of unfair and degrading practices for an increase of the emoluments of the Medical officer." Proposed by T. Evans, Esq., seconded by R. J. Tunnaley, Esq.—"That this meeting does not approve of the system of salaries proposed in the scheme, but prefers the system of payment per case, with mileage for every distance beyond one mile from the residence of the Medical officer; and are willing to leave the arrangement of the amount of the payments to the Poor-Law Board on part of the public, and to the Medical Council on part of the Profession." Proposed by J. W. Crone, Esq., seconded by J. G. Johnson, Esq.—"That it is the opinion of this meeting the Poor-Law Board should for the future contain one or more members of the Medical Profession." Proposed by W. H. Day, Esq., seconded by Thomas Evans, Esq.—"That a copy of the resolutions be forwarded to the Right Hon. the President of the Poor-Law Board, the Medical Council, the Medical journals, and local papers." The thanks of the meeting to Dr. Ranking were carried by acclamation.

THE MEAT OF THE ELAND has lately been tried by Prof. Owen as an article of food, and pronounced excellent. "The Eland," he says, "(*Antelope Oreas*, Pallas) is one of the largest of its genus, equalling an ox in size, but standing higher, a native of South Africa. The species was first imported into this country by the late Earl of Derby. The pair throve and propagated in the park at Knowsley, and at the decease of the earl formed a small herd, which his lordship bequeathed to the Zoological Society of London. They throve equally well, and continued regularly to produce young in the gardens at Regent's-park, until their numbers began to exceed the accommodation. Among the noblemen and gentlemen who were willing to co-operate with the society in the attempt to acclimatise and diffuse this fine and beautiful animal, Viscount Hill has had such success with the pair which was introduced into his park at Hawkstone, near Shrewsbury, that his Lordship determined to make the experiment and fatten a young male for the table.

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The result now communicated was obtained from a joint answering to the 'short ribs,' of beef, with which the writer was liberally favoured by Lord Hill. The meat was of a bright colour and of a close fine texture, but without any fat mixed with the lean. A good quantity of fat was accumulated round the kidney and upon the inside of the ribs. After hanging ten days the joint was simply roasted, with a part of the loin-fat or suet, another part of this being made into a suet-pudding. The meat when brought to table and carved presented the colour of pork. Committee unanimous as to its texture—the finest, closest, most tender, and masticable of any meat. In taste, the first impression was of its sweetness and goodness, without any strongly marked speciality of flavour; it was compared with veal, with capon finally, the suggestion that it was (*mammalian*) meat, with a *soupcon* of pheasant flavour, was generally accepted. Committee unanimous that a six-year-old eland would most probably yield a meat equally fine in texture, with a more marked and distinctive flavour; and that the extreme delicacy of flavour might be due to the immaturity of the present animal. The portion of fat served with the joint differed from that of deer in not rapidly condensing into tallow, but retaining, like the best beef fat, its clear melting character; it was perfection as fat. Suet-pudding extremely light and delicate. And, on the whole, the committee rose with the conviction that a new and superior kind of animal food had been added to the restricted choice from the mammalian class at present available in Europe."

Eczema of the Hands.—M. Guillot employs the following pommade at the Necker Hospital with success:—Lard, 30 parts; sub-carbonate of soda, pyroligneous oil of juniper, and tar āā 2 to 4 parts.—*Bull de Thérap.* Tome 55, p. 501.

Treatment of Itch.—M. Beau considers the essence of turpentine well rubbed into the body as the most effectual and rapid means of destroying the acari and their ova. For those patients who dislike its smell, or in whom it excites cutaneous irritation, he employs Helmerich's ointment (lard 8, sulphur 2 parts, and subc. potass 1 part), or Bourguignons—powdered staphisagria 300, and lard 500 parts. Before putting them on again the clothes must be effectually purified, or the disease may be reproduced, even at the end of many days. This is done effectually by exposing them to a temperature of from 80° to 100° R.—*Gazette des Hôpitaux*, 1858, No. 37.

VITAL STATISTICS OF LONDON.

Week ending Saturday, January 22, 1859.

BIRTHS.

Births of Boys, 928; Girls, 923; Total, 1851.
Average of 10 corresponding weeks, 1849-58, 1613.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	675	705	1380
Average of the ten years 1849-58	592·4	609·4	1201·8
Average corrected to increased population	...	...	1322
Deaths of people above 90	...	...	5
Deaths in 15 General Hospitals	40	21	61

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	1	8	6	3	6
North....	490,396	4	5	30	10	4	7
Central ..	393,256	3	7	9	13	5	5
East	485,522	10	3	27	12	8	9
South	616,685	2	5	37	17	3	12
Total..	2,362,286	20	21	111	58	18	39

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·882 in.
Mean temperature	43·3
Highest point of thermometer	53·0
Lowest point of thermometer	29·5
Mean dew-point temperature	40·3
General direction of wind	S.W.
Whole amount of rain in the week	0·18 in.
Amount of horizontal movement of air in the week ...	1300 miles

TO CORRESPONDENTS.

Dr. Evans.—Next week.

W. W.—A respectable degree.

Quæro should ask his question of the Registrar.

Dr. Robinson.—Many thanks. The letter shall be noticed.

Mr. R. S. Hatfield had better write to the Colonial Secretary.

S.C.R.M.—We are not acquainted with the gentleman named.

Dr. Fenwick's letter is unavoidably delayed until next week.

A London Surgeon.—The registration fee is single, not annual.

Dr. Anstie's paper on Chloroform shall appear as soon as possible.

Dr. McOraith's interesting paper on the Contagion of Tertiary Syphilis is at the printer's.

Dr. Crondace's case of Catalepsy from an overdose of Indian Hemp shall appear next week if possible.

A Young Surgeon is advised to leave off the medicine he speaks of in the case he describes, and to trust to a strict regulation of diet.

Messrs. Murray and Beith.—No letter has been received except that of the 26th. alluding to one said to have been written on the 20th.

M.R.C.S.—The advertised commendation by this Journal of the filthy book is an impudent forgery. Our correspondent's suggestion hall be attended to.

D. M.—It is not necessary to send the diploma to the Registrar; only to state the qualifications and their date, and send the fee of two pounds. When the application has been compared with the certified lists of the different bodies, registration is completed.

B.W.—The prosecution reported last week against Dr. Reeves and Dr. Protheroe is not now under the Medical Act, though as they are said to have registered, it is probable that another prosecution will be instituted under this Act. The present proceedings are under an old statute. The offence is said to have been committed in April, 1857.

Lex.—It is perfectly well known that a Member of the College of Surgeons could recover reasonable charges for attendance *and medicines* before the Medical Act, *but in Surgical cases only*. This rule was laid down in Allison *v.* Haydon. In Proud *v.* Mayall the Judge (Patterson) would not admit the claim of a firm of Surgeons for "medicines and attendance," as it was not proved that the case was a Surgical one.

The Orphan Asylum, Wanstead.

We have been requested to direct the attention of the Governors and Subscribers of this Institution to the case of Frederick Hillcoat, who comes on in May next for the last time. The circumstances of the case are peculiar. The father of the child, an M.R.C.S., who had lately come over from America, was writing in his cabin, on Sunday, the 5th September, 1858, when one of his little boys requested permission to go to the boat to fetch a little model vessel left there by mistake. The boy put the model upon the water, when it floated beyond his reach, and, while endeavouring to obtain it, he overbalanced himself and fell into the water. The screams of the boy brought his poor father to the side of the vessel, who at once plunged into the water. He succeeded in raising his child, so that he was able to catch an oar held out to him, but sank himself. The captain of the vessel upon seeing what had happened, immediately plunged into the water, with the hope of rescuing both; but though an excellent swimmer, he would himself have been drowned had he not grasped a rope. Dr. Hillcoat has left a wife and eight young children to mourn his loss. The grandfather on whom these little orphans are thus suddenly thrown, is a clergyman with a second family, and means so limited that he cannot possibly support them, and is reluctantly compelled to appeal to the sympathy of the charitable for assistance towards their present maintenance.

Perineal Section.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—My attention has recently been directed to a letter published in the *Medical Times and Gazette*, signed by John Renton, M.D., quoting the certificate which I forwarded to the Registrar-General, as to the cause of death of the late Earl of Rothes. From this bare document Dr. Renton draws his own inferences.

I shall express no opinion as to motives which could have led any one to make this painful inroad on the sorrows and sanctity of private life; but as to matter of fact, I beg to state in the most explicit manner, that my patient did not die of the operation commonly known as the "Perineal Section," as Dr. Renton would lead the Profession to infer, and that no such operation was ever performed. I am, &c.

James A. Hunter, M.D.

18, Abercromby-place, Edinburgh, Jan. 24, 1859.

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Royal Medical Benevolent College.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—May I ask you the favour of mentioning in your paper that a Mrs. Jenner, whose late husband was grand-nephew to the celebrated Dr. Jenner, discoverer of Vaccination, is a candidate for admission into the Royal Benevolent College at Epsom?

I have been recommended to adopt this course of bringing to public notice the case of a very poor and deserving person, and one that I think, from her relationship to a name that has obtained such wide-spread celebrity, has many claims upon the charity and kind offices of the Medical Profession. I am, &c. Richard Parrott, Curate of Ware.

Ware, Herts, Jan. 21, 1859.

The New Army Warrant.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Believing the New Warrant to be more excellent than the most sanguine could expect, I think we owe an extremely handsome testimonial to Mr. Alexander; and if you could get one up put me down for five pounds. I am, &c. C. A. G.

Dr. W. Munro.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—With reference to the advertisement by Dr. William Monro of West Hartlepool, late of the 93rd Regiment, which appeared in your publication of July 31 last, and to a letter of mine relative thereto, published in your number of September 4, I beg now to explain that the letter was written by me entirely under a misapprehension as to Dr. Monro, caused by my having a near relative of the same name in the same regiment. I now find that Dr. Monro held a commission as Assistant-Surgeon in the above-named regiment, holds a degree as Doctor of Medicine, and is a Member of the Royal College of Surgeons; and I regret if any expressions in my letter have injured him either in his feelings or otherwise.

Campbeltown, Jan. 18, 1859. I am, &c. Charles Monro.

The New Charter.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The clauses numbered eight and nine that you have published are very liberal to those who possess the degree of Doctor of Medicine, especially to the possessors of Scotch degrees. Many Medical Practitioners, retiring from the arduous duties of general practice, would gladly strive for the licence of the College of Physicians, an i this would be a boon; for young Physicians live on their private fortunes before their hair becomes grey, and their heads bald, and the source of their experience is not remunerative, but a charity injurious to their Professional brethren. I am, &c.

Macclesfield, Jan. 19, 1859. An L.S.A. &c.

Earle's Curved Double Staff for Lithotomy, adapted to the Rectangular Staff.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Had the policy merely of my note regarding the double staff figured by Dr. Corbett been called in question, I would not have troubled you with this reply, for it was not with my consent that my note was isolated from a paper entitled "Lithotomy simplified," and inserted in your Gazette; but when the truthfulness of that note is denied, I cannot remain silent, knowing as I do that every word of it is true. When Dr. Corbett first mentioned to me, now two years since, that he wished me to construct for him a double staff, I at once informed him that such a staff invented by Sir James Earle had been in the possession of the Royal Infirmary for many years. He requested me to bring it the next day that he might see it. I submitted it the following day to him. This double staff is of the size suitable for a child; Dr. Corbett wished a double staff for an adult, and angular instead of curved. I then made drawings on a larger scale than the Earle's staff then before us, adopting every mechanical principle exhibited in that staff excepting the curve. It will not do for Dr. Corbett to say that "I made the staff from his delineations," for I never had a line of delineation from him; these drawings, along with Earle's staff, Dr. Corbett repeatedly saw, and from them my workmen made the first double staff for Dr. Corbett. In proof of this statement, the gentlemen then resident in the Royal Infirmary remember that I obtained Earle's staff to show to Dr. Corbett; my foreman and others in my establishment remember that Dr. Corbett consulted me with Earle's staff before us: and the drawings which I made at the time are fortunately still preserved, and are at Dr. Corbett's service to compare with the double staff in his possession which was made from them. The second double staff ordered by Dr. Corbett, which was figured in your Gazette, I personally made, also assisted by these drawings from Earle's staff; but I endeavoured to give a more tasteful form to the handle part, for in making a second Instrument neatness of outline is usually more attended to. This I think proves the truth of the first part of my note, "that the Instrument figured by Dr. Corbett was made by me from drawings taken from Earle's Double Staff." The certificate signed by the "Mechanists" of Gallowsgate and Trongate may be quite correct, for what they consider "impossible" any properly qualified Instrument maker might look upon as practicable and simple. With the "absurdity," the "why," and the "wonder" of Dr. Corbett I have nothing to do.

The certificates of Drs. Lawrie, Pagan, and Hunter, "that Dr. Corbett's lithotomy instrument differs as widely from Sir James Earle's Double Litho- to my Staff, as the rectangular does from the curved Staff," is perfectly true in a certain sense, though the difference is not so wide as the words at first sight seem to imply. If Dr. Corbett supposes from this certificate that a curved line to a given terminus, cannot be varied by the pencil into an angular one to the same destination, I beg leave entirely to differ from him, and would show him that this certificate does not imply even a doubt of my having made the drawings of the whole mechanism of Earle's Curved Double Staff serve as my guide in applying the same mechanism to the angular staff.

The second part of my note states that "about nine or ten years ago I made a similar instrument to that made for Dr. Corbett, for which Earle's Staff was also my mode;" and to prove the truth of this, Dr. Corbett knows as well as I do that he has only to step a few yards from his own door to obtain a sight of the instrument referred to. My third and last statement is "of the above facts, Dr. Corbett had opportunities of being cognisant." Dr. Corbett says "this is untruthful." I throw back the charge and add that he had "great opportunities," and as I have shown he actually "was" cognisant of every particular of the first fact. His "opportunities" regarding the second fact were, that he was a colleague and in daily communication with the gentleman who possesses the instrument which I made; but if Dr. Corbett neglects opportunities and makes "inquiries" of every gentleman but the one whom he knows can give him the information he "needs," he may long remain in ignorance "of truth." I am, &c. William Buxton Hilliard.

65, Renfield-street, Glasgow. Jan. 24, 1859.

COMMUNICATIONS have been received from—

Mr. White Cooper; Mr. Syme, Edinburgh; Dr. Renton, Edinburgh; Mr. H. Smith; Dr. Anstie: Dr. Lockhart Robertson; Dr. McLaren; Dr. Graily Hewitt; Dr. Tanner; Mr. Crondace, Cuttack; Mr. Winfield; Mr. Bywater; Mr. Barnum; Mr. Moody; Mr. Bingley; Mr. Carpenter; Dr. Davidson; Dr. Baines; Mr. Hilliard; Dr. Carson; Dr. Kidd; Mr. Gray; Mr. James; Mr. Parker; Mr. Whalley; Mr. Easton; Mr. Hunter; Mr. Barlow; Mr. Francis; Registrar General; Mr. Giles; Mr. Hughes; Dr. Hamilton; Mr. Stewart; Mr. F. J. Money; Mr. Adair; Dr. Frith; Mr. J. Worship; Mr. T. Varty; Mr. J. Ellison; Dr. Thom; Dr. C. F. Bennett; Mr. W. Grueber; Dr. A. Paterson; Dr. Mackesy; Dr. H. Blanc; Mr. J. Quinton; Mr. W. J. Newman; Mr. W. Duncan; Mr. N. Mant; Dr. R. McDonnell; Dr. Hobson; Mr. J. Jones; Mr. H. Harris; Mr. I. Brickwell; Mr. T. Francis; Mr. T. F. Sanger; Dr. J. Graham; Mr. J. North; Dr. Davey; Dr. Fife; Mr. Griffin; Mr. McDermott.

APPOINTMENTS FOR THE WEEK.

January 29. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

31. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, (Election of Committee, &c.,) 8 to 8½ p.m. Dr. Routh "On Defective Lactation, and its Remedy."

1. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Pathological Society, 8 p.m.

Royal Institution, 3 p.m. Professor Owen "On the Mammalia of the Mesozoic Period."

2. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

Geological Society, 8 p.m.

Obstetrical Society of London, 8 p.m. Dr. Mackenzie "Notes of a Case in which the Operation for the Induction of Abortion was performed in a Patient labouring under Cancerous Disease of the Uterus and Rectum," &c. Dr. R. N. West "On Case of Membranous Croup." Dr. Tyler Smith "On the Abolition of Craniotomy from Obstetric Practice."

3. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

Chemical Society, 8 p.m.

Harveian Society of London, 8 p.m. Mr. Ballard "On Light the only Cause of Purulent Ophthalmia in Infants."

King's College Medical Society. Clinical Meeting.

Linnæan Society, 8 p.m.

Royal Institution, 3 p.m. Professor Tyndall "On the Force of Gravity."

Royal Society, 8½ p.m.

4. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m.

Western Medical and Surgical Society of London, (Council, 7 p.m.) 8 p.m. Dr. Barclay "On the Real Value of Blood-letting in Acute Disease."

Royal Institution, 3½ p.m. Professor Owen "On the Gorilla."

EXPECTED OPERATIONS.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock.

By Mr. Barnard Holt—Extension of Contracted Limbs; Strabismus. By Mr. Holthouse—Wood's Operation for Radical Cure of Hernia. By Mr. Hillman—Removal of Tumour from Axillary Space; Division of Cicatrix after Burns.

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Oleum Castanei Caballini (Oil of HORSE CHESTNUTS)—the new French Remedy for Gout, Rheumatism, &c.—is receiving the general assent of the Profession as an external application. T. and E. ANDERSON beg respectfully to caution the Faculty against imitations, and would ask them to see it bears their name.

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☞ See Advertisement in last week's issue.

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A PINT SAMPLE OF EACH FOR 24 STAMPS.

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(Extract from the Lancet, July 10, 1858.)

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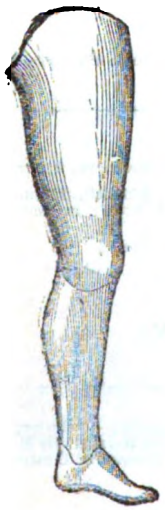

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6 & 8 oz., any shape, plain or graduated		clear	8s. per gross.
3 & 4 oz., do.	do.	blue tinted	7s. 6d. do.
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For Use Medicinally, in all Diseases of the STOMACH, CHEST, etc., for dressing and deodorising cancer and all foul wounds, for purifying sick chambers, for embalmment of the dead, etc., Mr. JASPER ROGERS'S PATENT CARBONIZED PEAT MOSS. The various kinds of powder and lozenges are prepared solely by the Health of Towns Improvement Company. Sole Wholesale Agent, Joseph G. Thompson, Esq., 2, Adelaide-place, London-bridge, London, E.C., and 5, Donegal-square, Belfast; sold by Mr. W. L. Bird, Pharmaceutical Chemist, 42, Castle-street, East, Oxford-street, W.: Mr. J. Johnson, Chemist, 123, Upper-street, Islington, N., London; Messrs. Bewley and Evans, Dublin; and all respectable Chemists. See extracts from publications on the subject, with the preparations.

Oleum Castanea Equina—Oil of Horse CHESTNUTS.—This recently-discovered and invaluable remedy, applied externally, gives almost immediate relief from the acute pain of GOUT, RHEUMATISM, LUMBAGO, NEURALGIA, TIC DOLOUREUX TOOTHACHE, &c.

Messrs. Rew and Co. are daily receiving fresh proofs of the great efficacy of this preparation, and solicit its adoption by the Medical Profession.

To prevent disappointment, see each bottle bears their name and address, who are the only makers in England,

Rew and Co. Operative Chemists, 282, Regent-street. Price, 2s. 6d. and 4s. 6d.

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SOUTH AFRICAN PORT and SHERRY, 20s. and 24s. per dozen.

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture VI.

On Carcinoma of the Uterus and Mamma.—Treatment by Caustics.

Gentlemen,—In the course of last week I one day took occasion to show you a poor woman, who was about to return to her home in the Highlands, and in whom you saw on the site of the right breast a simple granulating, healing ulcer. As I then stated to you, she came to me a month or six weeks before with a large elevated carcinomatous growth in the same situation, ulcerated on the surface, fungating at some parts, and bleeding freely when roughly handled. This was treated by the introduction first of a piece of caustic potass, which caused a portion of the tumour to slough away, and then by the application of a mixture of sulphate of zinc and sulphuric acid, in the manner of which I shall have something more to say anon. Large masses of the tumour, some of which I showed you, were by this means made to slough and come away, till all the infiltrated tissues were removed, and a simple cicatrising sore was left. Only at one corner there was a hard knot; and with respect to it, I gave the patient a note to her own doctor, calling his attention to it, and desiring him to have it removed by the same agent as had been used for the eradication of the rest of the mass.

Taking, then, this case into consideration, I propose to speak to-day of cancer as it occurs in the two organs conjunctly, in the uterus, to wit, and in the mamma, in relation to the question of the propriety of removing the disease by the knife or by caustics.

I am not going to speak just now about the nature, the symptoms, or the diagnosis of cancer as it occurs in the mamma, but only of the treatment of the disease; for here observation and experiment are both more easy, and their results have been more abundantly recorded than is the case with regard to cancer of the uterus; and the experience obtained from the treatment of the disease in the one organ, may serve equally well to guide us in our treatment of it as it occurs in the other. The first question that meets us in our proposed path of inquiry is this—

Should Cancers of the Mamma be removed by the Knife?

The propriety, let me then remark to you first of all, of having recourse in any case to the surgical removal of a cancerous tumour has been long a subject of great discussion, and very conflicting and contradictory are many of the statements that have been advanced in support of the different views that have been entertained. Those who object to all interference with cancerous growths, do so on the ground of the great liability of the disease to return and prove fatal; and very startling bodies of facts have been adduced to show, with almost absolute certainty, that such a relapse should be counted upon. Thus Dr. Macfarlane, Professor of the Practice of Physic in the University of Glasgow, one of the most unprejudiced and trustworthy observers alive, tells us that he (a) "has never seen a case, even of the most favourable description, in which the disease did not return, although every precaution was adopted to render the operation successful." And the experience on which this statement rests is far from being very limited. Dr. Macfarlane refers to a hundred and eighteen cases (thirty-two operated upon by himself, eighty-six by friends) and though in the majority the "parts were freely and extensively removed . . at an early period, and under the most favourable circumstances . . . in many instances no distinct indication of constitutional deterioration being present, yet in all the disease returned both externally and internally, and proved fatal." Many minds can hardly conceive that not one out of such a number of patients operated on for cancer should have been fairly freed from the disease; but the word of Dr. Macfarlane is entirely to be relied upon. Mr. Mayo, Surgeon to the Middlesex Hospital, declared as the result of his experience with regard to the removal of scirrhous breasts, that there was a return of the disease in ninety-nine cases out of a hundred, and that, too, where the amputation had been performed under the most favourable circumstances! The great French Surgeon Boyer maintained that a permanent cure was effected only in four out of a hundred cases. We are already getting a more favourable view of the results of the operation than Dr. Macfarlane's gloomy statistics would have led us to anticipate; and in the last and best work we have received from France on the diseases of the female breast—that of M. Velpeau—we find that illustrious Surgeon stating that he has "more than twenty perfectly reliable examples of radical cure" out of a thousand, in whom carcinomatous mammæ had been extirpated. Even that, as you will perceive, gives after all a favourable result in only two cases out of a hundred; but it is enough to afford encouragement, and you and your patient may both entertain the hope that she will be one of the fortunate few. Those fearful figures of Dr. Macfarlane, I confess always haunt my mind, viz., 118 cases of cancerous mammæ; all the 118 operated upon, and yet in all the 118 the disease recurring and proving fatal. But I feel convinced that this very gloomy and indeed desperate view of the subject is not entirely justifiable; for I find from my own observation, and from inquiries made in different directions, that Dr. Macfarlane's startling statement is not borne out by the experience of others. There certainly are cases of undoubted cancer in which a permanent cure has been effected by ablation with the knife, even if these fortunate cases do not stand in a higher ratio to the unsuccessful ones than from one to four in a hundred. I have myself seen a patient under the care of Dr. Girdwood of Falkirk, who had been cured of cancer of the mamma by the double extirpation by the knife, first by Mr. Liston, and secondly by Mr. Girdwood. There could have been no doubt in that case as to the nature of the disease, for the tumour was fully developed in its characters—large and fungating; at the second operation a number of diseased glands were removed from the axilla. When I saw her dying of acute accidental peritonitis eight or ten years after the date of the operation, the scar of the wound was firm and healthy—there was no sign or symptom of cancerous disease in any other organ—excision of the diseased part had effected for the patient a permanent and perfect cure. Dr. Malcolm and I were attending together lately for epithelial carcinoma of the cervix uteri, a lady whose mother is still alive and well, and who had a cancer of the mamma removed successfully eight or nine years ago. That the affection of the mamma in this case was true cancer was ascertained by every applicable test. I have been told of various other similar cases in like manner by my professional brethren. And then in regard to the uterus, there is the Leith case of epithelial cancer, or cauliflower excrescence, of which I have already told you in my last lecture, where a patient has remained free from cancer for eighteen years after the removal of a growth which was pronounced by all who saw it to be malignant, and which was proved microscopically to be an epithelial cancer.

Results of Excisions by the Knife.

We have patients, then, in other words, sometimes escaping and obtaining a radical cure of carcinoma of the uterus and mamma, when the disease has been removed by the knife. The proportion is, no doubt, small, very small, not more than one, two, three, or four out of a hundred obtaining exemption, and the disease returning, sooner or later, in all the remaining ninety-six or eight. But, then, there is one other fact which I must here give along with this appalling result; it is this: that you can never predicate which one, or two, or three, out of one hundred given cases will prove successful; for the happy result has sometimes been attained in cases that looked the most unpromising, where the disease was of the encephaloid variety, open, bleeding, and apparently of the very worst character, and, in some instances referred to by Velpeau, where Lebert and Robin, after microscopic examination, had declared the tumour to be of a most distinctly malignant nature.

We have seen that the final history of patients in whom excision of carcinomatous mammæ has been practised is far

(a) Walshe on Nature and Treatment of Cancer, p. 229.

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from being a bright one, and affords us little, very little, encouragement to a repetition of the operation; but you must not suppose that in stating the frequency with which malignant disease is likely to recur after extirpation of the affected part by the scalpel, I stated the only drawback attendant upon such a procedure. For you will find some eminent Surgeons maintaining—and I believe Mr. Paget is of their number—that unless you can operate early, ere the morbid mass has attained any high degree of development, surgical interference becomes not only useless, it becomes positively hurtful, inasmuch as it weakens the patient, and by exciting new action in the seat of the disease hastens the progress of the malady and shortens the life of the patient.

And then you must remember, besides, that the operation itself of extirpation of a cancerous mamma, is not without its direct dangers. Velpeau tells us that of a hundred and seventy-six patients on whom excision of the mamma was performed by him, thirty-two died of the operation or its immediate consequences, or nearly one in every five. Now this is a very high mortality, nearly equal to what has sometimes been stated as the amount of mortality resulting from the severe operation of lithotomy. I am not much acquainted with the statistics of the operation, and the only other figures of any extent which I can at this moment recall are those given in Dr. Cormack's Journal for 1843, where it is stated that, in the hospital practice of the late Professor Roux, of Paris, out of ninety-five cases of excision of the mamma, twenty died, or rather more than one in every five. So far as I know, no very extended or reliable statistics have been published on this matter in England; but I think the operation is far less fatal with us than in Paris. The only return I could lay my hands on this morning is that of Dr. Reid in the Report of our Infirmary here, where we find it stated that out of twenty-five patients operated on, two died from the effects of the operation, or about one in twelve. But even such a favourable return as this shows that the patient incurs no small amount of danger in connexion with the operation itself.

Is the Removal of Cancers by Caustics preferable?

We have thus seen that there are two very serious objections to the removal of carcinomatous mammæ by means of excision, viz. the great probability of a relapse, and the degree of danger attendant on the operation; and to these there still remains to be added a third, and that is, the natural fear and horror of the knife so universal among womankind, aye, and perhaps still more so among mankind also. Nor can the cheering prospect of a painless operation, which the use of anæsthetics enables us to hold out to our patient, suffice entirely to remove this feeling; for there are still many people who would rather bear anything than subject themselves under any circumstances to the edge of the Surgeon's knife. In consequence of the dangers of the operation, and the repugnance of patients to submit to it; and in consequence, moreover, of the good results that have sometimes appeared to attend the empiric use of caustics in the treatment of carcinoma of the mamma, caustics have begun to attract no small degree of notice, and to receive a more systematic and extended application. Various reasons have been advanced for employing caustics in preference to the knife in the removal of cancerous growths.

1. Some surgical pathologists have been inclined to argue that extirpation of malignant growths by means of caustics is not so liable to be followed by relapse as is the case after removal by excision. The man who has made the strongest asseverations, and who has had also probably the greatest amount of experience in this matter, is Landolphi, of Naples, who has destroyed, it is alleged, several thousand cancerous productions by means of caustics. Landolphi is said to aver that his cures to his relapses are in the proportion of three to one; or that 75 out of every 100 patients treated by him permanently recover, and in the remaining 25 the disease relapses. I only wish that I could believe in these alleged results; but be assured there is some tremendous mistake about them. I, for one, would feel quite content if we could cure by caustics not the 75 per cent. but even 25 per cent. of our cases of cancerous mamma. When proper statistics are attained—for as yet they do not exist,—the cases of permanent cure by caustics will not be found, I fear, to amount nearly to 25 per cent.; but probably they will be larger than the proportion of permanent cures by the use of the knife.

2. Patients who are imbued with the utmost dread of the knife, will sometimes be found willing and ready to submit quietly to the application of caustics for the removal of scirrhous mammæ.

3. The employment of caustics does not necessitate confinement to bed and the loss of time entailed by excision of the gland. The patient is, of course, not equal to any heavy work during the period when the caustics are in action; but still she is not unfitted for every occupation, nor condemned to the unmitigated *ennui* of her bed for a length of time.

4. There is no such fear of a fatal issue from ablation of a tumour with caustics as there is from excision of it with the knife; for in the former method neither ligatures nor sutures are required for arresting hæmorrhage from pouting arteries, nor to effect coaptation of the edges of a gaping wound. So that all the principal dangers attending the use of the knife are kept in abeyance by the use of caustics; or if they cannot in every case be prevented, the chances of their occurrence are at least greatly diminished. When you avoid the use of ligatures and sutures, you do away with those chief centres of suppuration and decomposition in a wound, which give rise to fatal surgical fevers and pyæmia; and around the mortifying part you are not so liable to have that erysipelas which, as you know, frequently supervenes on incised wounds, and not infrequently carries off the patient. Some have even averred that erysipelas never occurs in a part where caustics have been employed; but I have sometimes, though certainly very rarely, known it to occur in such circumstances. It has been stated, moreover, that patients in whom caustics had been employed for the removal of cancerous mammæ, would not die of the disease known as surgical pleurisy. But I know of, at least, one instance where this complication proved fatal. This was in the case of a Scotch lady, who had one of her breasts amputated here because of a carcinomatous growth in it some years ago. The wound healed for a time, but scirrhous nodules returned in the cicatrix, and for this she went to London, and there for some time caustics were used for their removal, but without much effect. Then she followed a fashion at present very common among English ladies in like circumstances, and went to Paris, there to submit to a more effectual application of caustics. Her husband, when on a short visit to Scotland, told me that the diseased mass had been all removed, and that she was now, it was declared, in a fair way of recovery, and suffered only from constant nausea and vomiting, and from pain in the side. I told him that in all probability the disease had become localised in some internal organ, and that its progress was likely to be rapid. Soon thereafter she died, ere yet the wound left on the separation of the slough was by any means cicatrised; and it was found, on dissection, that the cancer had developed itself in the stomach and other of the abdominal organs, but that a subacute pleurisy had proved the immediate cause of the fatal issue.

Then comes the question, *which is the more painful—caustics or the knife?* As the patient is in an anæsthetic condition during the operation, the only pain she can experience in the case of excision, is that which she suffers from the subsequent dressings of the wound, and the removal of the ligatures and stitches; so that on the whole one would expect this to be the less painful procedure. And yet you will have patients making some most curious statements in reference to this matter. I had lately under my care a lady with carcinoma near the site of the mammæ, which was excised by my excellent friend, Dr. Petrie, of Liverpool, some time ago. Two new scirrhous masses sprung up in the same spot, both of which I enucleated and destroyed by caustics, and requiring first to remove the skin over them by the same means. Yet this patient has frequently assured me that, though chloroform was used for the operation of excision, the pain which was entailed in the dressing of the wound was far more acute and intolerable than the whole pain produced by the caustics.

Again, in reference *to the time required for the healing of the part*, it has been very often averred that the sore left after the separation of the slough produced by a caustic takes much longer to heal than the simple incised wound left after excision of a tumour with the knife. This allegation I do not pretend to answer on my own authority, for I have not

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had sufficient experience to entitle me to give a decision on the subject; but you must allow me to read to you what has been said in reference to this matter by the greatest of living Surgeons, Sir Benjamin Brodie. In his "Lectures on Pathology and Surgery" (p. 334), he has these sentences:—"Perhaps it will be asked, Is there not this objection to the use of caustic, namely, that some time is necessary for the slough to come away; then a further time for the healing of the wound? and does not all this make the process more tedious than it would be if the knife were used instead? The fact is, that a wound always heals much more readily after the application of caustics, than after the use of the knife. Take two cases: if you destroy one tumour of a given size with the knife, and the other, supposed to be of the same size, by caustics, in spite of the time occupied by the separation of the slough, the sore in the latter case will be healed sooner than that in the former."

Is the Extirpation by Caustics more Complete or Lasting than by the Knife?

I have already adverted to the question, as to whether extirpation by means of caustics is more complete and less likely to be followed by a relapse than is excision with the knife, and I have told you what Landolphi has stated in reference to this point. His statements, as I told you, are to be received only *cum grano;* but there are two reasons for believing that the use of caustics will be more effectual and the resulting cure more permanent than we generally find to be the case after simple excision. The first is, that the cicatrix left by caustics is much firmer than the cicatrix left by an incision; and the observations of Dr. Young and Dr. Arnott have shown us how beneficial the effect of pressure is in restraining and preventing the development of all tumours, whether simple or malignant. The second is, that the action of caustics is not of necessity confined to the part which mortifies and sloughs away; but there is good reason to believe that their modifying influence probably sometimes extends also to cells and structures which may be wholly or only in part affected and morbidly altered, and which lie beyond the line of *immediate extirpation*. Suppose that in any case you wish to extirpate a scirrhous growth, if you use the knife you only can remove so much of the morbid mass as is included within the line of your incisions. If you use a caustic, you can remove as much of the mass as can be done with the knife; but you have in addition the probability of the substance becoming absorbed and infiltrated into the tissues around, and poisoning or modifying the character of any cells there which may have a tendency to take on the cancerous type of development. That such absorption does occur is proved by the fatal result ensuing in some of the cases where arsenic has been employed as an ingredient in the escharotic, and in the distressingly painful effects of some less fatal agents. Such being the case, if we could only discover some agent which would first destroy the great mass of the diseases, and then becoming absorbed into the surrounding textures would there destroy altogether those cells which have taken on a perverted type of development, or modify, in some degree, their vitality;—then we might hope, by the use of such a caustic, not only to remove the disease more effectually at the time, but to afford more security against the chances of its return.

In what Cancers are Caustics applicable?

Caustics were at one time used by Surgeons as applicable only to some special forms of cancer, such as: *a*. Secondary cancer, where it occurred in the form of returning nodules after removal of the original growth. *b*. Cancers occurring in organs, deeply seated and beyond the reach of the knife, as in the cervix uteri, etc. *c*. Cancerous growths attached to the surface of bones. Then (*d*) flat superficial cancers specially belong to the category of those to which caustics were thought to be peculiarly applicable. But it was not till very lately that Surgeons began to think of employing them in all cases of cancer, even in those where the tumour, say, in the mamma, is still small and quite moveable, for it was formerly deemed an indispensable indication for the employment of caustics of all sorts that the skin should first be broken, and the condition of open cancer be established.

The Principle upon which they are used.

What principle do we follow, or what natural process do we attempt to imitate in the employment of caustics for curing scirrhus? The principle is not always very correctly stated or distinctly enunciated; and I should, therefore, like to make a few remarks regarding it. I hold in my hand the best monograph which we possess in English on the nature and treatment of cancer, that of Professor Walshe, of London, who points out in one of his chapters different ways in which cancers may possibly terminate in cure when left to themselves. It is only to one of these modes of termination in cure to which I wish at present to direct your attention particularly—to that cure, namely, which is effected in the way of mortification. Under this head we find Dr. Walshe saying, "In some rare cases a spontaneous sphacelus of the morbid substance and of the surrounding parts has led to the total separation of cancerous growths, and been followed by the recovery of the patient. Garneri, Cruveilhier, Everard Home, Cline, Steideley, Dupuytren, Richerand, C. T. Jackson, and others, have observed this fortunate accident." Then he goes on to say, what is no doubt true, that "the separation of cancer in the manner now described is not, however, as a necessary sequence, followed by recovery. Cruveilhier alludes to a case in which healthy cicatrisation set in after the fall of the growth, yet indurated masses soon made their appearance in the cicatrix, and, though these were destroyed with the chloride of zinc, the disease spread to the axilla." I have seen it in like manner recur in the mamma after it had been removed and enucleated by spontaneous sphacelus. But the opposite and happier result has apparently been more frequently observed. Now, it always appears to me that the question we have to solve is, can we not in all cases produce this rare and fortunate accident, as Dr. Walshe terms it, by artificial means, turn an accident of nature into a certainty of science, and by inducing mortification of the morbid mass, lead to its enucleation and separation? Dr. Walshe does not refer to this view of the matter further than to notice two cases in which an attempt had been made to imitate the natural process, and these cases he holds up rather as warnings than as examples to be followed. One of these cases is altogether so peculiar, and the procedure is one so unlikely to be repeated that I shall take the liberty of reading it to you as given by Dr. Walshe in another part of his work. "The occasional fortunate issue of cases in which mortification had destroyed the morbid growth, led to the bold and hazardous proceeding of inducing artificial destruction of the kind by the inoculation of the matter of common or hospital-gangrene. M. Rigal, Surgeon to the Hôtel Dieu at Gaillac, appears to have had recourse to this experiment, in one instance, at least, with success of a very remarkable stamp. He made a small incision in the centre of a mamma (so much enlarged by an irregular, uneven, fixed varicose tumour, that it measured thirty-one inches in circumference) and covered the place with lint soaked in gangrenous sanies. On the third day the wound inflamed, and exhaled a putrid odour. Gangrene made such rapid progress, that in eighteen days the entire of the enormous mass had separated; four months and a-half after, the wound had completely closed; eighteen years later the lady was still living, and had never had a relapse."

The experiment with hospital-gangrene is certainly one which neither you nor I would like to see repeated. But then comes the question, may we not hope to attain the same object with as much certainty, but with less risk, by means of caustics introduced into the centre or below the base of the tumour? Formerly, as I have told you, caustics and escharotics were applied only to cancers with open surfaces, and then in such a manner as only to remove the mass layer by layer until the base was arrived at. But matters are now changed; and since attention has begun to be more especially directed to this department of Surgery, various methods have been devised—and these may yet be greatly improved upon—of destroying the tumour from the centre, or of blowing it up at once (if I may so speak) from the base.

Varieties of Caustics.

As regards the substances employed, you will ever and anon find the allegation is being made that some new vegetable has been discovered possessed of escharotic properties, in a degree sufficiently high to enable it to be used for the destruction of cancerous growths. Such vegetable plants or preparations have never yet in reality been discovered, nor are they ever likely to be. But there are a number of

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powerful enough mineral caustics, which admit of division into three groups.

First of all, we have the concentrated alkalies, as potassa, lime, and soda, which may be used either singly or combined. These form admirable applications to chronic inflammatory indurations and enlargements, as of the cervix uteri; but they do not answer so well in the case of cancers, for here their use is apt to be attended with bleeding which quenches the caustic.

Secondly, we have the group of the concentrated acids, such as the nitric, hydrochloric, and even the fluoric acid, which I have found to act in some cases as a good escharotic. Sulphuric acid made up into a pasty mass with saffron and other substances, has been much used by Rust and Velpeau, and with good effect. But in all instances these substances have only been supplied superficially, in the hope that they would sink downwards and exert a deep escharotic effect, without being introduced and imbedded in the substance of the tumour.

Thirdly, metallic preparations have yielded the best results that have as yet been attained. Of these, arsenic in its various forms has always been much in vogue, and it matters little in which of its forms it be used. You will always be hearing from time to time of cures of cancer effected by non-professional people up and down the country by means of particular preparations; and on inquiry you will almost invariably find the active ingredient to be some form of arsenic. It certainly has a wonderful effect in searching and sinking into and destroying the carcinomatous mass; but there are two very serious objections to its universal application. There are, first, the intense pain which it excites, and which lasts for two or three days after its application; and, secondly, the danger to life which attends its use, for its destructive effect is not always confined to the morbid part, but it sometimes becomes absorbed into the system and causes death with vomiting, and all the other symptoms of arsenical poisoning. The paste or preparation into which it enters as the main ingredient, does not usually contain more than from two to ten per cent. of the arsenic; but even where it is present in a proportion no higher than four per cent. it may become absorbed through the open surface and produce its fatal effects. Landolphi made extensive use of chloride of bromine, which has the disadvantage of being extremely suffocating. Canquoin, of Paris, acquired a fortune and a reputation by his success in the cure of cancers by means of caustics, and the preparation which he chiefly used was chloride of zinc. This is a very deliquescent salt, and does not keep, except when made up into the form of a paste with starch or flour; it is, moreover, very apt to cause hæmorrhage, at least when used pure. But on the whole it is an excellent escharotic. The pernitrate of mercury has been much used by some practitioners, chiefly as an application to lupus and corroding ulcers. Two years ago I showed that in a very simple salt—the sulphate of zinc, we have a very powerful caustic, when it has been dried and reduced to a powder. I applied it at first to superficial cancers, and in several cases with complete success. Last year I had an opportunity of showing to the class a poor woman who for ten or twelve years had a large cancerous ulcer on the cheek involving the facial nerve, and who had been quite cured by several applications of the dried powder. I saw quite lately a lady who at one time suffered from a superficial creeping cancer, which began on the neck and spread in two years upwards to the cheek and temples. In that case, too, the dry sulphate of zinc was applied, and she is now quite well. To apply it to the base of a tumour or into its interior, it may be mixed with sulphuric acid, as first suggested by Dr. Thompson.

The greatest advance, however, which of late years has been made in the caustic treatment of carcinomatous growths does not consist in the discovery of any new caustics, so much as it consists of more clear and practical views as to the mode or modes of employing them, and especially in the introduction of the destroying agent into the centre, or beneath the base of the tumour, so as to produce at once, or as speedily as possible, mortification of the entire mass. Various methods have been tried for effecting this object.

Two years ago a great deal of attention was attracted to the subject in consequence of the alleged success which attended the treatment of cancer by means of caustics in the practice of an American, Dr. Fell, who was allowed in London to try his plan of treatment on the cancer patients in the Middlesex Hospital. What he did was first to remove the skin over the tumour by means of nitric acid applied in lines to the surface, and afterwards to insert some paste compounded with chloride of zinc into the fissures. This was allowed to remain and exert its escharotic action for one, two or three days; and then after removing the slough with a knife, he introduced some more of the paste into the deepening and enlarging grooves. By repeating this process several times he deepened the fissures, till they reached to the base of the tumour, when the whole mass sloughed and separated. Chloride of zinc, however, is, as I have told you, apt to cause bleeding, and the procedure is attended with this further drawback, that it involves the use of a knife, and that, as we have seen, is always a source of dread to patients.

You will find an ordinary quill pen to be an instrument as efficacious and, to the patient at least, much less formidable than the knife. If you make use of the caustic made by saturating strong sulphuric acid with a quantity of sulphate of zinc, dried and powdered, you can manage by dipping the pen in this mixture, as if you were going to write with it, to lay it in a number of lines across the tumour, the number of lines corresponding to the size of the growth which you wish to destroy. Very speedily the super-sulphate of zinc kills the skin in the course of the lines which you have drawn; and if you will now scratch assiduously with the filled pen along these lines, you will cut through the skin in a few seconds. Leave for a day the fissures filled with the caustic paste, and then every day or two by renewing the application of the scratching and caustic you can cut down to a greater depth. In making the first application I usually make a fissure of about a fourth or three-eighths of an inch in depth, and then destroy the tumour more deeply by successive applications. In this way five or six days may suffice for the removal of a good-sized tumour. Let me add, that in thus destroying and digging out, as it were, from its very base, a cancerous tumour of the mamma, or other external part—neither of the two caustics applied by the quill would suffice singly and individually. If you used the sulphuric acid alone you will find that the acid so chars and hardens the spot to which it is applied that you cannot, next day, cut or scratch deeper through it with the pen; while the super-sulphate of zinc paste keeps the parts soft and pliable. Again, if you used sulphate of zinc alone you could not cut through the skin or penetrate deeply with it. For that purpose the aid of the sulphuric acid is required, and the relatively slighter pain attendant upon this than upon most other caustics is perhaps explicable by the fact that sulphuric acid acts almost instantaneously in producing its destructive effects upon living tissues. Usually the healthy skin at the edge of the sloughing-out mass is granulating, contracting, and partially cicatrising before the dead tumour itself separates. Dress the exposed tissues or ulcer before and after the tumour is enucleated with black wash, chloride of zinc, sulphate of zinc, nitrate of silver, or any other appropriate surgical lotion.

M. Maisonneuve of Paris has of late recommended the employment of what he calls caustic "arrows;" a practice,

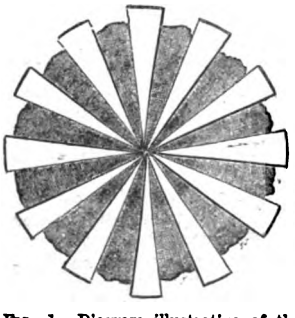

Fig. 1.—Diagram illustrative of the introduction of conical arrows into the base of a tumour for its circular or radiated cauterisation or destruction. (Maisonneuve.)

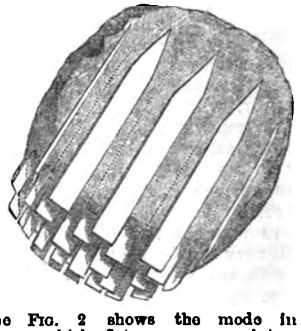

Fig. 2 shows the mode in which flat arrows are introduced for parallel or fasicular cauterisation or destruction of cancerous tumours. (Maisonneuve.)

however, not entirely new either in French or English Surgery. These are little pieces of paste containing chloride

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of zinc made into the form of small cones, sharp at the point to facilitate their entrance into the substance of the tumour. In applying them he sometimes makes punctured wounds into the tumour all round its base, and into each wound introduces an "arrow," in the manner shown in Fig. 1.

Again, instead of conical arrows introduced into the base of a tumour in a circular direction, he sometimes makes use of small flattened pieces of caustic paste introduced in great numbers from the surface of the tumour, and all parallel to each other (Fig. 2). In other cases he has the caustic introduced in the form of a larger ovoid mass right into the centre of the tumour at once (Fig. 3). Some of these arrows, which I here show you, were made according to his description, but I find them too soft to be easily introduced, and if a wound be previously made, they do not suffice to check the bleeding. I have caused some others to be made up with sulphate of zinc, which are harder; but hæmorrhage is apt to accompany both kinds, which they are both utterly unable to arrest. I made the attempt in the end of last week to produce sloughing in a cancerous mamma by the insertion of chloride of zinc arrows into the centre of the tumour; but such a severe hæmorrhage occurred that I was obliged to desist and to apply perchloride of iron to check the flow. Might not arrows made of chloride of zinc and perchloride of iron answer better?

Fig. 3 [shows a fusiform arrow such as is used for the central cauterisation or destruction of cancerous tumours. (Maisonneuve.)

We may yet find a means of applying caustics to the interior or to the base of cancerous masses which shall be more effectual than any of those to which I have referred. I attempted in some cases to inject a saturated solution of sulphate of zinc into the heart of a scirrhous mamma by means of a small syringe, such as I hold in my hand. It is that contrived by Dr. Alexander Wood, for the subcutaneous injection of narcotic fluids, and consists simply of a small graduated glass syringe capable of containing thirty or forty minims of any liquid, with a very fine silver tube screwed on to the nozzle. This tube is tipped with steel, and sharpened in such a way that the canal opens at the side close to the point. By means of this instrument, various substances might be injected into the tissues; but its use, as I found in the cases in which I employed it, is attended with this drawback, that the fluid will not enter into the hard scirrhous texture so readily as it will pass around it, destroying and decomposing the softer and healthier tissues.

Perhaps this objection could be got over by using a somewhat similar instrument, provided with a wider and stronger tube, like that of a paracentesis trocar, which could be made itself to penetrate into the centre of any scirrhous or cancerous mass; and the escharotic with which it is filled should be left in the track of the trocar as it is withdrawn, instead of being injected through it. If necessary, it could be passed in many directions through the centre and substance of a tumour, without requiring to be passed more than once through the skin.

Perhaps you will excuse me adding that I have now several times seen small fatty tumours of the body, talpæ or wens of the scalp, etc. die in the centre, and their contents become eliminated after they were injected, in small quantity, with saturated solutions of sulphate of zinc, perchloride of iron, etc.

Applications of Caustics to the Cancerous Cervix Uteri.

I have, in the preceding observations, dwelt at such unexpected length upon the application of caustics to the cancerous mamma, as to have forgotten to speak of their application to the cancerous cervix uteri. The principles of their utility and application are indeed the same in both organs; but at the same time there are one or two important points of difference. First, the epithelial form of cancer is infinitely more common in the cervix uteri than in the mamma, and all pathologists know that the excision by the knife, or the destruction by caustics of epithelial cancer, is more likely to be successful than the excision or destruction of common cancer. But while we are thus entitled to hope for better success in the surgical treatment of a tractable case of uterine than of mammary cancer, the application of caustics to the cervix uteri is attended with more danger than to the mamma, as the peritoneum is in such close propinquity as to be readily reached and fatally injured.

I have seen potassa fusa frequently applied to cases of cancer uteri which appeared limited, but still beyond the reach of excision. In most cases it failed to do any good; perhaps indeed in most it did harm, as it is almost impossible to apply it in cancerous disease so as to produce any great slough; for bleeding almost invariably supervenes and arrests its action. In one case which I saw with Dr. Moir, it was often applied by him with the result at last of bringing out a large and apparently complete slough; and the patient has since that period—now ten or twelve years ago—remained quite well.

The most manageable of all strong caustics, as applied to this part of the body is, dried sulphate of zinc. You may apply it either through the speculum in the form of the simple powder, laid on in thick quantity upon the part which you wish to destroy; or, You may apply it, without the speculum at all, in the form of two or more medicated pessaries, made with as much of the sulphate as the ointment can be made to take up. In this latter case, you apply the medicated pessary with the fingers to the cavity of the existing ulcer, and fill the cavity carefully with two or more pessaries. It is always further well to introduce into the vagina below two or three pessaries, made with carbonate of soda, to neutralise the zinc if it happen to run down. I have been much pleased with the results of this treatment in a few cases; but the practice is too recent to be able to obtain sufficiently accurate results. One of the first cases in which it was used was in a case—the notes of which were drawn up carefully by my assistant, Dr. Skinner, who took a deep interest in its management. The patient, a woman of 38 years of age, came from the Highlands to consult me in the beginning of September, 1856, in regard to a constant and sometime profuse menorrhagia which had set in three months before, and had been going on almost uninterruptedly until the time when I saw her. She had been married for five years, and had given birth to three children, the youngest of whom was then about twelve months old. On making a vaginal examination, I found the cervix uteri enlarged and indurated, and though still somewhat mobile, it was the seat of an extensive ulcer, with ragged, indurated, irregular margins, soft and boggy in the centre, secreting a quantity of sanious fetid fluid, and bleeding freely when touched. Her general health had begun to give way, and her face was already marked by the cadaverous look and the sallow hue, which are supposed to be peculiar to those who are the subjects of the cancerous cachexia. Dried sulphate of zinc, in the form of a fine powder, was freely applied to the ulcerated surface; and as one application did not seem to be sufficient for the removal of the morbid mass, it was repeated on the third day by my assistant. When I examined the patient a few days after the first application of the escharotic I could hardly believe at first that it was the same case—so great was the change that had taken place. The induration was all gone, the bleeding and offensive discharge were stopped, and a puckered defined slough, which presented an exact model of the ulcer, was beginning to separate. On the ninth day the slough was completely detached, and a simple cicatrising sore was left. As for further treatment, she was ordered to take fifteen drops of the tincture of the muriate of iron three times a-day, and occasionally alterative and aperient powders of rhubarb and soda. The healing surface was touched occasionally with some tincture of the muriate of iron, and the patient was ordered to use injections containing aluminated iron to remove a flabby patulous condition of the os uteri.

The patient was only five weeks under treatment altogether, and at the end of that time she returned home, with the local disease completely destroyed, and her general health in a great degree restored. Ten weeks afterwards I heard that she had remained perfectly well; and only yesterday morning I had a letter from Dr. Irvine, of Pitlochrie, telling me that she had lately been confined of a healthy mature child, after a labour which was somewhat tedious in the first stage, from the undilatability of the os, but otherwise quite normal and natural. She is now, he further states, "in perfect health. The os uteri is somewhat uneven, but there is neither hardness

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ulceration, nor discharge. Indeed the woman has never experienced any discomfort since she passed from under your charge."

In reference to the use of caustics for cancerous diseases of the cervix uteri, I have only this further remark to make, namely, that we have at least one very interesting case recorded to show that the simple muriate of iron may prove to be a most useful agent in the destruction of carcinomatous growths. I allude to a case occurring in the practice of my friend, Dr. Boulton, of Horncastle, who had a patient with epithelial cancer of the cervix uteri, which had attained a considerable size, which frequently was the source of profuse hæmorrhage, and which was quite friable, and broke down under examination with the finger. He applied some tincture of the muriate of iron to the broken down tissues, and this seemed to act by coagulating the blood in the small blood-vessels of the part, and so destroying its nutrition that it mortified and sloughed away. Perhaps a saturated solution of the perchloride would act still more effectually. The disease returned, and was again treated in the same way, and with the same result; and after it had in this way several times recurred and been destroyed, it was finally cured, and the patient has now remained well for several years. The observation is an extremely interesting one, for it may be that while arsenic would destroy the cancerous parts, and then pass deeper and exert its poisonous action on the whole body, iron or some other metal may have merely the more local effect of poisoning the morbidly disposed cells, in and near the diseased part. And in reference to this matter you must remember that iron, in its various forms, is also one of the best of all tonics that you can prescribe for a cancer-affected patient. There is evidently in such cases a diminution of the quantity of iron in the blood, as is shown also by chemical analysis; they are usually chlorotic; and so convinced was Mr. Carmichael, of Dublin, of the beneficial effects of iron in the treatment of cancer that he proposed to keep patients saturated with it as the best means of checking the progress of the disease. It certainly is one of the best tonics we possess for such cases; and a few instances like that narrated by Dr. Boulton would show it also to be a very admirable escharotic, and might lead to its more general application for the local destruction of the carcinomatous growth.

ORIGINAL COMMUNICATIONS.

ON DIPHTHERITE.

By THOMAS HILLIER, M.D. Lond.

Assistant-Physician to the Hospital for Sick Children; Medical Officer of Health to the District of St. Pancras.

(Continued from page 103.)

Bretonneau lays great stress on the great resemblance during life between the false membranes on the back of the throat and sloughs. If the patches are circumscribed, the œdematous swelling of the cellular tissue around makes them appear depressed, and one is tempted to believe that one has a foul ulcer with a considerable loss of substance. If, on the contrary, they are extended on large surfaces, they are partly detached, hang in flakes more or less putrified, and simulate the last degree of sphacelus.

The disease to which he gave this new name had the following characters:—

The diphtheritic inflammation, he says, extends itself nearly as a liquid which is poured out. There are often some long narrow stripes of a deep red colour, which stretch into the pharynx or descend into the trachea. A band of exudation matter is formed on the middle of each stripe.

He thinks that, except by post-mortem examination it is often impossible to distinguish between false membrane and sloughs; and even after death unless the examination be careful the two may be confounded. Its onset was not usually very alarming, but manifested only by a slight difficulty in swallowing, and sometimes by gentle pain. There was slight febrile disturbance, and prostration more or less marked.

Soon the characteristic false membrane was seen. Before its appearance there was a circumscribed and punctiform redness observed in the pharynx, without any swelling. It was nearly always in one tonsil that these appearances commenced, and the whole gland was soon involved. A little later, on the surface of the tonsil, little opaque patches formed like coagulated mucus. According to Bretonneau under this layer mucus may afresh accumulate at certain points, and simulate vesicles or small pustules. At first the false membrane is transparent, but it soon becomes opaque and more consistent. It varies from a very thin membrane to a quarter of an inch. Its colour varies from yellowish white to greyish or even black. It extends in width, the redness of mucous membrane preceding its formation. On lifting the morbid product it is found united to the mucous membrane by small filaments, which Bretonneau thinks penetrate the mucous follicles. The seat of exudation is said to be between the epithelium and corium. The mucous membrane underneath was injected of a dull red colour; on it were often seen black ecchymoses, oblong and irregular in outline; they were sometimes enough to make the membrane livid and like a cancerous excrescence. The lymphatic glands of the neck always became engorged. The breath was commonly fetid. There was usually salivation, the matter being yellow, fetid, and sanguinolent. Pain was not proportionate to other symptoms; it was sometimes quite absent. The voice was dull and nasal. The false membrane had a strong tendency to spread to the larynx, and then, says Bretonneau, to pass into croup. In some cases the skin became coated with a similar exudation, especially the alæ nasi, backs of ears, the anus, vulva, and nipples, as also, blistered surfaces. The membranes from pharynx were often expectorated in considerable sized pieces. The pulse was usually small and weak, but little more frequent than natural; there was moderate thirst and loss of appetite, sometimes diarrhœa, and less frequently vomiting. There was nearly always great prostration and lowness of spirits. The great danger of the disease arose from its spread to the air-passages. The disease sometimes proved fatal from prostration, but this mode of death was more rare than the former, according to Bretonneau and other French authors.

Valleix gives a table to enable us to distinguish the pharyngitis of scarlatina anginosa, which he calls pharyngite pultacée from diphtherite, which he calls pharyngite couenneuse, or pseudo-membraneuse:—

Phar. couenneuse.	Pharyn. pultacée.
Redness of mucous membrane less vivid—simply inflammatory.	Exudation follows a very vivid redness like strawberry juice.
Exudation greyish, tenacious, not easily receiving indentations or furrows.	Exudation white, opaque, cheesy, and softer.
Commencing on one tonsil.	Invading simultaneously the whole cavity of posterior fauces and nose.
Great tendency to spread to air-passages.	Only disposed to spread to digestive passages.

M. Becquerel has described an epidemic which occurred in 1841 in the Children's Hospital of Paris, in which there were many children attacked with angina, sometimes false membranes being produced, at others sloughs and gangrene, the one passing into the other. The parts attacked were the pharynx, larynx, and blistered surfaces. In all the cases there was, he says, a want of coagulability in the blood. Pulmonary apoplexy often, and intestinal hæmorrhage more rarely, accompanied the maladies.

Since Bretonneau's time the disease has been described by many French writers, among whom are Guersent, Isambert, Rilliet, Barthez, Trousseau, Bouchut, and Empis. There was a very virulent epidemic in Paris in 1855. From the early part of 1855 to March, 1857, a very virulent epidemic of it prevailed in Boulogne, during which there died 366 persons, of whom many were English. There was less disposition in the false membrane to spread to the larynx than had been noted by Bretonneau. The recoveries were attended with extreme debility, and occasionally by gastro-intestinal complications. M. Lemoine described an epidemic at Nièvre in which the air-passages usually escaped. M. Jobert has described another in the department of Haute Marne, where the nasal fossæ were usually invaded, and not often the larynx. M. Lespiau has given us an account of an epidemic which occurred among soldiers at Avignon, in the autumn of 1853: here the false membrane usually spread to the air-passages. Of 1796 soldiers, 195 were attacked; and out of 22 children, 4. In the cases secondary to other diseases

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nearly all died; while in the primary cases only 6 per cent. died.

Such, then, is the French account of this disease as existing in that country during the present century.

I must now come down to the epidemic which has been described in this country during the past eighteen months. It first attracted general attention in England of late years in the autumn of 1857, a few cases having occurred for twelve months previously; during the winter it increased and prevailed in Kent, especially near Canterbury, Essex, Suffolk, and Norfolk; subsequently it spread to Staffordshire and the midland counties. During June, July, and August, it spread northwards to Lincolnshire and Yorkshire; and since then has prevailed in very many parts of England. On referring to what has appeared in the weekly and quarterly journals of late there will be seen to be a considerable amount of discrepancy in the accounts of different writers.

For instance, Dr. Laycock, of Edinburgh, in a clinical lecture published May 29th, 1858, regards diphtherite as a disease produced by a fungous growth, "oidium albicans," the same that is found in thrush. He says, "If the fungus multiply in a population at the same time that there is an epidemic of scarlatina or rubeola prevalent, that epidemic may be expected to take the diphtheritic form." The case on which his remarks were founded was a case of cancer of the mesentery in which there was obstinate chronic diarrhœa. On the 15th of April, about eight days before the patient's death, he had a sore-throat, and the fauces were seen to be deeply congested and covered with white spots. The tongue also had white patches on it. On the 23rd deglutition was difficult, and there was a constant burning pain in the throat. On the 24th the pharynx was covered with a thick yellowish pellicle, and the surface beneath where it was detached was raw and bloody. The pellicle examined under the microscope consisted of the mycelium and sporules of oidium albicans, epithelium, and pus cells. It appears to me that this case has no analogy whatever to diphtherite, but was only a well-marked case of an aphthous affection of the mouth and throat, which in its minor degrees is so common in chronic disease.

With reference to the fungous growth in true cases of diphtherite, it would appear from observations made by Dr. Wade, Dr. Harley, and others (which observations I have myself confirmed), that the exudation is chiefly composed of epithelial and mucous corpuscles and rarely a few fibrillæ. But there is in some cases a fungous growth in or near the exudation matter, not, however, the oidium, but leptothrix buccalis, such as is so commonly met with in the mouth and pharynx. The fungus, when found, is clearly a mere accident, and not an essential part of the affection.

Some writers maintain that diphtherite is only a masked variety of scarlatina anginosa, while others believe the diseases are totally distinct. Others, again, think they have met with distinct cases of each disease, and have also seen cases of scarlatina complicated with diphtherite. Dr. Cormack thinks that it is a malignant herpetic eruption of the throat; and others say it is only a malignant form of quinsey. These differences of opinion as to the nature of the disease must, I believe, be, in great measure, ascribed to the fact that many of the observers have not met with cases of the genuine disease in a typical state, and have consequently formed erroneous conclusions founded on a partial experience, and from the presence of an epidemic of scarlatina anginosa, and cynanche maligna or scarlatinous angina at the same time.

Dr. Kingsford (*Lancet*, November 6, 1858) speaks of paralysis of the muscles of the neck, pharynx, and larynx, as a sequela to the severe form of diphtherite. He, however, appears to me to include in his description of the disease, cases of scarlatina anginosa. He also states that Dr. Gull informed him that he had met with a case in which the upper extremity was involved, and that he had himself just seen a lady recovering not only from loss of speech and deglutition, but also from partial blindness and paralysis of both arms, the result of this formidable complaint.

I have myself heard of two cases attacked at Plymouth, in which the vision was impaired after this disease.

Dr. Semple, at the Medical Society of London, described some cases which he saw at Bagshot. He thinks they were very different from scarlatina. The onset was very insidious; and when advice was first sought, the pellicle had often reached the air-passages. Some died by asphyxia, but many more from exhaustion. It did not specially attack the puny and ill-fed, nor those living under unfavourable hygienic conditions.

Dr. Wade, of Birmingham, who has recently issued a pamphlet on the subject, considers that all the cases described by Fothergill and Huxham were the same as those described by Chomel, Bard, and more recently by Bretonneau; he does not consider that the circumstances that some of the cases were very similar to scarlet fever, and that the earlier cases were described as being attended with sloughing and ulceration, are enough to distinguish them. He, in common with Bretonneau, thinks that Fothergill and Huxham mistook the appearances in the throat, and that what they believed to be ulcers were really exudations of plastic material. Bretonneau objected to classifying with his cases those where there was an obvious affinity to scarlatina—such as those described by Fothergill—partly on the ground that in his cases the exudation was more tenacious than in scarlatina, and that the morbid affection commenced on one tonsil, instead of there being at first a generally diffused redness on the fauces; and partly on the ground that in the former the exudation tended to spread to the air-passages, which was not, he said, true of scarlatina. There appears, however, to be no doubt that we may have, and have had lately, cases of scarlatina in which a false membrane has been produced, which cannot be distinguished from those found in the cases obviously allied to scarlatina, and clearly diphtheritic. And it would also seem that scarlatina may be complicated with symptoms resembling croup, and that epidemics have been described in which there was a great tendency in the disease of the throat to spread to the larynx.

Dr. Wade gives quotations from three writers bearing on this point: one from a Mr. Sym, of Kilmarnock, who says:—"Early in the spring of 1824, ulcerated sore-throat, accompanied in some cases by scarlatina, became prevalent in this neighbourhood. In general it did not prove fatal, but a number of cases became complicated with croup, and of these I only met with one which terminated favourably. In infants the symptoms of croup were most decided. I concluded that the ulcerated sore-throat, which appeared to be closely allied to scarlatina, constituted the contagious part of the disease, and the croup was occasioned by extension of inflammation at the margin of the ulcers into the rima glottidis."—*Lon. Med. and Phys. Journal*, vol. iv. from Jan. to June, 1826.

Mr. Pretty, in the same journal, says:—"I have witnessed many severe and fatal cases of croup after, or rather in conjunction with, simple scarlet fever and malignant sore-throat. In all who died with croup as a symptom, I found extensive inflammation of fauces, larynx, and trachea. The adventitious membrane usually found in croup was present in many; in others only a copious exudation of thick mucus; in some a positive sloughing of tonsils, velum palati, and epiglottis. Scarlet eruption was wanting in some cases in adults, and those who had it not, or but faintly, generally had the worst throat."

(To be continued.)

CASE OF CATALEPSY FROM AN OVERDOSE OF INDIAN HEMP.

By THOMAS CROUDACE, M.R.C.S. L.S.A.
Assistant-Surgeon, Madras Army.

On April 5, 1857, a young Mussulman, about 18 years of age, by occupation a barber, was brought to Hospital in a state of insensibility. On inquiry I learnt that he was in the habit of smoking bhang, or gunjah, that he was quite well in the morning, and was seen by some of his friends smoking this drug; he was brought to the Hospital about 4 p.m. His symptoms on admission were as follows:—

Total insensibility; sensation completely in abeyance; no reflex action could be excited by tickling the soles of the feet, or by pinching the skin, nor did he feel the latter; eyes open and fixed vacantly, pupils of natural size and sensible to the stimulus of light; jaw fixed and immoveable, the mouth closed. The state of the limbs was peculiar, the arms could be flexed or extended easily; but in whatever position they were placed, they remained; thus, when stretched out in front of him, or when placed vertically above the head, they

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remained in that position till moved again; the same occurred on flexing the arms; when the head was bent on one side, or depressed with the chin on the chest, it rested in that position till moved again. The lower extremities, too, could be placed in any position, and remained so; the pulse and skin natural. The treatment at this time consisted in cold douches, frequently repeated, blister to the trachea, sinapisms to the calves and soles, and enema of aloes with turpentine. Notwithstanding these remedies he continued in the same condition till April 8, three days after admission, when my notes are: April 8th.—He has continued perfectly insensible up to this time; he now lies as it were asleep, breathing calmly, the eyeballs turned upwards; muscles of arms and legs quite relaxed; evinces very slight reflex action when the soles are pinched or tickled; he cannot be roused by the loudest calling, or by the roughest shaking. At 1 p.m. to-day, seven hours subsequently, I found him being led about by two of his friends; he was moaning incessantly, and with difficulty prevented from putting his hands in his mouth, apparently for the purpose of biting them; he is now continually opening and shutting his mouth. Blisters were now applied to the calves, and the enemata repeated. Two days subsequently there were evidences of returning consciousness; he could be roused by calling to him in a very loud tone of voice, when he turned towards the speaker, and then relapsed again into the same condition, and walked to and fro moaning continually. Next day consciousness was regained, but he had lost all recollection of everything which had occurred from the morning of the day on which he was brought to Hospital. This case affords a very interesting illustration of the effects of the Indian hemp in a large dose, and presents also a very striking resemblance to the description given by Dr. O'Shaughnessy; and on this account I venture to place it before the Profession.

Cuttack.

ON THE RADICAL CURE OF HERNIA BY THE METALLIC SETON.

By T. SPENCER WELLS, F.R.C.S.

Lecturer on Surgery at the Grosvenor-place School, Surgeon to the Samaritan Hospital, &c.

The good effects which have followed the use of the metallic seton in the treatment of hydrocele and other serous cysts led me to imagine that it might also prove useful in obliterating a hernial sac,—either by exciting sufficient exudation of fibrine to close the neck and mouth of the sac, or by causing the adhesion of a cutaneous plug pushed within the canal.

Wutzer's operation is so very safe and successful in the cases to which it is applicable, that I do not think we can improve upon it; but there are certain cases, described in my previous papers, in which some other plan must be devised. One such instance I append.

V.F., aged 29, cook at one of the clubs, came to me in August last with an oblique inguinal hernia on the left side. The canal was very short, and the ring just admitted my index finger. I performed Wutzer's operation on August 13, removing the instrument on the 20th. He had not suffered in any way. The puncture was healed on the 28th, when he put on a belt truss. This he wore for two months, when the canal appearing to be firmly closed I permitted him to leave it off. He went on well until last month, when he thought there was some bulging at the external ring, and on examination I found that it was not completely closed. He was very anxious to have his cure perfect, and as there was not room to pass up even a very small cylinder, I determined to try the effect of a metallic seton. Accordingly on January 3, I pushed up a fold of scrotum to the ring, and passed a handled needle along my finger beneath the tendinous border of the ring, and along the canal for about an inch, then bringing it out through the parietes. I then passed one end of an iron wire through the eye in the projecting point of the needle, and by withdrawing it of course drew the wire—or seton—through the canal. I fastened each end over a wick of stocking cotton, and left the patient quiet in bed. No inflammatory action whatever was set up for three days, and I told him to get up and walk about, the seton being still in its place. This brought on a little swelling, but he went about for four days longer, when I removed the wire, as it appeared to be surrounded by hard exudation, and some sero-purulent discharge exuded from the points of puncture. He then re-applied his truss, and the ring when I saw him last week appeared to be very firmly closed.

It is of course possible that the lymph may be absorbed, and I should not have published the case thus prematurely had I not this day received an interesting account from Mr. Redfern Davies, of Birmingham, of several operations of a somewhat similar character, which he has adopted very successfully in cases of femoral and ventral hernia.

3, Upper Grosvenor-street, Jan. 31, 1859.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

MIDDLESEX HOSPITAL.

URETHROTOMY FOR IMPACTED CALCULUS. REMOVAL OF FOUR OTHER STONES FROM THE BLADDER.

(Under the care of Mr. MITCHELL HENRY.)

[Reported by G. W. F. Bury, Registrar.]

William A., aged 9 years, thin, but of healthy appearance, with fair hair, and rather ruddy complexion, was brought to the Hospital, about noon on the 23rd December last, with retention of urine, which had existed since 7 o'clock the previous evening.

The mother stated that two years ago he was troubled with difficulty in passing urine, and, at times, with complete retention. He suffered also from pain, and occasional hæmaturia. For these symptoms he was then admitted into St. Bartholomew's Hospital, and, it would seem, underwent the operation of lithotrity. A few weeks after he left St. Bartholomew's Hospital, apparently cured, difficulty of micturition returned, and has increased with more or less intensity up to the present time; indeed, for the week previous to his admission, his distress in this particular was most urgent. Blood had only appeared once in his urine since he left St. Bartholomew's. Pain, though but slight, had been felt in the region of the bladder; but exertion, however violent, has not increased it. His appetite had at no time been impaired, nor has any constitutional disturbance manifested itself.

On Admission, a calculus, both by sounding and external manipulation, was found impacted in the membranous portion of the urethra. The canal being too small to admit of forceps being passed down to the stone from the orifice, the patient was placed under the influence of chloroform, and Mr. Henry then made an incision, an inch in length, into the urethra midway between the scrotum and anus, and extracted a pyramidal stone (about the size of a horse-bean) with polished facets. The physical character of the stone induced Mr. Henry to explore further, and through the same opening in the urethra, he removed from the bladder four other stones of similar shape and size, and very much resembling biliary calculi. They have subsequently been found to consist of a large lithate of ammonia nucleus, enclosed in a thin coating of oxalate of lime.

For the next few hours only did the urine flow in any large quantity by the wound, the urethra soon resuming its function, while the wound rapidly showed signs of healing, and has now (January 10) for some days been completely closed.

The points of interest in this case are:—

1. The freedom from constitutional disturbance, and the slight amount of pain attendant on the presence of the calculi in the bladder. This immunity was no doubt in a great measure due to the physical characters of the stones. Hence, in addition to the minor nature of the operation, as mentioned below, the patient's sufferings and danger were, in all probability, much less, than had one calculus of moderate size existed. 2. That the boy, by a procedure, simple, and comparatively free from danger, was relieved of a malady generally requiring operations of the first magnitude. 3. The rapidity with which a wound in the membranous portion of

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an otherwise sound urethra will heal. 4. The number of stones is in favour of the supposition that this is an instance of calculi forming from the débris remaining in the bladder after an operation of lithotrity. 5. The nature of the stone—the rarity of which is universally acknowledged.

FRACTURE OF THE NECK OF THE FEMUR IN A YOUNG MAN.

(Under the care of Mr. De MORGAN.)

Fractures of the neck of the femur occur almost solely in elderly persons, and in them, as is well known, it is rare for union to follow. The two following cases are very similar in most of their facts, and give us instances of the accident in young men. As the union of the articular epiphysis of the femur to the neck is not complete until about the age of 20, it is always possible in patients under that age that the lesion may have been a separation of that part rather than a true fracture. Almost the only case bearing upon the question with which we are acquainted is the one recorded by Mr. Stanley, in the Medico-Chirurgical Transactions. It is a lad of 18, after a fall from a cart, had eversion of the limb, and inability to move it, but without shortening or crepitus. He died of small-pox three months after the accident, and it was then found that an oblique fracture through the neck of the bone within its capsule had taken place and had been wholly repaired by bony union. In all probability the fracture had been impacted.

William S. aged 19, a potboy, tall and of moderate muscular development, was admitted on November 27, almost immediately after having received an injury to his right hip. While standing on some moveable steps they slipped from under him, and he was thrown down from a height of about four feet on to the flags below, striking the back of his right hip with much violence against the edge of some railings. He was afterwards quite unable to stand, and complained of much pain in the injured part. On admission the state of the limb was found to be as follows:—the foot was slightly everted and the outer surface of the great trochanter looked somewhat backwards, there was real shortening to the extent of nearly an inch and half, which by continued traction could be almost removed, but returned as soon as the extension ceased. On moving the limb it was ascertained that the great trochanter moved with it, and the degree of rotation which could be accomplished was much more than natural. There was considerable contusion about the parts, and some amount of ecchymosis. The head of the bone could not be felt in any position. An obscure crepitus was felt in certain movements. The great trochanter was much much less prominent than on the other side, and it appeared to be carried inwards and backwards. Mr. De Morgan directed attention to the manner in the freedom with which the shaft of the femur (as evidenced by the movements of the trochanter) could be made to turn on its long axis, thus proving that a separation from the head of the bone had taken place. He directed a straight splint to be applied so as to keep up as much extension as possible.

For about a fortnight the splint was worn and the limb retained at very nearly its natural length; but the skin having become excoriated in several parts it was from necessity laid aside, and the double inclined plane was resorted to. Even this produced irritation, and an ulcer having formed behind the knee it was found necessary to abandon all extending apparatus and to place the limb between pillows only. Very firm union ultimately took place, and when discharged about the end of January, he could stand on the affected limb, the only deformity being about half an-inch shortening.

THE LONDON HOSPITAL.

FRACTURE (?) OF THE NECK OF THE FEMUR IN A YOUNG MAN—DELAYED UNION.

(Under the care of Mr. ADAMS.)

The following case bears a close resemblance to the preceding in its chief features. The accident occurred to a young man, and the evidence made it clear that the fracture had been sustained in the neck of the bone. Great difficulty was also again encountered in keeping the limb at rest, and union was very slow in taking place. Opinions differed as to whether the lesion was a fracture or a separation of the epiphysis. Those who examined the lad at the time of his admission, thought they detected a crepitus, which was unmistakably that of osseous surfaces, but at a subsequent period this could certainly not be felt. Very probably the accident partook of both these, *i.e.* that these paration occurred at the part where the epiphysis is joined to the shaft, but that the structure there present was not wholly cartilaginous, but contained some bony spiculæ.

The following note of the case was supplied to us at the time by Mr. Corner, the House Surgeon:—

"George S. aged 17, a healthy lad, a sailor, was admitted into the London Hospital on December 2, 1852. He had just before fallen into the hold of a ship, a distance of about sixteen feet. He did not know on what precise part he had been struck. He was unable to raise the right leg; had pain in the hip, and eversion of the foot. There was an inch shortening, and crepitus was distinctly felt at the great trochanter. The limb was put up with the ordinary straight thigh-splint, but, owing to his extreme restlessness, it had to be re-applied almost daily for the first week, and very frequently during the following fortnight. At the expiration of six weeks from the accident, the splint was removed, and he was ordered to remain quiet in bed; about a week after this, while turning in bed, he felt a grating in the hip, and on examination the fracture was found disunited. Mr. Adams now ordered the legs to be fastened together, and a pillow was placed under the hams; but the parts could not be retained quiet with this, and on February 14, 1853, the long splint was re-applied, and tr. iodinii C. in ♏v. ter die was given; this, in four days, was increased to ♏viij. This he took for four days more. On the first day following taking the iodine he complained of startings in the fracture of a night, and a dragging at the hip; these sensations continued all the time he was taking the iodine, also up to the present time (March 17)."

Not long after the last date mentioned by Mr. Corner, the lad was removed from the hospital into private lodgings, as his progress had not been satisfactory. We are assured that firm union eventually took place, though it was several months in progress.

The appended cut will serve to remind the reader of the exact direction of the line of junction between the epiphysis and the neck of the bone. It is copied from Dr. Quain's work on Anatomy, and represents the femur of a young child.

Complete osseous union of all the parts is not effected until the age of twenty.

In one of the cases which we have given above, the patient was nineteen, and in the other seventeen.

THE WESTMINSTER HOSPITAL.

EXCISION OF A MASS OF ENLARGED GLANDS FROM THE AXILLA.

(Under the care of Mr. HILLMAN.)

It is not every day that an opportunity is afforded for ascertaining the exact pathological condition of the enlarged glands so common in children. We are accustomed to class such engorgements as "strumous," without perhaps even intending any very definite conjecture as the existence or otherwise of true tubercle. The excision of a large cluster of axillary glands from the armpit of a boy of 4 years old, performed a few days ago by Mr. Hillman, in the Westminster Hospital, supplied an interesting occasion for the examination of the parts. The glands in this instance varied in size, from a walnut to a horse-bean, and probably not fewer than twenty were comprised in the agglomerate cluster. They were flabby to the touch, and not very hard, and were loosely connected by cellular tissue well supplied with blood-vessels. There was no active inflammation present, nor any glueing of the parts together, the case being one of simple enlargement of glands. On section these bodies showed an opaque yellow homogeneous surface without any perceptible tubercular deposits. The disease appeared to be an active hypertrophy of their proper structure. No spots of softening were seen. It is of course possible that a minute microscopist might have discovered in

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the acini appearances which he might venture to call those of incipient deposit of tubercle, but we cannot attach much value to such evidence.

The glands in this instance reminded us most strongly of some which we saw Mr. Hilton remove, about five years ago, from the neck of a girl aged sixteen. The operation was undertaken on account of the large size of the aggregate mass of glands and their intractability under most patient treatment. The affection was limited to the left side of the neck. All the glands removed (twenty or more), showed precisely the same appearance as those just described, and none contained tubercle visible to the naked eye. The case did well, but after the girl had left the Hospital, other glands in the same side of the neck enlarged, and we saw her in another Hospital about a year afterwards with a swelling nearly as large as her original one.

In other instances, and perhaps the more frequent ones, enlarged lymphatic glands in children contain true tubercular deposit. In saying this, of course we refer only to examples of chronic and idiopathic enlargement; in a majority of cases engorgements of the cervical lymphatics are merely secondary either to an eruption on the scalp, sores in the mouth, or inflamed gums, and in such the disease is simply inflammatory.

There were some very interesting features in Mr. Hillman's case, above adverted to, apart from the examination of the glands. The diagnosis had been very obscure. The patient was brought to the Hospital with a large, irregular, softish-feeling tumour in the axilla and beneath the pectoral muscle. The outlines of the glands were much concealed by the large quantity of subcutaneous fat, and great doubt was felt as to whether the tumour were malignant, glandular, or a venous nævus with solid structure. Although all Mr. Hillman's colleagues had carefully examined the mass, this obscurity was not in the least removed until the glands were cut down upon. The dissection involved a cleaning out of the axilla, but no great bleeding occurred. Had the tumour been known to be glandular the operation would not have been undertaken, but looking at the peculiar form of disease which the specimen illustrated, it may fairly be doubted whether any improvement could have been hoped for from constitutional remedies.

KING'S COLLEGE HOSPITAL.

TUMOUR INVOLVING THE RECURRENT LARYNGEAL NERVE—DEATH FROM SPASM OF THE GLOTTIS.

(Under the care of Dr. BUDD.)

We recorded several years ago an interesting case in which an aneurism of the aorta, by stretching the left recurrent laryngeal nerve, had induced such threatening symptoms of suffocation that tracheotomy was performed, in the belief that the larynx itself was obstructed. A second example of similar practice, founded on a similar difficulty in diagnosis, was brought before the Pathological Society by Mr. Borlase Childs about a year ago; and only a few months back we published the notes of a third case, treated by Dr. Peacock, in St. Thomas's, in which the symptoms of obstruction were so closely simulated that tracheotomy was thought of, though not actually had recourse to. After all, although adopted in these cases in a degree of uncertainty as to the exact lesion present the opening of the trachea for laryngeal obstruction due solely to spasm is not bad practice. If the paroxysms have been such as to threaten life it may very properly be had recourse to. In cases of aneurism, however, very often not only are the recurrent nerves irritated, but the trachea itself is pressed upon, and so but a doubtful benefit attends the operation, whilst from the possibility of wounding the tumour the use of the knife becomes especially dangerous. In the first case above mentioned the knife, in opening the trachea, had passed close over the apex of the unsuspected aneurism. There are other cases, however, in which the recurrent nerves may have been destroyed or stretched, and spasm of the glottis so induced, to which these drawbacks as regards the prospects of relief from tracheotomy do not attach themselves. Such, for instance, are those in which the nerves are compressed by cancerous tumours, or involved in malignant strictures of the œsophagus. An interesting case occurred recently under Dr. Budd's care in King's College Hospital, which has again attracted our attention to the subject, and which bears on the latter point. An old man was admitted on account of liability to paroxysms of difficult breathing, and having a small tumour in the left side of his neck close to the trachea. A few days after admission he had a very violent attack of suffocative dyspnœa, in which he died. The resident Medical Officer in charge of his case had it in contemplation to perform tracheotomy, but, unfortunately, did not do so. The autopsy showed that neither the larynx nor the trachea had been subjected to any mechanical pressure, or other organic source of obstruction. The dyspnœa had plainly been spasmodic only. In the cleft between the larynx and trachea in the left side, was a small malignant growth, which had involved and destroyed the recurrent laryngeal nerve, to which lesion the fatal event was, no doubt, attributable.

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PREPAYMENT OF INLAND LETTERS.—On and after the 10*th of February all Inland letters must be stamped.* Our correspondents will see the necessity of paying great attention to the posting of their communications to us, as, if by any accident the stamps are not securely placed on their letters, they will be sent to the Dead Letter Office.

Medical Times & Gazette.

SATURDAY, FEBRUARY 5.

MORTALITY AFTER THE PERINEAL SECTION.

SOME of our readers may possibly have heard that Mr. Syme, of Edinburgh, has threatened us with an action for admitting a letter from Dr. Renton inquiring into the cause of the death of a young nobleman whose Medical attendant had certified that it was "fever consequent on operation for urinary fistulæ." Such a silly threat neither deserved nor received the slightest notice from us; but as Mr. Syme's letter contained a statement that the only operation he performed in the case alluded to was to pass a full-sized bougie through the urethra, we inserted a note to that effect in the number following that in which Dr. Renton's letter appeared. The Editor also wrote as follows to Mr. Syme:—"The letter of which you complain was written by a gentleman of respectability who signed his name to his communication; and as the question is one of great practical interest to the Profession, and there is a feeling that many fatal cases are not heard of, it became my obvious duty to insert it. In this, and other similar cases, I have always endeavoured to remove anything likely to be *personally* offensive, and to keep the writers to what was of strictly scientific or practical interest; and on this and former occasions our columns are, and have been, freely open to any reply you or your friends might please to make." Mr. Syme seems to have expected that his threat of legal proceedings would have led to a promise to "abstain for the future" from any inquiry into the results of the perineal section in his private practice; for he intimated that he should "take another course for obtaining redress."

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The course he has taken is one, to say the very least of it, very unusual among gentlemen. Without giving the least intimation of his intention of publishing the correspondence, or asking permission to publish our hurried private note to him, he forwards it to another Medical journal with *three* of his own communications. Such a proceeding is as unfair as ill-bred. Had we known that Mr. Syme wished to publish the correspondence, we should certainly have reminded him that a report had appeared in the *Fife Herald* that his patient had died of "fever supervening on an operation for fistula"—that Dr. Hunter had certified the cause of death to be "fever consequent on operation for urinary fistulæ"—that the letter we published from Dr. Renton only contained the inquiry, "Can any one doubt that this is not a well-marked case of death occasioned by the perineal section, one of the fatal cases which now and then ooze out accidentally?" and that he had now an opportunity of correcting an inference which others as well as Dr. Renton might draw, who know how strongly Mr. Syme recommends the perineal section in cases of urinary fistula. We should also have told Mr. Syme that in such a case as this he has no right to shelter himself under the plea of it having occurred in his private practice. He occupies an important public position in the Profession, and he is looked upon as the special advocate of the perineal section. He published 70 cases *without one fatal result*; yet Mr. Henry Thompson, who was able to collect 219 cases, by 30 operators, for the second edition of his work on Stricture, was "not able to present Mr. Syme's own practice." "I only know," says Mr. Thompson, "that he has now met with a small proportion of deaths; but not possessing the exact numbers his cases do not appear here." The other 30 Surgeons gave the numbers of their fatal cases—why did not Mr. Syme? He is the reputed author of the operation. He is also the Professor of Clinical Surgery in an important University: and it is *right* for the Profession to know the exact reliance they may place upon Mr. Syme's recommendation of his operation, and test it by the result of his own practice, both in public and private. It is as wrong as it is foolish to attempt to check free discussion in such a case by threatening any Surgeon who chooses to ask a simple question, or the journal which publishes his letter, with legal proceedings. Some time ago, a practitioner who advocated strongly the use of mercurials and bandages in the treatment of ovarian dropsy, published a case which he said was perfectly successful. Another practitioner happened to see the patient on the very day this account was published, and saw her dying miserably in an advanced stage of the disease. Was exposure in this case "invasion of the sanctity of private practice?" Not very long ago, M. Girouard, of Chartres, published some wonderful accounts of his cures of cancer of the tongue by caustics, and patients flocked to him from all parts of France. Very lately a writer in the *Archives Générales* has shown that some of the patients reported as perfectly cured have died a miserable death in Paris, of the disease which had been so wonderfully cured by M. Girouard. Was exposure in this case again an "invasion of the sanctity of private practice?" We neither insinuate nor believe that Mr. Syme has ever made an untrue statement in favour of his operation; but we do insist that an inquiry into the results of the perineal section in the practice of the University Professor who is the special advocate of the operation, is not only justifiable, but desirable. This is not the case of a private practitioner, who treats his patients as he pleases, and does not endeavour to influence the practice of others. It is the case of an author, who does his utmost to induce his pupils and the Profession generally, to adopt the practice he recommends. Mr. Syme courts publicity and influence, and he must not shrink from the responsibility of the position he has taken up—or attempt to check free scientific discussion by appeals to a court of law.

THE WEEK.

CONSIDERABLE dissatisfaction has been lately expressed by the widow annuitants of the Naval Medical Supplemental Fund, at the proposition to reduce the amount of their annuities from £40 per annum to two-thirds of that sum. It appears that the reduction was indeed made in the year 1845, in consequence of the unfavourable position of the funds of the society; but a feeling and a hope were always entertained that the original amount would be restored upon the return of prosperity. Now, however, it is proposed to dissolve the society, although it is known to be in a very flourishing condition, and to pay off the widows only at the reduced rate which was adopted from the pressure of temporary causes. Some of the widow annuitants have drawn up a memorial to the president and directors of the Fund, setting forth the hardship to which they are exposed, and the injustice which is contemplated towards them; and this memorial is lying for signatures at the office of the Royal Naval Benevolent Society, Adam-street, Adelphi, London. Perhaps the strongest argument against the proposed reduction is to be found in the fact that the late husbands of the memorialists insured their lives in the institution on the faith and reliance of an order in Council, guaranteeing the payment of £40 per annum to their widows; and the reduction of the amount at present, while the society is flourishing, appears something like a breach of good faith, as well as an act of cruelty to the unfortunate recipients, to whom the diminution of income is a serious inconvenience.

At a recent meeting of the Medical Society of London, a very interesting paper on diphtheria was read by Dr. W. R. Rogers, who gave a concise history of the nature and pathology of the disease, illustrated by several cases which had fallen under his own notice. The work of Bretonneau was the foundation of our modern views on diphtheria; and the descriptions of that accurate observer were found to be verified by the cases which had lately occurred in this country. Dr. Rogers thought that diphtheria was a totally distinct disease from scarlatina, with which, indeed, it had but few features in common; although the fact that the throat was affected in both often led to errors in diagnosis. Dr. Rogers did not believe that the existence of the *oidium albicans* was an essential feature of diphtheria, but was rather to be regarded as an accidental complication. The best treatment of diphtheria consisted in the application of local remedies, such as hydrochloric acid, with an equal quantity of glycerine, and the administration of nutritious food and stimulating beverages,—the quantity of beer and wine which patients could bear being often quite astonishing. Dr. Harley, in the course of the discussion which followed the reading of the paper, offered some highly important observations on the nature of the diphtheritic pseudo-membranes, and the mode of their formation. From a careful examination of these structures he had come to the conclusion that they were not to be regarded as fibrinous membranes, but rather as layers of coagulated mucus mixed with epithelial scales, and gradually concreting and solidifying into tubes and casts. He thought with Dr. Rogers, that the presence of the *oidium albicans* was not essential to the disease, and in many well-marked cases which he had carefully examined with the microscope, he could find no trace of the parasitic fungus; but in one case, where he had not found the fungus at first, he found it some hours afterwards, so that he considered the latter found a nidus in the diphtheritic exudation in certain cases. The very insidious nature of the disease was alluded to by most of the speakers; and from the absence of any well-marked symptoms at the commencement, treatment was too often neglected until after the period when it could be useful. Diphtheria should be

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regarded as a blood-disease of a peculiar nature, attended invariably by the production of a pseudo-membrane on some region of the body, and the early treatment consisted in cauterising the part where it first developed itself, and at the same time supporting the strength of the patient. Tracheotomy, which is the only resource—and that a hazardous one, in the cases where the trachea is lined with a false membrane—was very little discussed at the meeting from want of time.

Scientific journalism is in the ascendant in France at present. The active minds of our Gallic friends require an outlet; and politics being a *champ clos*, their energy is naturally turned to the cultivation of a more lasting kind of production. We last week announced the rise of a journal of Clinical Medicine, and now we have under our hands a journal called *Revue d'Hydrologie Médicale Francaise et Etrangère*, which has reached its tenth number. Its object is to tell us all about mineral waters, and the use of water in general as a therapeutic agent. "Scarcely created," says the editor, "our journal has been surrounded by the sympathies of all serious hydrologues, sustained by the works of learned and devoted collaborateurs, and patronised by the most honourable names in science." Alsace has the honour of producing this journal; Strasbourg being its birthplace.

Last Saturday, in the Court of Queen's Bench, the case of the Graduates of the University of London against the Senate came on before Lord Campbell and Justices Wightman, Crompton, and Hill; in legal terms, Regina *v.* Storrar. The Attorney-General stated, that he had been instructed on behalf of the Senate of the University of London to show cause against a rule which had been obtained calling upon Dr. John Storrar to show cause why an information in the nature of a *Quo Warranto* should not be filed against him on the ground that he had been unduly elected to the Medical General Council. He felt the question to be so important as affecting the rights of a large body of influential persons, and their Lordships would probably be of opinion that there was so much force in the arguments adduced by Mr. Edward James in moving for the rule, that he did not feel that he could make such a serious opposition as to induce their Lordships to discharge the rule, and he should, therefore, not resist its being made absolute. The rule was, therefore, made absolute; the result of which is that a step is gained for the Graduates; and it is clearly shown that the question is not regarded either by the Court or by the Attorney-General to be so simple or so clearly in favour of the views held by the Senate as seemed at first to be a somewhat general impression, although we had shown that Mr. Edward James's opinion seemed to be unreasonable. The final argument will take place early next term.

Our readers will remember that in August last, Dr. Richardson communicated to this journal a paper on electricity in relation to local anæsthesia, and showed by a variety of experiments that electricity could not be so applied as to render parts of animal bodies insensible to pain. Since that time Dr. Richardson has been almost daily occupied in investigating this subject further; and on Tuesday last he brought before the Class of Physiology at the Grosvenor-place School of Medicine the results of a new series of experiments in what he designates "Voltaic Narcotism," and which promise a marked success. In the course of his researches he advanced from the application of the simple electrical force to the endeavour to find a mode of introducing narcotics into parts locally. Ultimately returning to electricity, and using it in combination with a narcotic, he found that by applying a narcotic mixture to a part, and then covering this part with a plate connected with the positive pole of the voltaic battery and the negative pole at an adjoining point, he could produce complete insensibility of the parts included. Last week, Dr. Richardson exhibited this principle before several friends, and rendered insensible the ear of a dog. On Tuesday last he rendered the leg of a dog so completely insensible that Dr. Halford was enabled to amputate the limb without any expression of pain or uneasiness on the part of the animal, except when the bones were being sawn through, when the animal gave vent for a brief period to an expression of pain or terror. The arteries were then taken up and tied, and the wound was brought together with six sutures, without any indication of suffering. Dr. Halford also divided the tendo-Achillis of the same animal without eliciting any expression of pain; and Dr. Richardson exhibited the animal a few hours afterwards at class in apparent health. The narcotic solution used was composed of equal parts of chloroform and tincture of aconite. This solution placed on a sponge was wrapped round the upper part of the limb during the experiment, and was surrounded by a thin plate of copper, which was connected with the positive pole of the battery. Another plate of copper, including a layer of moistened sponge, was applied to the lower part of the limb, connected with the negative pole, and a continuous circuit was established. In twelve minutes the insensibility of the parts included between the plates was so perfect that they could be transfixed at any point, and Dr. Halford divided the tendo-Achillis without interfering with the further steps of the experiment. In amputating, the upper plate was removed, and the flaps were cut at the part where the plate had been applied. The insensibility remained perfect for a full half-hour. The animal has up to this time been quite well, and the wound is healing favourably. An operation, for which insensibility was produced by this process, has been performed on the human subject. On Wednesday Dr. Halford transfixed and tied a nævus on the back of an infant after Dr. Richardson had produced anæsthesia locally. There was no indication of pain having been caused either by the transfixion or the ligature. We have not time now to present our readers with further details; but for next week we have promise of a paper from Dr. Richardson embracing all the facts connected with this interesting subject.

As the time has arrived for the re-assembly of Parliament, the question of Reform in the representation of the people acquires a stronger degree of interest. With the political part of this question we have little to do; but we merely echo the general feeling expressed by the educated classes, when we urge on the attention of the Government and the Houses of Parliament, the necessity of giving representation to the science and literature of the nation. It is perfectly true, as Mr. Bright remarked in a recent speech at Bradford, that Medical men, if they possess a £10 franchise, may vote for a member of Parliament if they please; and it is equally true, as was expressed by the same authority, that few Medical men, under present circumstances, care much to avail themselves of the privilege. The reason is, that in many of the constituencies, and especially the large ones, the candidates for Parliamentary honours are too often mere demagogues, whose advocacy of the rights of education would probably disqualify them in the eyes of the electors. In the borough of Finsbury, for instance, we doubt very much whether any members of our Profession care to exert themselves about the return of such an eccentric gentleman as Mr. Thomas Duncombe, who, whatever may be his merits in other respects, has proved himself not only indifferent to the interests of Medicine, but has avowed himself a partisan of the most flagrant forms of quackery. We do not therefore anticipate

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that the Medical Profession will petition the Ministry to admit into the House of Commons a larger number of such politicians as Mr. Duncombe; but the Profession does most earnestly desire that its interests should be represented and protected by persons on whom reliance may be placed, and who may correct misrepresentations in which the advocates of quackery are so fond of indulging. It is almost needless to repeat that in the Houses of Lords and Commons any attack upon the Church, the Bar, or the Military Service would be indignantly repelled by some member or some partisan of those Professions; while the most gross abuse might be lavished upon the legitimate practitioners of Medicine without a voice or a hand being raised in their defence. Under these circumstances we are happy to find that the movement in favour of Medical representation, which we have always strenuously promoted by every means in our power, is now acquiring redoubled energy; and we have just received, from the Irish Medical Association, a copy of an address sent to the Prime Minister, as well as to all the Universities and Medical Corporations of the United Kingdom, urging a combined demonstration in favour of the views which we have just expressed. The accomplishment of a system of Medical representation will be the more easy at the present period, when the Medical Council has been established by the suffrages of the different Medical Corporations of these islands; and it is undoubtedly a strange anomaly that while many of the most distinguished members of the Medical Profession are incorporated into a Representative Council, they should be utterly unable to represent or to defend the interests of their constituents in the great Council of the Empire.

We have had several communications on the subject of the recent selections for promotion to higher grades in the Army Medical Department. Some of these praise the Director-General for having the moral courage to select the best men, for all allow the fortunate officers to be unexceptionable. Others, again, complain that seniority is not made the rule for advancement in a department where every one is supposed to be equally deserving. We must remind our readers that *seniority* cannot, in the Army Medical Department, any more than it can in any other branch of the service, be the test for promotion to an administrative position. Merit, ability, and other qualities are necessary for an administrator; and no one can be so good a judge as the Director-General as to who is most fitted for the different grades of his Department. Up to the rank of Surgeon-Major all is seniority; and, therefore, the officer who has not had the good fortune to distinguish himself must be content with the very liberal reward granted even to this grade by the new warrant—viz. the rank of Lieutenant-Colonel, carrying with it the widow's and other pensions given to this rank, with a right to retire on *considerably* more pay at 25 than the Lieut.-Col. can at 30 years' service. In the War-office, and in other branches of the public service, men, although acknowledged to be deserving and meritorious—and often of very long service—are yet passed over, not having administrative talent. No doubt it will be asked, what is administrative talent, and what is merit and ability? The records of the Medical office only will solve this question; these, together with the knowledge possessed by the Director-General of individuals, and the reports of commanding officers, will enable Mr. Alexander to do justice, not only to individuals, but to the public, in promoting the best men. We congratulate our young Medical friends again on the career open to them in the Army Medical Department—certainly of a very good position, and of a very liberal pecuniary reward by seniority up to the rank of Surgeon-Major, which is given on completing twenty years' service—and the certainty (as long as the present Director-General is in office) of being rewarded for extra exertions, talent, and ability, by promotion to the administrative ranks irrespective of service, after reaching the rank of Surgeon, which is attained in seven to ten years. It should be known that there are but few vacancies; the examinations are now competitive; and in consequence of the increasing number of candidates, no one is now admitted who is more than twenty-five years of age.

The appointment of Mr. Martin to the post of Examining Physician to the Secretary of State for India in Council, in the place of the late Dr. Scott, is one which does great credit to Lord Stanley, who nominated him, and to the Council who elected him unanimously. There is not another man in the country so peculiarly well fitted for the post, and we feel certain that the whole Profession will ratify the choice which has been made. When University Graduates and College Licentiates are arguing as to who is the real Physician, it is not a little amusing to see the Government appoint a *Surgeon* as the Examining *Physician* to the Indian Council.

Mr. Griffin has just addressed a letter to the Poor-Law Medical officers in England and Wales, informing them that he has succeeded in obtaining from the President of the Poor-Law Board the promise of an interview between the President and the Poor-Law Medical officers on Thursday, February 24, at one o'clock. It is suggested that if Members of Parliament could be again induced to attend at the Poor-Law Board on the day specified, much importance would be added to the interview in the opinion of the public. We believe that the deputation from the Poor-Law Medical officers will consist of those who belong to the Poor-Law Medical Reform Association, and therefore those who wish to join Mr. Griffin are merely required to forward their subscriptions to that gentleman in order to become members. We understand that the return to Lord Elcho's motion has been made out and printed, and that Mr. Estcourt will lay it on the table of the House of Commons at an early day; and he has signified to the Poor-Law Medical officers that they may procure copies of it from the Office for the Sale of Papers at the House of Commons at any convenient time. Mr. Griffin proposes to write another circular letter to his brethren of the Poor-Law service, as soon as he has thoroughly examined the return moved for by Lord Elcho. During the month of January, Medical officers from twenty Unions have joined the Association; and the total number of subscriptions received during the month is 488; but still, owing to the retirement of many Poor-Law Medical officers, the whole number of members of the Association amounts to little more than 1500. The Poor-Law Board have arranged the Unions of England and Wales under eleven heads; in one division the salaries average six shillings and fourpence halfpenny per head for each case, while in another they amount to only two shillings and three farthings, the salaries of the other divisions ranging between the two extremes. Mr. Griffin advises that meetings should be held in each of these divisions, and that deputies should be appointed to represent the Union Medical officers at the approaching conference with the President of the Poor-Law Board.

News from Abroad.—A foreign journal tells us that a great number of children at Preston, affected with croup, were carried off to the gas works, and made to inhale the exhalations given off from the lime used as a depuratory; and that through this simple remedy many of said children were cured.

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THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

MINUTES OF MEETING OF TUESDAY, JANUARY 25, 1859.

Sir Benjamin Brodie, Bart. President, in the Chair.

Present,—

Dr. Watson.
Dr. Alexander Wood.
Sir Charles Hastings.
Dr. Bond.
Dr. Andrew Wood.
Dr. Leet.
Dr. Embleton.
Mr. Green.
Dr. Williams.
Dr. Smith.
Dr. Storrar.
Mr. Lawrence.
Mr. Syme.
Mr. Nussey.
Dr. Francis Hawkins, *Registrar and Secretary.*

The following resolution, passed by the Executive Committee, on the 19th January, 1859, in consequence of which this meeting of the General Council had been summoned, was read:—

"That the President be requested to summon a meeting of the General Council, to consider in what manner Registration should be effected, under the 11th Section of Schedule (A), and the 46th Clause of the Act; and for any other business which may be deemed urgent."

The following resolutions of the Irish Branch Council were also read:—

"DUBLIN, 22nd January, 1859.

"Resolved,—1. That this Council approves of the course taken by the President, in summoning an early meeting of the General Medical Council, for the purpose of considering the difficulties which have arisen on the subject of Registration; and that as a full meeting of the General Council cannot, under existing circumstances, be expected, it is the opinion of this Council that the General Council should limit its attention to the interpretation of the 11th Section of Schedule (A), and the 46th Clause of the Medical Act.

"2. That the Irish Branch Council are of opinion that on any question of Registration, not already provided for by the Resolutions of the General Council, which may arise in the interval between this time and the meeting of the General Council in August, the powers of the General Council should be delegated to the respective Branch Councils of that part of the United Kingdom in which such question may arise."

1. It was moved by Dr. STORRAR, seconded by Mr. SYME, and agreed to—

"That in every instance in which application shall be made to register a Foreign or Colonial Degree, the Registrar of the General Council shall inquire, by letter addressed to the University or College which is represented to have conferred it, whether the name of the person making the application be really on its list, and if the degree or diploma have been conferred after examination by, and at the seat of, the University or College, and the date thereof. Also, that the Registrar, when communicating with Foreign or Colonial Universities and Colleges, shall endeavour to ascertain, in the case of each University or College, what examinations and conditions have been held by it to be indispensable for the admission of persons to degrees or diplomas in Medicine; and how far such examinations or conditions have been at any time, or under any circumstances, dispensed with or modified in favour of persons who have not studied in the University or College in question."

2. Moved by Dr. ALEXANDER WOOD, seconded by Sir CHARLES HASTINGS, and agreed to—

"That the General Registrar be instructed to forward to each Branch Registrar the returns received from the Foreign and Colonial Universities and Colleges, in answer to the circulars regarding applicants residing in his district; and that the Branch Registrars, under direction of the Branch Councils, be instructed to enter on the Register the names of those Foreign and Colonial Graduates who appear from the returns to have taken their degree after regular examination."

3. Moved by Dr. WILLIAMS, seconded by Dr. EMBLETON, and agreed to—

"That the Branch Councils of England, Scotland, and Ireland respectively be empowered under Section 6 of the Medical Act, to direct the registration, under Section 46 of the Act, of any persons who have held appointments as Surgeons or Assistant-Surgeons in the Army, Navy or Militia, or in the service of the East India Company, or who were acting as Surgeons in the Public Service, or in the service of any Charitable Institution, on or previous to the 1st of October, 1858, after the production of evidence satisfactory to the Branch Council to which such applications may be made, that there is sufficient ground for directing such registration to be made."

4. Moved by Dr. ANDREW WOOD, seconded by Dr. BOND, and agreed to—

"That in regard to those persons who have applied for Registration with no other claim than a Foreign Degree, obtained without examination, the Council delay consideration of their case till a future meeting of the Medical Council."

5. Moved by Dr. ALEXANDER WOOD, and seconded by Mr. GREEN—

"That any Medical Practitioner who is entitled to be entered on the Register, by virtue of his connexion with any of the Bodies comprehended in Schedule (A), who holds besides a Foreign Diploma, granted before October 1st, 1858, shall be entitled to have these Foreign Diplomas entered on the Register."

Amendment moved by Dr. SMITH, and seconded by Dr. ANDREW WOOD—

"That the consideration of Dr. Alexander Wood's motion be postponed until a future meeting of the General Council."

The amendment was carried.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

DEATH FROM CHLOROFORM IN PARIS.

M. Richet, at the last meeting of the Paris Society of Surgery, related the following case. A mechanic, aged 43, was admitted to the St. Louis, January 15, on account of a dislocation of the left shoulder; he being a muscular subject, to all appearance in the enjoyment of good health. He stated that the accident had already occurred twice on the same side before. The accident had occurred a few hours prior to admission, and next morning, January 16, M. Richet, after demonstrating all the signs of a sub-coracoidean luxation, tried in vain to reduce it by the ordinary procedures without the aid of chloroform. A few drops of chloroform were now poured upon a piece of linen rolled into the form of a cone, the nose and mouth entering the cone, and the patient being in the horizontal position. No effect being produced at the end of about a minute, the compress was removed in order to be imbibed with another small portion of chloroform—the entire quantity employed during the entire period of application being from 4 to 5 drams. The period of excitement commenced only some seconds after this new dose. The muscles stiffened, the patient pronounced some incoherent words, and sought to get away from the chloroform; his face became flushed, the veins of his neck were swollen, and the conjunctivæ were injected. All this lasted but for a few seconds. The patient, who had thus far inspired very little chloroform, now made some deep inspirations in succession, and anæsthesia with muscular resolution followed. The pulse, carefully watched on both sides during the whole procedure, furnished no indication. Tranquil and well developed at first, it became smaller and more frequent during the stage of excitement, to afterwards resume its former calm and full condition. From 3 to 5 minutes elapsed between commencing the inhalation and the production of muscular resolution. Respiration being quite regular, the cone was removed, and M. Richet attempted reduction as before by making direct pressure on the head of the bone. Failing in this, he took hold of the lower part of the humerus with his right hand, and impressed a rotatory movement upon it (without exerting any traction whatever), at the same time that he pressed the head of the bone towards the glenoid cavity with his left hand. The reduction was thus effected with the greatest ease.

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M. Richet was about remarking upon the facility with which reduction was effected without traction, when it was announced to him that the pulse had ceased beating at both wrists. The respiration continued calm and deep, without any stertor or abnormal sound. It was now found that the heart had entirely ceased beating. The windows were thrown open and cold water applied to the face. The features were nowise disfigured, the face was rather coloured than pale, the lips and conjunctivæ being slightly reddened. Suddenly, after five or six rapid and deep inspirations, respiration ceased abruptly. Drawing the tongue out of the mouth, M. Richet by pressure on the thorax and abdomen, practised artificial respiration. All this was the work of an instant; and, for a moment, the functions seemed to be about to be re-established, the patient making three large and deep inspirations at intervals of a few seconds. This hope was delusive, for the action of the heart could not be re-established, in spite of the continuance of artificial respiration for more than half an hour, and the application of every description of stimulus. The extremities soon became cold, and the face, which had retained its normal colour, was now pale, and all hope of resuscitation was abandoned.

A very minute account is given of the autopsy, performed twenty-four hours after death; but we will only notice the chief points. The lungs on being divided at their anterior half presented an entirely normal appearance: but posteriorly they were violaceous in colour, and somewhat more friable in their texture than in the natural state. A good deal of thick black blood flowed out on incision, but they swam in water. The heart was flaccid, soft and large. No coagulum, and only a little black fluid blood was found in the ventricles; but the auricles were somewhat distended with this fluid. There was, in fact, nothing remarkable about the heart, except its extreme flaccidity, and the slight consistency of its fleshy fibres, which were torn with the pressure of the finger with an incredible facility—the autopsy being conducted in a very cold room. The veins of the thorax, abdomen, and limbs were filled with black blood: but neither in these nor in any other part was the presence of gas or the odour of chloroform discernible. In the viscera of the abdomen there was nothing noteworthy: and in the cerebro-spinal system no abnormal congestion, or other morbid appearance, was found.

On analysing all the details of the case, M. Richet rejects the explanation of the death by asphyxia or syncope, and believes that it was due to sideration of the nervous system, as in the experiments by MM. Cos and Gosselin: the contractions of the heart becoming paralysed either by the medium of the nervous system, or directly by the action of blood charged with chloroform, and hence rendered incapable of exciting the central circulatory organ.—*Union Médicale*, Jan. 27.

EXCERPTA MINORA.

The saliva in jaundice.—M. Vulpian relates that in several cases of well-marked jaundice, in which expectorated substances were deeply coloured with the colouring matter of the bile, the most careful search was unable to detect the slightest trace of this colouring matter in the saliva itself. The fact is of interest in relation to M. C. Bernard, who has observed that in diabetic patients sugar is not found in the saliva itself, though easily detected in the products of the bronchial secretion.—*Gazette Médicale*, No. 2.

Condition of the Cervix Uteri after normal labour.—M. Bouchacourt states as the result of the attentive examination of several women: 1. Even the most simple form of the puerperal state exhibits, among other local lesions, as traumatic inflammation of the cervix, characterised by swelling, heat, pain, redness, exfoliation of a portion of the mucous membrane, and suppuration. 2. From the fourth, and sometimes the second day, the lochiæ contain pus globules. 3. A reparative process takes place subsequently to such exfoliation, the pus diminishing and the epithelial cells increasing in quantity. 4. At the end of a week, the signs of inflammation, though less distinct, still persist. From this time the cervix becomes more regular in form and less voluminous, and closes,—the anterior lip of the os remaining longer voluminous than the posterior. 5. By the end of a fortnight cicatrisation is not terminated, although fast progressing—to be completed in the third or fourth week. 6. It proceeds from the circumference towards the centre. Traces of ulceration are found after some cases of abortion for two or three months. 7. The intensity of the milk fever has often seemed to be proportionate to the extent and violence of the inflammation of the cervix. 8. There is also frequently inflammation of the vulva and vagina, as well as of the cervix.—*Rev. Méd.* 1858. T. 1, p. 159.

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, January 31, 1859.

PARIS, at the present time, seems to enjoy an extraordinary immunity from fever. In the hospitals, generally, it is extremely difficult to meet with a single case. In the Hôtel Dieu, which, from its proximity to the "bureau Central," is usually the first to be supplied with cases of fever, we have not encountered more than half-a-dozen for the last four months, and the other day we heard one of the Physicians state that such a scarcity of typhus had not been known for a series of years. Beds which formerly were occupied by fever patients are now for the most part filled with rheumatisms and erysipelas of a benign nature. What the cause of this may be, we do not presume to say; most probably, however, it may be accounted for by the peculiar condition of the atmosphere, caused by the unusual mildness and humidity of the season.

The much-vexed question, tubage of the larynx, as a substitute for tracheotomy in the treatment of croup, to which I have referred in some of my previous communications, and which has been discussed so keenly and so intemperately in the Academy of Medicine during several of its sittings of late, has at length been definitively disposed of, a large majority of the members having refused to accord to it their approbation. It is sincerely to be hoped that, while as a method of treatment, it has for the present been consigned to the "tomb of all the Capulets," the bitter feelings of animosity it engendered and the recriminations which it called forth among its partisans and opponents, have been buried with it.

At the meeting of the "Société de la Chirurgie," held on the 19th of the present month, among other papers read, was one by M. Richet, giving details of a case of death produced by chloroform. The patient was a man, aged 43 years, and was subjected to the influence of chloroform, with a view to the reduction of a dislocation of the shoulder-joint. All the usual precautions in the use of this agent were, or rather had been, according to M. Richet, rigidly observed. From 15 to 20 grammes (300 to 400 grs.) sufficed to bring about the state of anæsthesia; but before the operation was completed the patient had ceased to live. The most interesting peculiarity in the case consisted in the singular mode in which death took place. The pulsation of the heart ceased before the respiration, in other words, death had occurred at the heart before the lungs ceased to act, eight or ten inspirations having been distinctly remarked after the complete and entire cessation of the cardiac movements. In his observations on this case, M. Richet rejected the idea of asphyxia, no signs of which existed in the lungs. He further contended that death was not attributable to syncope, inasmuch as the usual precursory symptoms of syncope, to wit, paleness of the countenance, diminution and feebleness of the heart's movements, which in general precede their entire suppression, had not been observed. The steadiness of the pulse and of the heart's action had been, on the contrary, perfect up to the very moment at which they ceased all on a sudden. M. Richet was disposed to believe that death was due to a sort of general prostration, such as local paralysis of the heart; and this idea derived countenance from the fact that the organ, after death, was found flaccid and soft, and, at the same time, surrounded by a thick layer of adipose tissue.

Apropos of this paper, we may remark that there is a decided reluctance to the use of chloroform among the Surgeons in the French hospitals, arising, no doubt, from the numerous accidents which its employment here has been observed to produce; and, except in very serious operations, it is invariably dispensed with, unless it be specially

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desired by the patients themselves. We cannot shut our eyes to the fact that it is not only very clumsily used, but often without that amount of judgment and caution which such a powerful agent imperatively demands. Many of the accidents which do happen, it is to be feared, are to be attributed rather to its abuse than to its use, and if a little more care were observed in its exhibition I have not the slightest doubt that an increased confidence in its employment would be the result. It too often happens, as we have frequently had occasion to remark, that its administration is entrusted solely and entirely to the "internes" and the students, the Surgeon himself being, in the interim, occupied in making his preparations for commencing the operation. This would be all very well, provided the attention of the "internes" charged with this delicate matter were concentrated or confined exclusively to its effects on the patient; but, unfortunately, while the sponge saturated with the chloroform is held close to the patient's nose and mouth, all eyes are turned towards the movements of the operator's hand, and thus the physiological effects of the chloroform being overlooked, the patient may be asphyxiated, or lapse into fatal syncope some seconds before such an accident is observed. In other cases we have noticed the Surgeon, from a fear of the patient being overdosed, proceed with his operation when the state of anæsthesia was far from being complete, and the good effects of the chloroform have thus been interrupted. In many of the minor operations of a painful description, particularly those performed on parts of the body where the tissues are not dense, local anæsthesia is often had recourse to in preference to the use of chloroform. We had an illustration of this a few days ago at the Hôtel Dieu, in the service of M. Robert, in a case of onyxia. Anæsthesia of the toe was produced by the application of a freezing mixture, which completely suspended the vitality of the parts in the course of four minutes. During the extirpation of the nail, which was effected entirely by means of a "spatula," the patient did not exhibit any evidence of pain; no sooner, however, was the operation completed, than reaction suddenly set in, and his sufferings were most acute. Speaking of local anæsthesia, we saw the mixture recently recommended by M. Claisse, consisting of sulphuric ether and camphor, tried by M. Manec at the Hôpital "La Charité," previous to his laying open a somewhat extensive abscess situated over the abdomen. The solution was rubbed for some time over the portion of the abscess marked out for incision, but the result was negative, the patient giving the most indubitable evidence of pain the moment the bistoury came in contact with the skin.

We have seen recently a somewhat deep and painful fissure of the anus successfully treated by M. Trousseau, by means of injections of ratania administered several times in the twenty-four hours, together with the use of mild laxatives. It resulted from painful defecation, the bowels having been constipated for some days previously. The sufferings of the patient were intense, and lasted for fourteen hours consecutively. In reference to anal fissure, Trousseau denies the old theory, that it is produced by spasmodic action of the sphincter; on the contrary, he believes that it is most generally the result of irritation caused by the acrid discharges of the vagina finding their way to the anal mucous membrane, and completed during a state of constipation. Although spasm of the sphincter is almost an invariable accompaniment of this painful complaint, it can only, according to Trousseau, be regarded as an effect; in other words, the spasmodic action is entirely voluntary, and kept up by the patient in order to save herself the pain to which the irritable fissure gives rise, as is the case with a child who, when labouring under a chopped lip, purses up its mouth when it eats or laughs. M. Jobert adopts the same view as Trousseau; both condemn Boyer's method, which consists in the division of the fibres of the sphincter muscle, as altogether unnecessary.

It may be remembered by the readers of the *Medical Times and Gazette* that in one of its numbers published two or three months ago, allusion was made to a young girl, aged about 17, in the Hôpital "La Charité," who exhibited an extraordinary instance of enormous hypertrophy of the mammary glands. The circumference of the two breasts, it was remarked at the time, equalled that of the entire body. M. Manec, the Surgeon under whose care this patient is, seeing there was no remedy for this affection but the knife, resolved on their extirpation. The left breast was removed in the usual manner, about ten weeks ago, and weighed upwards of fifteen pounds. From the enlarged condition of the vessels supplying this enormous mass, the amount of blood lost during the operation was, as might have been expected, unusually great. The healing of the large wound was very rapid, and the patient speedily recovered. Three weeks ago the right breast was removed in the same way, and was found, after the operation, to weigh seventeen pounds, so that the combined weight of the two masses amounted to not less than thirty-two pounds. A section of the breasts showed simple hypertrophy of all the tissues. The wound remaining after the second operation is all but completely cicatrised, and the patient's health all that can be desired.

GENERAL CORRESPONDENCE.

MORTALITY AFTER CHLOROFORM.

LETTER FROM DR. FENWICK.

[To the Editor of the Medical Times and Gazette.]

SIR,—I was unwilling, two years ago, to reply to Dr. Arnott's observations upon my statistical tables upon the effects of chloroform on Surgical operations, lest I should weary your readers by prolonging the discussion. As, however, I observe in your last two numbers that Dr. Arnott has repeated his mis-statements, I must beg your permission to correct them.

Dr. Arnott affirms that the mortality of the Newcastle Infirmary would have been greater but for the enlargement and improvement of the Hospital; and adds that "he finds," by the Medical Register, "that since 1850 the Newcastle Infirmary has been enlarged to one-half more than its size at that time." The enlargement to which he refers was from 170 to 230 beds; but the new wards were not generally used until January 18, 1855, although a few patients were transferred into them in March, 1854. Now, as the cases in which ether or chloroform was used extended from January 12, 1847, to the beginning of the year 1857, the influence of the increase in the Hospital was, at most, for only two or three years out of the ten. Against this must be put the very crowded condition of the Hospital for the seven years before the building of the new wing; for, while there were only 150 beds in the period before the introduction of chloroform, the number had increased to 170 previous to the time when it was first exhibited. This part of the subject had not escaped my attention; and, finding that chloroform had not been generally given in cases of compound fractures of the leg, I grouped together all the cases of this accident during both periods. The average mortality proved to be nearly the same in both, showing that the greater or less degree of crowding of the wards could not have produced the difference in mortality observed after the Surgical operations.

Again, Dr. Arnott says that I have stated "that 17 in 100 of such amputations have been saved by chloroform," and continues, "I question if in the whole range of statistical reasoning a hastier or worse founded inference could be found, and yet a dozen such are contained in his paper." This is a very strange mistake on the part of Dr. Arnott, for the sentence to which he refers is as follows:—"It is plain from the above table, that, since the employment of chloroform, there has been a diminution of mortality; thus, in amputations of the thigh for disease there has been 5 per cent. less deaths, while after accidents 17 per cent. have been restored to health who formerly would have perished;" and lest my meaning should in any way be misunderstood, I summed up in the following words:—"But are we justified in attributing the increased success of the operations performed since the introduction of anæsthetic agents to their employment? I think not; for other circumstances, which also influence the mortality of operations, may have wholly, or in part, been the cause of the improvement; and the only way in which we can estimate the effect of one circumstance, such as chloroform, is by eliminating the effects of others." I hope what I have said will be sufficient to convince your readers how ill-founded are the observations of Dr. Arnott on "the extravagances" of which he accuses me in your number of last week; and I must add, that if Dr. Arnott does me the favour in future of allud-

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ing to any of my papers, that he will oblige me by quoting my words, and not give them the interpretation he chooses to put upon them.

I am, &c.

Jan. 25, 1859. SAMUEL FENWICK, M.D.

HOMŒOPATHY IN GLASGOW.

LETTER FROM HENRY YELD, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—I beg to forward you a copy of a resolution passed at a meeting of the Andersonian University Medical Society, held on Saturday last, the 29th of January, respecting a Dr. Gutteridge, of Leicester, an honorary member of this Society, who has embraced the practice of Homœopathy, and is Surgeon to a Homœopathic Dispensary in Leicester.

I am, &c.

HENRY J. YELD, Secretary.

Andersonian University, Glasgow.
February 1, 1859.

ANDERSONIAN UNIVERSITY MEDICAL SOCIETY, GLASGOW.—*President:* Andrew Anderson, Esq. M.D. Professor of the Practice of Medicine in the Andersonian University, and Assistant-Examiner in the University of St. Andrew's.

At a meeting of the above Society, held on Saturday, January 29, Mr. James Duncan, V.P. in the chair, Mr. Yeld read an extract from the Leicester journal in which Dr. Gutteridge advertises his Homœopathic Dispensary, and after making a few remarks, moved—

"That Dr. Gutteridge, having given up the legitimate practice of Medicine, by advocating and practising Homœopathic principles, his name be erased from the list of honorary members of this Society."

The motion was seconded by Mr. Gibb, and carried unanimously.

Mr. McGlashan moved that the foregoing resolution be orwarded to the Medical journals. Carried *nem. con.*

PHYSICIANS AND GRADUATES.

LETTER FROM DR. HUMBLE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Finding that in a leading article of this week you comment upon the exclusive privilege of the Colleges of Physicians to give their licentiates and members the rights and title of Physician as against the graduates of certain Universities; that you found your editorial remarks on a legal opinion, and that the arguments used by the author of the legal opinion are entirely one-sided—just such as would be used by an advocate retained by a College of Physicians,—I have to request you to allow me to place the matter before the Medical Profession in what I believe to be a more impartial and correct light.

In the first place, what is a Physician? I will not waste words by discussing whether the term implies a legally-qualified Practitioner in Medicine. Those who would dispute about the difference between the terms "Medicine" and "Physic" must sadly feel the weakness of their case. It is much the same as, in the case of a Surgeon, drawing a distinction between a man licensed to practise Surgery and one licensed to practise Chirurgery. It is at any rate true that a Physician is a person lawfully licensed to practise Physic. The Act 14 and 15 Henry VIII. in founding the College of Physicians says, in speaking of Physicians, "Such as shall be admitted to exercise Physic in them," and again, "That no person from henceforth be suffered to exercise or practise in Physic through England," etc. The Act 55 Geo. III. cap. 194, says, in speaking of Physicians, "Any Physician so lawfully licensed to practise Physic." The statute 17 and 18 Vict. cap. 114, in the indemnity clause of that Act, indemnifies graduates of the University of London for having "practised Physic as or under the description of Physicians or Practitioners of Physic," which before the passing of the Act they were not entitled to do, and licenses them to do so thereafter. But really it appears almost absurd to be obliged to quote from Acts of Parliament to prove that a person lawfully licensed to practise Physic is a Physician.

The great question at issue is—Whether at the time of the passing of the Medical Act there were any legal Physicians in this country besides those licensed by the College of Physicians, or whether only members of the College of Physicians were entitled to be called Physicians and to practise as such. Now, setting aside the general opinion of the Profession that graduates of Oxford, Cambridge, and London are Physicians equally with those licensed by the College of Physicians, let us see what the law says on this subject.

To save time it will suffice to quote from only a few of the leading Acts of Parliament on Medical matters. The statute 3 Hen. VIII. cap. 11, quoted by you in your leading article, refers to the examination of Physicians and Surgeons, and is entitled, "An Act concerning Physicians and Surgeons." It provides for their examination before a Board thereby constituted, to which you have referred; and the 3rd clause enacts, "Provided always that this Act nor anything therein contained be prejudicial to the Universities of Oxford and Cambridge, nor to any privileges granted to them."

The statute 14 and 15 Hen. VIII. cap. 5, is well known, and is the foundation of the powers of the College of Physicians. It was confirmed and explained by the 1 Mary, St. 2, cap. 9. It provides for the licensing of Physicians in England, and the following are the words of one of the clauses:—"And whereas that in Dioceses of England out of London, it is not light to find alway men able sufficiently to examine (after the statute (such as shall be admitted to exercise Physick in them, that it may be enacted in this present Parliament, that no person from henceforth be suffered to exercise or practise in Physick through England, until such time as he be examined at London by the said President and three of the said Elects; and to have from the said President or Elects letters testimonials of their approving and examination; except he be a graduate of Oxford or Cambridge which hath accomplished all things for his form without any grace." Here we have the right of graduates of Oxford and Cambridge to practise Physic *extra urbem* without the necessity of obtaining a licence from the College of Physicians.

The statute 55 Geo. III. cap. 194 (the Apothecaries' Act), enacts in the 5th clause: "And, whereas it is the duty of every person using or exercising the art and mystery of an Apothecary to prepare with exactness, and to dispense such medicines as may be directed for the sick by any Physician lawfully licensed to practise Physic by the president and commonalty of the faculty of Physic in London, or by either of the two Universities of Oxford or Cambridge," etc. . . . "be it enacted that if any person," etc. . . "any medicines, compound medicines, or medicinable compositions, as directed by any prescription, order, or receipt signed with the initials in his own handwriting of any Physician so lawfully licensed to practise Physic," etc. Here we have licentiates of the Universities of Oxford and Cambridge, specially designated as Physicians lawfully licensed to practise Physic just as licentiates of the College of Physicians.

The statute 17 and 18 Vict. cap. 114, intituled, "An Act to extend the rights enjoyed by the Graduates of the Universities of Oxford and Cambridge in respect to the practice of Physic to the Graduates of the University of London," enacts, "And whereas it is expedient that such and the same privileges relating to the practice of Physic as are enjoyed by Graduates in Medicine of either of the Universities of Oxford and Cambridge, by virtue of their degrees, or under any authority or licence now conferred upon them by either of the said last-mentioned Universities, should be enjoyed by the Graduates in Medicine of the University of London. Be it enacted," etc. "Every Bachelor of Medicine and Doctor of Medicine of the said University of London, shall, by virtue of his degree, and without the necessity of undergoing any further examination, or of obtaining any further authority or licence, be forthwith entitled to practise Physic as fully, effectively, and extensively, in all respects, as any Bachelor of Medicine, or Doctor of Medicine of either of the said Universities of Oxford and Cambridge, is entitled to practise by virtue of his degree, or under any power, licence, or authority, now conferred by either of the said last-mentioned Universities."

The next clause also expressly renders it lawful for Graduates in Medicine of London to be described as Physicians under the "Lunacy Act, 1853," and also under the Statute 16 & 17 Vic. cap. 96.

Thus, then, it is declared in the most explicit manner by a succession of statutes, that Graduates of Oxford and Cambridge,

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licensed to practise Physic, and Graduates in Medicine of London are entitled to certain powers and privileges, and it remains for your legal authority to show by what Acts of Parliament those powers and privileges have been abolished. If there is no Act depriving them of these privileges, it is perfectly clear that they are "Physicians lawfully licensed to practise Physic," notwithstanding the jealousy and ire of the Royal College of Physicians of London; and there can be little doubt that the "Medical Act" extends the power hitherto possessed by these Physicians of practising Physic *extra urbem* to that of practising equally legally in London and within ten miles thereof.

With reference to the remark that "University degrees can only be looked upon by law merely in the nature of testimonials, and nothing more, when rigidly scrutinised," I will not occupy your space with a discussion concerning the relative rank of Doctors and Physicians. Suffice it to say, that all who have studied the subject know well, and any one can ascertain for himself by consulting authentic Tables of Precedence, that Doctors of Medicine take higher rank than those who are only Physicians: the former ranking with, but taking precedence of, all other Esquires; the latter ranking only as gentlemen.

If the University of Edinburgh was authorised by law at the time of the passing of the Medical Act to license its Graduates to practise Physic by virtue of their degree in any part of Her Majesty's dominions, it is difficult to see how any doubt can exist that both Dr. Watts and Mr. Styrap are equally eligible to the office of Physician to any Infirmary, unless a bye-law of the Institution specially excludes certain classes of Physicians. The rule quoted of the Salop Infirmary appears to be intended to exclude such persons as M.D.'s of Erlangen, etc.

Apologising for the length of this communication,

I am, &c.

William E. Humble, M.D. (Lond.)

HOMŒOPATHY AT LIVERPOOL.

Letter from Dr. Cameron.

[To the Editor of the Medical Times and Gazette.]

Sir,—I presume that you will have received a report of the meeting of the Medical Institution held on January 28, at which a law rendering Homœopathists ineligible for membership was passed. I was requested by several members who objected to its enactment, to present on their behalf a protest, embodying the reasons which led them to oppose it. The majority of the meeting decided that it should not be received; consequently it was not read, nor will it be entered in the minutes of the meeting. As we are anxious that the grounds on which we acted should be permanently recorded, may I beg the favour of the insertion of the enclosed.

I am, &c.

17, Rodney-street, Feb. 1, 1859. J. Cameron, M.D.

In recording the following protest, those whose names are attached thereto beg to assert most emphatically that they disclaim all confidence in the doctrines of Homœopathy, a system which they believe to be erroneous in theory and inefficient in practice. They recognise the impossibility of acting in concert with those to whom they are diametrically opposed on fundamental doctrines, but do not consider that there is any inconsistency involved in meeting them at a society devoted to scientific inquiry; in which perfect freedom of opinion is equally essential to the discovery of truth and the refutation of error.

They protest against the enactment of the new law on the following grounds:—

1. That it is unnecessary; the existing code being amply sufficient to exclude or to expel from the institution those whose presence might compromise its professional character.

2. That it is unconstitutional, as being, in their opinion, opposed to the intentions of the founders of the institution, and to the conditions of the trust deed under which the property is held.

3. That it is inexpedient, since it confers on the Council a right of inquiry into the opinions and practice of members, which ought never to be granted to the governing body of any scientific association; and implies, on the part of the institution, a responsibility for the opinions of individual members, which, by the nature of the institution, does not and cannot exist.

4. That it is unjust, since it establishes a disability with regard to those whose practice is based upon a particular theory, and inflicts a penalty upon those who may hereafter adopt it, without there being in either case any proof of dishonourable conduct on the part of such individuals; thus furnishing the adoption of a scientific error, as though it were necessarily a breach of Medical ethics.

J. Cameron, M.D.; Thos. Inman, M.D.; F. D. Fletcher; John Sinclair, M.D.; Robert Gee, M.D.; Robert Hamilton; Alfred Higginson; P. Macintyre, M.D.; J. H. Wilson, Licentiate King's and Queen's College of Physicians, Ireland; Cuthbert Collingwood, M.B.; H. W. Slack; David Paterson; R. Hibbert Taylor, M.B.; Richard Hutchinson; Irving Whittle, M.D.; H. Imlach, M.D.; J. John Pope; James Hakes; W. L. Cocks, M.R.C.S. Eng.; J. B. Nevins, M.D.; J. Seaton Smythe, F.R.C.S. Ed.; J. P. Harris, F.R.C.S. Eng.; T. Grimsdale, M.R.C.S. Eng.; J. Newton, M.R.C.S. Eng.

THE NEW ARMY WARRANT.

[To the Editor of the Medical Times and Gazette.]

Sir,—Some remarks have been made in one of your late numbers on the recent promotions in the Army Medical Department; but it must be borne in mind that by the terms of the New Medical Warrant, the Director-General is to select from the whole body of Army Surgeons (whether Surgeons-Major or Surgeons only) those officers whom he considers most deserving by having shown superior talent and ability, in addition to having other qualifications essential for an administrative position. Mr. Alexander ought to be praised for carrying out the spirit of the new order of things; rules for his observance are distinctly laid down in the Medical Warrant; whether good or bad, they are now the law of the Department. Compulsory retirement for the executive rank at 55, and for the administrative at 65 years of age, will keep up a constant promotion, which will be sufficient for the interests of the Members of the Department.

The rule that all Surgeons must have served either in or with a regiment before becoming eligible for promotion to the rank of Deputy-Inspector, is a good one; for although a few individuals now will have their promotion retarded until they have so served, still it is highly necessary for the public good that a man who has to administrate, should have an intimate knowledge of the many subjects that will be referred to him; and which is only to be obtained in the responsible position of a regimental surgeon.

It will not do, I think, now-a-days, to advocate a seniority promotion; merit and ability must be the test; and if a mistake is now and then made, I feel certain it will be the exception and not the rule, as long as Mr. Alexander presides over the department. He has no easy task, and cannot please every one; but the Surgeons who have recently been promoted to the rank of Deputy-Inspectors are men of acknowledged merit and ability in the department, in addition to their claims for services in the Crimean and Indian wars.

No doubt many of their seniors have done good service; but that those seniors did not go through the Crimean and Indian campaigns, and that they may not have the administrative talents of those promoted, is their misfortune.

I am, &c.

M. D.

Examinations of Candidates for Military Medical appointments have lately taken place at Strasbourg, Lyons, Montpellier, Toulouse, and Paris; but they do not appear to have turned out satisfactorily. 11 doctors presented themselves for the Val-de-Grâce, and 61 students for the Strasbourg school. Only 38 of these were received. Of the 11 doctors only 4 passed muster. The *Moniteur des Hôpitaux* wants to know whether those who are not fit to treat the soldier are fit to treat the public in general, upon whom they appear to be let loose in this unsatisfactory state of knowledge.

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REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 25, 1859.

Sir C. LOCOCK, M.D. Bart. President, in the Chair.

A paper, by Mr. GEORGE POLLOCK, was read on

CASES OF DISLOCATION OF THE OS CALCIS AND SCAPHOID FROM THE ASTRAGALUS;

WITH REMARKS ON THE IMPORTANCE OF DIVIDING THE GASTROCNEMIUS AND OTHER TENDONS, TO FACILITATE REDUCTION IN VARIOUS DISLOCATIONS OF THE LATTER BONE.

A man was admitted into St. George's Hospital in 1843, under Mr. Keate, with the right foot and ankle much bruised, the sole everted, and a prominence on the inner side of the instep, apparently produced by the head of the astragalus, the os calcis and scaphoid being dislocated outwards. All attempts to reduce the dislocation failed; extensive destruction of the skin and suppuration followed, and the leg was amputated below the knee some weeks after. The os calcis and scaphoid, with the remaining bones of the foot, were found dislocated outwards on the astragalus, the upper surface of the latter not being displaced from the tibia and fibula. The head of the astragalus was lying internal to the anterior tibial tendon, on the upper and inner surface of the scaphoid; while the posterior inferior extremity of the astragalus was pressed into the groove on the upper surface of the os calcis. The man died two months after the accident.—A man was admitted into St. George's Hospital in August, 1858, under the care of Pollock. An extensive lacerated wound occupied the back part of the left leg. The left foot was very much distorted. There was slight bruising of the shin over the instep, and a considerable prominence of bone on the outer side. The foot was inverted, so that the sole was turned inwards, and the outer border was turned downwards. The internal malleolus was buried in the soft tissues by the side of the foot, but the external malleolus was very prominent. Attempts were made to reduce the dislocation, which was apparently that of the os calcis and scaphoid inwards upon the astragalus. Extension was made by drawing on the foot, the leg being firmly held, with the knee well bent; but no impression being made on the parts, Mr. Pollock decided to divide the tendo-Achillis; immediately this was done, reduction was effected with very slight extension. The patient had sustained other severe injuries, and was also suffering from delirium tremens at the time of admission. He died a few days after the accident, but the state of the foot remained quite satisfactory. The tendo-Achillis of the left foot was found divided about an inch and a half above its insertion. The bones of the foot were in their natural position. The slightest force sufficed to displace the os calcis and scaphoid from the astragalus, so as to allow the foot to turn inwards with the foot vertical. Whether the astragalus be dislocated from its upper and lower articular receptacles; whether it be dislocated inwards or outwards from the os calcis and scaphoid; or whether the dislocation be complicated with external wounds, every surgeon will allow that attempts at reduction are generally attended with much trouble, and are often productive of much mischief to the soft parts. Considering the difficulties of reduction, and the frequent mischief attendant on the means used, it appeared to the author desirable to attempt to modify these difficulties and the results of violent extension, by dividing the tendo-Achillis whenever any difficulty was experienced in the reduction of any case of dislocation of the astragalus. Dislocations of the astragalus may, however, occur in certain instances, in which no difficulties to reduction present themselves. Two cases, one occurring in St. George's Hospital, the other in St. Bartholomew's, under Mr. Paget, were recorded in illustration of this fact. Others, again, from the recorded experience of Mr. Shaw and Mr. Hancock, were quoted in illustration of the difficulty of reduction in mere dislocations, and in which two cases it was subsequently necessary to remove the bone, or a portion of it, the patient recovering in each case with a useful limb after protracted treatment. Sir Astley Cooper alludes, in his work on Dislocations, to the difficulties to be encountered in attempting to reduce dislocations of the astragalus, and recommends the use of pulleys, and the administration of tartarised antimony. In fourteen cases mentioned by him of dislocation of the astragalus, reduction by ordinary measures was only effected in three instances. A case in most respects similar to the second case related in this paper, and recorded by Dupuytren, was next quoted to show the partial benefit of repeated attempts at reduction as compared with the practice advocated in this paper. The author does not claim for himself the credit of being the first to suggest division of the gastrocnemius tendon in these dislocations. Mr. Turner says, "tenotomy may be regarded as a means of facilitating reduction, and in this point of view the practice is justifiable." Mr. Pollock had not seen these observations when he first determined to put in practice division of the gastrocnemius tendon in cases of dislocation of the astragalus. He considers himself fortunate in having his ideas strengthened by the suggestion of such an authority, and more than satisfied that the practice which so completely succeeded subsequently in his hands had already been alluded to by a Surgeon of such experience as Mr. Turner. Mr. de Morgan's paper, (in the 33rd volume of the Society's "Transactions,") on the Section of the Gastrocnemius Tendon in certain Cases of Fracture of the Bones of the Leg, was next alluded to as confirmatory, in a great measure, of the view taken of the importance of dividing the tendon in dislocations of the astragalus, whenever the slightest difficulties are experienced in attempts at reduction. In the first volume of the third series of "Guy's Hospital Reports" is an account of several cases under Mr. Cock, Mr. Birkett, and Mr. Poland, of fractures and of dislocations about the ankle, in all of which the gastrocnemius tendon was divided. The treatment of these cases in every respect confirms Mr. de Morgan's views, and they also in most respects bear upon the author's proposal. Most dislocations of the astragalus, Mr. Pollock believes, are to be reduced by gentle extension subsequent to division of the gastrocnemius tendon; but he thinks there are some exceptions to this rule, and in these cases he expects that division of the tibialis postious tendon becomes necessary. In dislocations of the os calcis and scaphoid inwards on the astragalus, he believes divison of the tendon will always enable reduction to be effected; but in dislocation of the os calcis and scaphoid outwards, with the head of the astragalus projecting inwards, it sometimes happens that the tendon of the tibialis posticus is thrown in front of the neck of the astragalus, and thus fixes that bone between the tendon and the inferior calcaneo-scaphoid ligament. In such instances the division of the gastrocnemius tendon may be necessary; but the division of the posterior tibial is essential to successful reduction. A case illustrative of this displacement is recorded by Broca, and reported in the *Clinique de Marseille* in October 1842. The posterior tibial tendon was divided before reduction could be effected. Mr. Birkett favoured the author with the notes of a second case, in which he divided the gastrocnemius first; but not being able to reduce the dislocated bone, proceeded to remove the astragalus. He experienced some difficulty in the operation, until he divided the tendon of the tibialis posticus which was lying in front on the neck of the astragalus. Subsequent to the division, the bone was readily removed. Mr. Poland also furnished notes of a case that occurred at Guy's Hospital, in which all attempts at reduction failed; subsequent sloughing exposed the dislocated bone, and the patient died within a few days. The tendon of the tibialis posticus was found running in front of the neck of the astragalus. In the third volume of the *Bulletin de la Faculté et de la Société de Médecine* a case is reported of dislocation of the astragalus, in which all attempts at reduction failed, until the anterior and posterior tibial tendons were divided. The figures in the table appended strongly point to the very serious character of dislocations of the astragalus, unless reduction be effected, and by gentle means. The author trusted, therefore, that he was not too urgent in his endeavour to impress upon the Society and the Profession generally the advantages to be derived from division of the tendons in all dislocations of the astragalus, if simple extension fails in the hands of the Surgeon. The following appeared to him to be the

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most reasonable rules to guide us in our practice:—1. In all simple dislocations of the os calcis and scaphoid inwards upon the astragalus, in which moderate extension fails to effect reduction, the gastrocnemius tendon should be divided. 2. In all simple dislocations of the os calcis and scaphoid outwards on the astragalus, if moderate extension fails, the gastrocnemius tendon should be divided. If this be not sufficient to allow of reduction by gentle extension, then division of the posterior tibial tendon must be had recourse to. 3. In compound dislocations, not reducible by gentle means, division of the tendons which interfere with reduction should be performed, rather than that the astragalus be at once removed. 4. In compound dislocations with fracture of the astragalus, the gastrocnemius tendon may be divided, although it may be desirable to remove entirely or partially the fragments of bone.

Mr. Pollock begged, in conclusion, to remark, that too much must not be expected from the division of the tendons necessary to the reduction of these dislocations. He expects that it will assist, usually and materially, to facilitate their reduction. He does not anticipate that it will, to any great extent, modify or affect the subsequent treatment and progress of severe cases of compound dislocation with fracture; but believes it will materially diminish the mischief to the soft parts which is now apt to follow severe handling, or the application of pulleys in attempts at reduction.

A table was appended to the communication, giving an analysis of the nature of the accident, the treatment, and result, in 55 cases of simple and compound dislocation of the astragalus.

Mr. Hilton said it had probably not fallen to the lot of any one Surgeon to see many of these cases. In the cases alluded to scarcely any reference had been made to the means now usually employed to reduce muscular force as an antagonistic to the power of reduction—he referred to the use of chloroform. It was quite probable that in Mr. Pollock's case the bone would have been reduced if chloroform had been administered. The man, however, was suffering from delirium tremens, and the administration of chloroform was not considered judicious; but, could it have been safely given, the reduction would have been as well effected in that way as through the medium of the knife. A case supporting that conclusion occurred some time since to himself. A gentleman had met with an accident, while jumping, which caused a dislocation of the astragalus inwards. An effort made to reduce it without chloroform was unavailing, but when chloroform was administered, the muscles were completely relaxed (the gastrocnemius amongst others), and reduction was effected without much difficulty. If he had not succeeded, he had made up his mind to divide the tendo-Achillis. He thought the author had gone rather too far in saying that all the cases which had been alluded to as dislocations of the astragalus ought to be considered as dislocations of the scaphoid and the os calcis from the astragalus, leading to the inference that the astragalus was never displaced from the tibio-fibular articulations. He had no doubt that dislocation of the astragalus had actually occurred; indeed, if it were not so, one could scarcely see the advantage of dividing the tibialis posticus tendon. In the drawing laid before the society, the dislocation of the astragalus was complete. The under surface presented inwards, and the head projected forwards and inwards: yet there was no evidence of the dislocation of the os calcis and scaphoid from the astragalus, but the astragalus was dislocated from the tibio-fibular articulation, and also from its natural relation to the os calcis.

Mr. Holmes Coote agreed with Mr. Hilton in thinking that it rarely happened to a Surgeon to see many of the cases in question. During twenty-eight years he remembered only one hospital case (which was doubtful), and one in private practice: that of a lady who fell from a carriage and had dislocation of the foot outwards, in which case the astragalus was dislocated from the os calcis and the scaphoid. Reduction was effected without difficulty, but sloughing afterwards took place, and the astragalus was removed, leaving a large gaping wound, from which the patient ultimately recovered. In many of the instances of very severe injury to the foot, it was true the astragalus left the articulation with the foot, but the amount of damage was such as rather to raise, in his own mind, the question of immediate amputation. Mr. Pollock had mentioned instances of dislocation of the foot backwards, in which the tendo-Achillis was divided. He (Mr. Holmes Coote) had seen many such cases, and he believed that the division of the tendo-Achillis might be effected immediately or afterwards with equally good results. His opinion was that they ought rather to consider the amount of injury to the foot than the mere dislocation of the astragalus; the escape of the bone from the cavity which received it, constituting, as he believed, but a minor amount of the injury.

Mr. Pollock agreed with Mr. Hilton as to the importance of administering chloroform before having recourse to the division of tendons; and he should have administered it in the case he had detailed but that the patient was so insensible that he did not feel the puncture of the knife through the skin. After the tendon had been divided he was surprised at the ease with which the bone slipped into its place. He did not say that the entire dislocation of the astragalus from all its articular surfaces never occurred; but he considered it as about the rarest of all dislocations affecting the astragalus. He had specially mentioned that such cases were on record; but they were far from being cases of every day occurrence.

The Society then adjourned.

LEGAL INTELLIGENCE.

(*From the Times.*)

THE QUEEN *v.* STORRAR.

In this case a rule had been granted calling upon Dr. Storrar to show cause why an information, in the nature of a *quo warranto*, should not be exhibited against him, to show by what authority he exercised the office of member of the Medical Council of the University of London.

The Attorney-General (with whom was Mr. Welsby) now appeared to show cause against the rule, and said Dr. Storrar had been appointed by the Senate of the University, which consisted of a Chancellor, Vice-Chancellor, and Fellows; and the question intended to be raised was whether the members of the Medical Council were to be elected by the Senate only, or by the Senate in conjunction with the Graduates of the University. The question turned on the construction to be put on the terms of the last charter, and the only doubt he (the Attorney-General) had was whether the question ought to be argued now, or whether it was of sufficient importance to be argued on a return to the writ.

Lord Campbell thought the question was of very great importance to all the graduates of the University of London, which had already become a very distinguished body.

The Attorney-General said the question was certainly one of great moment, and if their Lordships thought fit the question should be raised on the record.

The rule was accordingly made absolute.

Mr. Edward James, Q.C., and Mr. Littler appeared in support of the rule.

Lord Campbell said the Court would give every facility for having the question heard and disposed of at the earliest opportunity.

Rule absolute.

MEDICAL NEWS.

Royal College of Surgeons.—At a meeting of the Court of Examiners on the 2nd inst. the following gentlemen, who had been examined on the 25th ult. and three following days, were declared to have passed their first, or anatomical and physiological examination:—

Adams, M. A. Margate.
Andrew, James, Whitby, Yorkshire.
Anderson, Alfred, Manchester.
Armstrong, J. C. Gravesend.
Ash, William, Chelsea.
Atwell, G. H. Kensington.
Bampfield, Samuel, Falmouth.
Batho, R. Aylesbury.
Barnes, W. C. G. Newbury.
Blaker, E. S. Lewes.
Blennerhassett, R. H. Tralee, County Kerry.
Board, E. C. Burnham.

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Bowen, David, Haverfordwest.
Bowstead, R. M. Caistor.
Bucknill, Ebenezer, Chelsea.
Buck, H. J. Norwich.
Bromley, C. H. Woburn-place.
Brunton, L. B. Limehouse.
Callon, W. J. Liverpool.
Candy, J. Holloway.
Comley, J. M. High-street, Whitechapel.
Colbeck, T. W. Kensington.
Copp, H. B. P. Kimbolton.
Cooper, G. F. Caversham.
Davies, P. E., Grassmount.
Drury, John Thomas, Doncaster.
Emanuel, Leonard, St. John's-wood-place.
Farr, G. F. Lewisham.
Fennell, Charles, Upper Charlotte-street.
Felce, Stamford, Huntingdon.
Foulkes, F. Swindon.
Fox, C. H. Bath.
Galton, J. H. Brixton.
Gooding, J. C. Barbadoes.
Griffiths, A. L. Eden-place, Old Kent-road.
Hadwen, A. St. J. Waterloo-road.
Harris, J. C. Chipping Norton.
Harrison, George, Grosvenor-street.
Herbert, B. H. Edgbaston.
Hewlett, R. W. Harrow.
Hide, John, Brighton.
Horsley, Henry, Croydon.
Hunt, Thomas, Alfred-place.
Jones, Robert, Manchester.
Kirby, T. C. Bodicote.
Kitchener, Thomas, Trinity-square.
Litchfield, H. R. C. Twickenham.
Lee, L. J. Devonshire-square.
Lloyd, David, Pennybank, Carmarthen.
Lowish, William, King's College.
Martin, T. H. Merthyr Tydfil.
Marsh, H. T. Upton-on-Severn.
Matthews, C. S. Carey-street.
May, J. H. S. Plymouth.
Maskelyne, G. H. Farringdon.
Meredith, Spencer, Bayswater.
Miles, Rees, Merthyr Tydfil.
Mitchinson, C. C. St. Bartholomew's.
Miller, Thomas, Boyton.
M'Morris, R. J. Camden-town.
Ormerod, William, Bristol.
Parker, C. R. G. Torquay.
Parkes, Thomas, Woolwich-common.
Pell, W. N. Portugal-street.
Pollock, A. J. Guildford-street.
Powell, William, Macclesfield.
Rigby, J. M. Chorley.
Roberts, C. Darlington.
Ryall, W. T. Plymouth.
Simmons, Benjamin, Tunstall, Staffordshire.
Starke, A. G. H. Honiton, Devon.
Staddon, J. H. Bengal-place.
Stedman, J. H. Norwich.
Thompson, Herbert, Westerham.
Thompson, Abraham, Sandford.
Turner, Charles, Sussex-gardens.
Turton, Frederick, Wolverhampton.
Ubsdell, H. Argyll-street.
Utterson, E. V. Winchester.
Warner, J. Leighton Buzzard.
Wallis, R. S. Aston.
Walker, G. C. Everton.
Watts, T. H. Hampstead.
Wither, P. O. B. Basingstoke.
Wickham, William, Tutbury.
Woods, F. H. Northampton.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of Medicine and received certificates to practise, January 27, 1859 :—

Buckley, James, Manchester.
Harris, William James.

APPOINTMENT.

Dr. Markham has been elected Physician to the Equity and Law Life Insurance Society, the office having become vacant through the death of Dr. Scott.

DEATHS.

Langley.—We are indebted to the *Bedford Times* for the following account of a veteran country Surgeon:—Mr. Edward Langley, so long regarded with veneration by those who knew him, and who has so long had the designation of the "oldest inhabitant" in this town, died on Wednesday last, at his residence in St. John-street, in the 96th year of his age. We cannot think of the event without emotion, as it is the separation of the link which connected the present generation with a most important period of British history. He was educated for the Medical Profession, and set up in practice at Risely in this county. At that time the roads in the cold clay district, as he has often described it, were impassable for vehicles in the wet season, and it was impossible to ride from parish to parish except on horseback. Having a large and wide-lying practice, Mr. Langley was frequently in the saddle from early morn till late in the evening, with the occasional intervals of calling upon patients; often wet through, then riding fast to get dry again. He gravely added one day, when describing this hard work of his early days, that he never was sufficiently careful of himself; and that had he been more cautious about his own health he would probably have lived to be a very old man: he was always under that impression. Mr. Langley's family has been most remarkable for longevity. Some years ago, while listening to the recital of some of his earlier experiences, we made some memoranda, from which we now quote the notice of the extraordinary fact that his mother attained the age of 105 years, and that her father was 103 when he died, and her grandfather lived to be over 100 years of age. Nor was it alone his mother's side that was long lived. His father was 93 years old at the time of his death, and it was a tradition in the family that several of his predecessors had lived to ages when those of "three score years and ten" were considered young in comparison with them.

Peirce.—Suddenly at Tullamoore, on the 29th ult. George Peirce, Esq. F.R.C.S.I., Surgeon to the King's County Infirmary. It is only about two months since we were called on to record the death of Mr. Peirce's second son, Dr. George Peirce, the active and popular Medical attendant of the Banagher Dispensary. Mr. Peirce held the Surgeoncy of the County Infirmary for, we believe, about forty-three years, and was one of the most influential and respected inhabitants of the town in which he resided. Only three days before his decease he attended the funeral of the late lamented Earl of Charleville. The removal within so short a period of each other of two of the most prominent inhabitants has caused a deep feeling of depression and regret throughout Tullamoore and the surrounding district, Pitcairn.

Mr. Brodie, Professor of Chemistry at Oxford, will deliver twelve lectures in the Museum during this term.

M. Melsens has been engaged in some interesting observations relative to nicotine. From his experiments it results that nicotine may be discovered in the body long after death; that slow putrefaction at a low temperature, and when the body is excluded from the air, does not destroy it, so that the chemist may always hope to find this poisonous matter in the body even at very distant periods after death.

The conclusion of a memoir on the Sympathetic Nerves of the Articulata, by M. Blanchard, is this :—"From all the facts known concerning the nervous system of the articulata, we may say: That there are nerves of special sensibility, which arise in the brain; mixed nerves, sensory and motor, springing from the encephalon and the ganglionic chain; a nervous system attached to the anterior portion of the digestive canal, to the respiratory organs, and the principal parts of the circulatory apparatus, and fulfilling the functions of the pneumogastric nerves; and lastly, a true great sympathetic accompanying the ganglionic chain its whole length."

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DEATHS IN THE ENGLISH NAVY IN 1856.—9 men were killed in action with the Chinese; 61 were killed or died of accidental wounds and injuries; 87 were drowned; 14 committed suicide; and 1 was frozen to death;—making a total of 172 deaths. The number of deaths from disease amounted to 629, or 12·1 to each 1000 of mean force. The mortality from all causes was 15·5 to the 1000 of mean force. The most fatal disease was fever, from which there were 199 deaths; 130 being cases of yellow fever.

A VERY SLOW POISON INDEED.—A lady (resident of Linfield) having lately placed herself under Homœopathic treatment, was, of course, supplied with a bottle of the well-known globules, about 200, with directions to take "two" for a dose. One of her children obtained possession of the bottle last week, and swallowed the whole of the contents, which, of course, created alarm in the family; but, up to the present time, the globules have taken no effect.—*Brighton Examiner.*

COMMISSIONS and Commissioners are not appreciated in the outlying parts of Turkey. The Medical Commission despatched by the Porte to Benghazi has been ill-received by the citizen Arabs, who have even attempted to assassinate them. The Physician sent by the Pacha to Olega had to take to his legs to save his life; and even the Turkish troops forming the *cordon sanitaire* around the town have been attacked by these wild gentlemen of the desert. The Commission, however, sticks to its post; and in the meantime writes to Constantinople for fresh orders, for help, and for a new governor of Benghazi,—M. Mahmoud-Bey being very indifferent to the orders of his master.

TESTIMONIAL TO MR. FOWLER, OF BATH.—A desk and inkstand have recently been presented to Mr. R. S. Fowler, Physician's Assistant at the Bath Hospital, as a recognition of his services during a recent epidemic of small-pox. The following are the inscriptions:—"This clock, with a silver inkstand and purse of gold, was presented at a public meeting at the Guildhall, by the working classes of the city of Bath, to Richard Sumner Fowler, Esq. M.R.C.S. of the United Hospital, for his skill and kind attention to the sick generally, and particularly during the epidemic of small-pox in the year 1858.—January 18, 1859." Such acknowledgments of Medical services are very encouraging.

MEDICAL ELECTRICITY.—There is to be a special service established in all the chief military Hospitals of France for the employment of electro-therapeutics. This is by the order of M. le Marechal Vaillant, Minister of War. The Council of Health is to give the necessary instructions for its proper use; and six-monthly reports of cases treated thus are to be sent in to the Council. These reports will be very interesting; for we have no definite facts of any great extent by which to test the real value of electricity in diseases generally.

SURGICAL TATTOOING.—Professor Schuh, of Vienna, recommends tattooing in certain anaplastic operations of the lips. He employed this proceeding in the case of a young girl whose upper lip was formed from the skin of her arm, and had not in eighteen months gained the normal redness of the lip. Ten to twenty needles, each surrounded with silk, are united into a bundle, they are then dipped into a liquid of vermilion, and pricked into the lip, until it takes a natural vermilion colour. On account of the small sensibility of the new lip, the operation is not painful.

NEW WAY TO PAY OLD MEDICAL DEBTS.—During the last month, M. le Dr. Beauvais claimed of Le Sieur Fuzelier, 21 francs as fees due to him. Whereupon the Sieur abuses him in the face of his clients with injurious language, and followed up his words with a blow which broke the bones of the Doctor's nose, "and might have been followed with serious results." M. Beauvais to all this replies with moderation only, "notwithstanding that he might legitimately have answered with a deadly weapon." He preferred his case, more wisely, to the wisdom of justice, which condemned Le Sieur Fuzelier to 8 days of prison, 200 francs fine, and 100 francs damage.

M. BERNARD has discovered a new function of the placenta. "It is destined to perform the glycogenic office of the liver during the first periods of fœtal development, before the liver has acquired its full and complete structure. The function is performed in the glandular or epithelial element, which is found in certain animals to be mixed up with the vascular part of the placenta; in the ruminant class this epithelial element exists separate from other parts, and so as to form plates of an epithelial character on the amnion. No doubt every observer has noticed these, but their signification has been hitherto misunderstood."

COUNTY AND CITY OF CORK MEDICAL CLUB.—The Medical Practitioners of Cork have, in addition to a "Medical and Surgical Society," and a "Medical Protective Association," just organised a "Medical Club," and fitted up a handsome and comfortable room in the "Royal Cork Institution," where the several Medical periodicals, and books of reference suited for men in practice, will be at all times available. Besides, the room will be a rendezvous for Medical men, where they can meet socially, interchange opinions, write letters, and make appointments. The club will be of great advantage to rural practitioners living at a distance, as they are admissible at an almost nominal subscription. Such institutions must prove useful, and we wish that they were more extended throughout the kingdom.

M. CL. BERNARD'S observations on the Nervous System lead, among others, to these conclusions: That the section of nerves of sense produces diminution of temperature in the parts they supply, as well as loss of sensibility; that section of motor nerves equally produces diminution of temperature, as well as loss of movement; that section of the sympathetic, which causes loss neither of motion nor abolition of sensibility, induces a marked increase of heat; that section of a mixed nerve, containing motor, sensory, and sympathetic filaments produces paralysis of movement and sensibility, and increase of heat. This increase of heat is always accompanied by increased vascularity of the part. Galvanising the great sympathetic always causes a rapid cooling of the part—a condition exactly opposed to that induced by its section. The increase of heat after section of the nerve is accompanied with, 1, an evident increase of the pressure of blood in the capillaries; and 2, very important modifications in the physical characters of the blood traversing the part.

RESIGNATION OF MR. BAKER BROWN.—The following paragraph appears in a Sunday newspaper, the *Observer*:—"At a meeting of the weekly board of Governors of St. Mary's Hospital, held on Friday, the secretary read a letter from Mr. I. Baker Brown, conveying his resignation as Surgeon-Accoucheur to the Hospital, and Lecturer on Midwifery in the Medical school attached to the theatre. The communication was received with deep regret by the members of the board, as Mr. Brown was a most efficient and attentive officer of the Institution, and it is to his energy and perseverance, associated with a few others, that the neighbourhood of Paddington is mainly indebted for the existence of this noble charity. The demands of private practice in the special department of his Profession, which has earned for him a distinguished position among his brethren, has compelled Mr. Brown to resign his post at St. Mary's. He still, however, continues to perform the duties of principal Surgeon to 'The London Home,' a Hospital specially established for the treatment of the diseases of women, at Notting-hill."

SIMULATED DISEASES AMONG PRISONERS.—Some simulate so pertinaciously that they succeed in tiring out the authorities of the prison. There is now one very remarkable case of this kind, that of a man sentenced to eighteen months' hard labour, who from the time he came into the prison has pretended to have lost the use of his limbs, and who, in consequence, lies alone in his cell night and day. The Surgeon advised the Visiting Justices that he had no doubt of the prisoner being in perfect health, and on examination they were of the same opinion. They were, however, unwilling to sentence him to corporal punishment until he had been examined by another Surgeon, and Mr. George Fergusson was called in, and he reported that he could see no symptom of any ailment about him, and that he simulated very badly. He was thereupon ordered to be flogged, but that had no effect, and he continues in the same condition night and day, lying either on the floor or upon an iron bedstead. He has thus fairly beaten the authorities, who are unwilling to repeat the corporal punishment, although perfectly satisfied that he is imposing upon them; at all events, his prospects for the next eighteen months are not

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very cheering, and it would seem that he is rather making his sentence more disagreeable than it need be. He is clearly a foreigner, from his accent, though he persists that he comes from Aberdeen.—*Report to Middlesex Magistrates.*

BLEEDING flourishes in Piedmont. In most of the towns, and even of the villages, there exists a race of phlebotomists, who cut hair and bleed at so much per head per annum. This phlebotomic barber generally has the start of the doctor, being the first called to the patient; the consequence of which is that the doctor is obliged to order a bleeding—for, if he don't, the barber won't call him or allow him to be called in.

HOW DOCTORS ARE REWARDED.—Some little interest is at present excited on the difference between the Board of Guardians and the Sunderland Medical officer, and much discussion, both in the Board and out of it, has arisen on the legal and moral obligations of doctors to attend cases when called upon. The following case illustrates how this meritorious class of men are sometimes rewarded for attending to their moral and legal obligations. One night, Dr. Parker, a respectable Medical gentleman of the town, was called up to attend a policeman who had been nearly murdered at Tunstall. He took a cab and drove off to the place, a distance of two or three miles. He dressed the wounds of the man and took him home in the cab. He attended upon the man at his residence, out of the town, until he recovered. He paid 16s. for cab hire, and charged three guineas for his attendance. The bill was sent to the chief of the county constabulary force, and it was not even acknowledged. From an indirect source, Dr. Parker learned that they objected to pay him, because the policeman left the force afterwards!

THE NATIONAL GALLERY OF IRELAND.—The first stone of the above institution, which is intended as a permanent mark of respect and gratitude to Mr. William Dargan, to whose spirited and liberal patriotism the Irish public were indebted for their Great Exhibition of 1853, he having personally undertaken the responsibilities connected with the enterprise, was laid on Saturday, the 29th of January, in Leinster Lawn, Merrion-square, by his Excellency the Earl of Eglinton and Winton. It is intended that the building shall contain not only a national collection of works of art, but also the public library bequeathed to the citizens in 1694, by Dr. Narcissus Marsh, Archbishop of Dublin, ancestor of Sir Henry Marsh, Bart. When completed it will, with the buildings of the Royal Dublin Society, including their new Museum and their recently erected and splendid Agricultural Hall, form one of the principal ornaments of the Irish metropolis, already remarkable for the beauty of its public edifices. Though in recording these matters we may, perhaps, somewhat exceed our proper limits, we do not hesitate to notice them, convinced that such indications of mental progress and social advancement must always be interesting to the members of a liberal and enlightened Profession.

M. TROUSSEAU, in speaking of the convulsions which occur in measles, says: "The intervention of the Doctor has often much to do with the fatal result of the spasms. The patient's friends are all frightened; they send in all directions for a doctor, the doctor arrives only at the end of the crisis, loses too often his *sang froid*, and then commits mistake upon mistake. First of all, he applies leeches behind the ears; and if he has to deal with an infant 2 or 5 years old, he begins by making it exsanguine—placing it in the best possible conditions for the return of the accidents which he is combating. This system of bleeding and cold effusions, murderous as it is, is perfectly in accordance with the ideas of people of the world—always so ready to argue on Medical matters—and consequently the practitioner is too ready to fall in with it."—*Clinical Lecture.*

BOOKS RECEIVED.

The History of Prostitution. By W. W. Sanger, M.D. London and New York: 1858.

The Philosophy of Voice and Speech. By James Hunt, Ph.D. London: 1859. 8vo, pp. 422.

Miscellaneous Papers on Mechanical Subjects. By J. Whitworth, F.R.S. London: 1858.

The Healing Art the Right Hand of the Church. By Thompson. London: 1859.

On Medicine and Medical Education. By W. T. Gairdner, M.D. Edinburgh: 1858.

On the Operations for Strangulated Hernia. By J. H. James, F.R.C.S. London: 1859.

Journal of the Workhouse Visiting Society. January: 1859.

The People in the Cathedral. By J. Pittman. London: 1859.

Physic and its Phases. 2nd Edition. London: 1858.

Hospital Instruction. By J. M. O'Ferrall, M.R.I.A. Dublin: 1859.

The Origin and Propagation of Certain Epidemic Diseases. By T. H. Barker, M.D. London: 1859.

Expositions of Rational Medicine. By J. Bigelow, M.D. Boston: 1858.

Biographical Sketch of Dr. W. Stroud. By T. Hodgkin, M.D. London: 1858.

The Law of Lunacy. By J. G. Davey, M.D. Bristol: 1858.

Chloroform as an Anæsthetic in Natural Labour. By T. Skinner, M.D. London: 1859.

The Use and Abuse of Tobacco. 8th Edition. By John Lizars. Edinburgh: 1859.

VITAL STATISTICS OF LONDON.

Week ending Saturday, January 29, 1859.

BIRTHS.

Births of Boys, 1013; Girls, 967; Total, 1980.
Average of 10 corresponding weeks, 1849-58, 1651.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	670	659	1329
Average of the ten years 1849-58	563·1	598·9	1162·0
Average corrected to increased population	...	...	1278
Deaths of people above 90	...	...	3
Deaths in 15 General Hospitals	33	27	60

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	2	10	7	2	4
North....	490,396	4	9	28	12	4	13
Central ..	393,256	5	4	21	17	4	6
East	485,522	3	5	16	15	3	13
South	616,685	2	4	38	11	3	9
Total ..	2,362,286	15	24	113	62	18	45

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·669 in.
Mean temperature	43·7
Highest point of thermometer	51·7
Lowest point of thermometer	33·9
Mean dew-point temperature	39·4
General direction of wind	S.W.
Whole amount of rain in the week	0·21 in.
Amount of horizontal movement of air in the week ...	450 mile

TO CORRESPONDENTS.

Mr. Bury.—We do not remember to have received any such contributions.

Mr. Armstrong.—Many thanks for the suggestion.

Dr. Wright's letter on Arsenical Paper Hangings shall appear next week.

L.S.A.—1. Not unless a Member of a College of Surgeons, if the strict letter of the Act be adhered to.—2. Yes.

H.S. A Subscriber.—It is to be expected that the Medical Act will alter the qualification for Poor-Law appointments, as regards the single and double qualification.

ERRATUM.—In line 15 of Dr. Hillier's article last week, for "the anglicised form of it, diphtheria," read "the anglicised form of it, diphtherite."

ERRATUM.—After Mr. Hunter's letter on "Apnœa from Chloroform," in the signature there is an omission of the word *House*—so that he appears as *Surgeon* to the Hospital instead of *House-Surgeon.*

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An important paper by Mr. Redfern Davies of Birmingham, on the Radical Cure of Femoral and Ventral Hernia, will appear as soon as the wood-cuts are ready; probably in our next number.

A Naval Surgeon.—The comparative scale shall be published next week. We have good reason to believe that the rank and pay of Naval Surgeons will very soon be made equal to that of their Army brethren, and have also found that it is unadvisable to run the risk of exciting obstinate opposition by public agitation at present.

A Young Surgeon.—The Examination for Assistant-surgeoncies in the army is now a competitive one; the next will take place about the 21st instant, when a few commissions will be competed for. No one can now be admitted into the service who is beyond 25 years of age. The following are the subjects of Examination:—Translation of Celsus; Anatomy; Surgery; Practice of Medicine; Midwifery; Chemistry; Botany; knowledge of Drugs from Specimen doses and Pharmacopeial preparations; writing Prescriptions; Hygiene. A further Examination in Operative Surgery takes place when the candidate is sent to Chatham.

A Subscriber to the Medical Times from its commencement.—1. The stream of water by means of which Dr. Small's gums were frozen, was not a stream of pure water, but one produced by the solution of the freezing mixture (of ice and salt) described in the same lecture as that in which the dental operation is referred to. 2. Carbolic acid is one of the products of the distillation of the oil of coal tar, and has a great resemblance to creosote, with which it has many properties in common, such as the power of dissolving indigo, coagulating albumen, and preventing the putrefaction of animal substances. The carbolite of lime is, of course, the salt which is formed by the combination of lime with this organic acid. McDougall's Disinfecting Powder contains five per cent. of this salt, the bulk of it consisting of sulphite of lime and sulphite of magnesia. 3. The Infusion of Buckeri is a misprint for Bucku, or as it is variously spelt Buku, Bookoo, Buchu, the name given in the shops to the leaves of several species of Barosma.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I have a patient aged 35—with well-developed testes, of ordinary size, but flaccid penis—general health very good. He is married and very desirous of having a family. All the usual tonics and stimulants, such as Iron, Bark, Cantharides, Strychnine, Galvanism, &c. &c., have been tried, but in vain, to produce seminal discharge. There is some venereal appetite, but feeble. Can any of your readers suggest a further line of treatment than has been adopted by

A. Z. Birmingham.

PERINEAL SECTION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The statement of Mr. Syme, "that he performed no operation on the urethra except passing a full-sized bougie through it," and that of Dr. Hunter that the "patient did not die of the operation commonly known as the Perineal Section," I at once admit settles the question that this was not the operation performed; and I regret that in this case any inference should have been drawn prejudicial to Mr. Syme's operation for stricture.

As Dr. Hunter, however, did certify that the cause of death was "Fever consequent on operation for urinary fistulæ," this case is suggestive of a point of great practical importance that the precise nature of all operations should be unmistakeably reported in Medical certificates, in order to prevent misconception, for the Profession is still left ignorant as to what the operation was, which in this case was performed.

5, Eastfield, Leith, Jan. 31, 1859. I am, &c. JOHN RENTON, M.D.

Dr. R. T. CORBETT'S LITHOTOMY INSTRUMENT.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—When I first read Mr. W. B. Hilliard's letter to you in to-day's Gazette, my intention was to rest satisfied with my vindication contained in your Journal of last week; but there is such untruthfulness in his statements, and sophistry in his writing, that I shall trouble you again by your insertion of the following remarks.

To commence with the title he gives his letter, "Earle's curved double Staff for Lithotomy adapted to the Rectangular Staff." I ask the least imaginative of your readers to fancy the former instrument fitted on to the latter, when their minds will conjure up a three-legged instrument.

Mr. Hilliard now acknowledges that I "first mentioned to" him "now two years since, that" I "wished" him "to construct for" me "a double staff for an adult, and angular instead of curved."

Now, this is just the evidence I want, for this is one of the principal points in which my instrument differs from Sir James Earle's.

Mr. Hilliard says that he was the first to remind me of Earle's double staff. This is not true. Mr. Lyon, in the Committee-room of the Glasgow Royal Infirmary, in the presence of Mr. Hilliard, was the first to acquaint me of this instrument; but long before this I had given all my instructions to Mr. Hilliard regarding the construction of my own lithotomy instrument. I asked Mr. Hilliard to take Earle's staff to his shop, where I looked at it simply from curiosity. In the construction of my instrument Mr. Hilliard has not the credit of a single suggestion. I have with pen and pencil in his shop very often delineated what I wanted to be done. He may have drawn upon paper, after receiving my instructions, what he thought fit, to assist his workmen.

Mr. Hilliard pretends to despise the abilities of the Messrs. Stirling, of Glasgow; but your readers will judge of their certificate for themselves. Perhaps he may be disposed to doubt also the mechanical ability of the gentleman who has favoured me with the following certificate.

"Edinburgh, 79, Princes-street, January 28, 1859.

"At the request of Dr. R. T. Corbett, of Glasgow, I have examined and compared his instrument for lithotomy with Sir James Earle's double staff for performing the same operation, and I find the two instruments so dissimilar in their construction as to render it an absurdity to suppose that the one instrument (that of Dr. Corbett's) should have been made from drawings taken from the other; indeed the form of Dr. Corbett's instrument involves as complete a departure from the lines and form of the other, as the form of a square departs from that of a circle.

"ARCHIBALD YOUNG, Queen's Cutler and Surgical Instrument-maker to the Royal Infirmary, Edinburgh."

I have to add, since I wrote my last letter to you, I am now in possession of a document lying before me in Mr. Hilliard's own handwriting, in which he designates the instrument as mine; besides which an examination of Mr. Hilliard's account-book for 1856, December 18, will show this same instrument designated as "Dr. Corbett's Improved Lithotomy Staff." I am, &c.

ROBERT T. CORBETT, M.D., late Surgeon to the Glasgow Infirmary, and Lecturer on Clinical Surgery.

112, West Regent-street, Glasgow, Jan. 29, 1859.

COMMUNICATIONS have been received from—

PROFESSOR SIMPSON; Dr. PRIESTLEY; Dr. AVELING; Dr. CONOLLY; Dr. GIBBON; Mr. O'FERRALL, Dublin; Mr. HAYNES WALTON; Mr. BRYANT; Dr. HUMBLE; Dr. BARKER, Bedford; Mr. REDFERN DAVIES, Birmingham; Dr. CAMERON, Liverpool; Mr. GILES; Mr. HUGHES; Mr. BARLOW; Mr. VINCENT; Mr. YELD; Mr. SMYTH; Mr. ARMSTRONG; Mr. HART; Mr. GIBSON; Mr. O. SMITH; Mr. B. WILSON; Mr. W. SHAW; Mr. J. ROULSTON; Mr. F.W. PYE; Mr. J. D. CRAWFORD; Dr. C. MCCARTHY; Mr. BATTEN; Mr. T. HUGHES; Mr. HAVERS; Mr. F. BELL; Mr. PORTER; Mr. J. PHILLIPS; Mr. ELLERTON; Mr. M. K. ROBINSON; Mr. W. G. TAYLOR; Dr. RICHARDSON; Dr. MAPLETON; Dr. WRIGHT; Dr. CORBETT, Glasgow; Mr. PROCTOR; Mr. MCDERMOTT; REGISTRAR-GENERAL.

APPOINTMENTS FOR THE WEEK.

February 5. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's. 2 p.m.; Charing-Cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. Dr. W. A. Miller "On Organic Chemistry."

7. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

ENTOMOLOGICAL SOCIETY, 8 p.m.

EPIDEMIOLOGICAL SOCIETY, 8 p.m. Dr. Murchison "On the Cause of Continued Fevers, with special reference to the recent Windsor Epidemic."

MEDICAL SOCIETY OF LONDON, 8 p.m. Dr. Dambie, of Courtray, Belgium, "On the Cæsarean Section." Translated by Dr. Stocker, Hon. Sec.

ROYAL INSTITUTION, 2 p.m. General Monthly Meeting.

8. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL INSTITUTION, 3 p.m. Professor Owen "On Fossil Mammals."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 7½ p.m. (Ballot.) Mr. Spencer Wells "On Five Cases of Ovarian Disease, in three of which Ovariotomy was performed successfully." Mr. T. Bryant "On the Causes of Death after Amputation."

9. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

HUNTERIAN SOCIETY, 7 p.m., Anniversary Meeting; 8 p.m., the Oration, by Mr. Alfred Smee, F.R.S.

NORTH LONDON MEDICAL SOCIETY, 8 p.m. Annual Meeting and Election of Officers.

10. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

ROYAL INSTITUTION, 3 p.m. Professor Tyndall "On the Force of Gravity."

ROYAL SOCIETY, 10½ p.m.

11. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m.

ROYAL INSTITUTION, 8½ p.m. E. Beckett Denison, Esq., "On some of the Grounds of Dissatisfaction with Modern Gothic Architecture."

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

By Mr. Fergusson—Lithotrity; Radical Cure of Hernia; Plastic Operation on Face for Cleft Palate; Removal of Dead Bone from Ankle. By Mr. Bowman—Removal of Tumour from Upper Jaw.

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ORIGINAL LECTURES.

LECTURES ON THE DEVELOPMENT OF THE GRAVID UTERUS,

DELIVERED AT THE

Grosvenor-Place School of Medicine,

By WILLIAM O. PRIESTLEY, M.D.

Fellow of the Royal College of Physicians, Edinburgh; one of the Lecturers on Midwifery at the School; Physician to the Samaritan Hospital; Physician-Accoucheur to the Marylebone Infirmary, etc. etc.

Lecture V. (a)

In the last lecture, gentlemen, we passed in review the more important doctrines which have been held concerning the anatomy of the placenta. In most obstetric works you will find some differences of description, according as the views of one or other authority have been adopted; and I thought it best to give you a condensed history of the various opinions, from time to time enunciated on this subject, in order that I might show you where the differences really exist, and thus in some measure facilitate your study of this vital organ of intra-uterine life. I felt that to do this without confusing you was a difficult task; and I fear I have fulfilled it very imperfectly; but as a resumé let me briefly point out to you what are the general principles deduced from most of these inquiries, and on what points there is a pretty general correspondence of opinion.

In the first place, we have the ultimate divisions of the umbilical vessels which have no communication with the parent's circulation, but are ensheathed in processes of the chorion, termed villi. These are either suspended in interspaces or cavities, or in the closest relation with capillary vessels containing maternal blood; they are thus bathed as it were by that fluid, and the fœtal capillaries are exposed to its purifying influence, very much after the fashion in which a fish aerates its blood by exposing its branchiæ to the action of the water in which it lives. The fœtal blood entering the placenta by the umbilical arteries is charged with carbon, and incapable of supporting embryonic life; but it returns purified and oxygenated through the umbilical vein. That a change in the fœtal blood does take place in the placenta, which is analogous to that produced by the process of respiration, is certain;—for not only will the fœtus die if the placenta suffer injury by accident or disease, but its circulation becomes speedily embarrassed, and its life endangered whenever the uterine contractions during labour are so violent and continuous that blood cannot pass readily through the uterine vessels into the placenta, to perfect those changes which are essential conditions of its existence. For this reason we deprecate, as a rule, giving ergot or other oxytoxics which produce violent and continued uterine contractions during labour, until the passages are fully prepared, and no delay is likely to occur to delivery.

But I have already told you that the respiratory is not the only function performed by the placenta. Besides this the fœtus needs the constant addition of new particles to carry on the process of growth, and to make up for the waste to which its tissues are subject in common with those of other organised bodies. Absorption of new materials must consequently continually go on, and this is effected also by the terminal villi, exactly as the spongioles of a plant absorb matters from the ground in which they are imbedded. Some of the villi in a mature placenta contain no vascular loops, and probably are endowed only with the function of imbibition. According, however, to a doctrine propounded by Professor Goodsir, one of the most philosophical of living anatomists, the same villi in which contorted capillaries are observed perform the double function of absorption and respiration. He describes a mature villus to consist first of an outer transparent membrane devoid of structure, and which he regards as the reflection of the internal coat of the mother's vessel, as described by Dr. Reid. Under this is the layer of epithelial cells of a flattened spheroidal form, described by Mr. Dalrymple, and represented at fig. 13. (Lect. IV.) These cells are believed to be derived originally from the decidua, and files of them pass off as threads from villus to villus, and from the villi to the sides of the containing cavities, each thread or bar being enclosed in a hollow sheath, derived from the vascular system of the mother, and which is reflected over them in passing from one villous tuft to another. The extremities of the tufts exhibit, when magnified, a double outline, as though there were a double membrane with the epithelial cells between. "At variable distances the space between the two outlines widens out into a triangular form,—the base towards the external membrane, the apex towards the centre of the villus. The wider space is produced by a larger group of cells, which appear to be passing off in the centre of the mass. The groups of cells described are germinal spots, and they are centres from which new cells are constantly passing off to supply the loss of those which have disappeared in the performance of their important functions." More immediately bounding the fœtal blood-vessels is another transparent membrane, the *internal membrane* of the villus, and enclosed within this a number of very delicate cells filled with highly refractive matter, which immediately surround the vascular convolutions, and constitute the *internal cells* of the villus. The external membrane and outer layer of cells are readily detached from the villus, and belong to the maternal portion of the placenta; the internal membrane and inner layer of cells are fœtal, and are parts of the original villi of the chorion. A space frequently exists between the external layer of cells and the internal membrane, which contains a fluid matter, resulting from the solution of decidual cell-particles, or consists of their contents. The function, therefore, of the external cells, according to Mr. Goodsir, is to separate from the blood of the mother the matters destined for the nourishment of the fœtus, as the mucous membrane of the intestine in adult life selects materials from the ingesta, and the function of the internal or chorial cells is analogous to that of the absorbing chyle cells which are beneath the epithelium of the intestinal mucous membrane. Both series have probably some close relation to the minute capillary network described by Schrœder Van der Kolk, whether this be regarded as belonging to the sanguiferous or lymphatic system.

Fig. 18.

The extremity of a placental villus after Goodsir. *a*. The external membrane of the villus, the lining membrane of the vascular system of the mother. *b*. The external cells of the villus, derived from the decidua. *c. c*. The germinal centres of the external cells. *d*. The space between the maternal and fœtal portions of the villus. *e*. The internal membrane of the villus. *f*. The internal cells. *g*. The loop of umbilical vessels.

I have little doubt in my own mind of the accuracy of Dr. Reid and Mr. Goodsir in representing the villi everywhere as covered externally by a reflection from the delicate coat of the maternal blood-vessels, and this, notwithstanding the assertion of the distinguished Van der Kolk to the contrary.

During my residence in Edinburgh, my friend, Dr. Sidey, brought to me a perfect ovum, in the second month of gestation, which had just been expelled from the uterus. It had evidently suffered little during its expulsion; the decidua uteri being almost entire, and bearing everywhere on its outer surface the glandular and vascular apertures peculiar to the membrane in a normal condition. The decidua ovuli nearly approached the decidua uteri, but there was yet a distinct intervening cavity. The placenta was in progress of formation, and all the vessels were gorged with blood. In repeated sections through the circumference of the placental portion of the ovum I found the tufts of the chorion deeply rooted in the decidua,

(a) Lectures I. II. III. and IV. will be found in our last Volume, pages 517, 543, 595, and 647.

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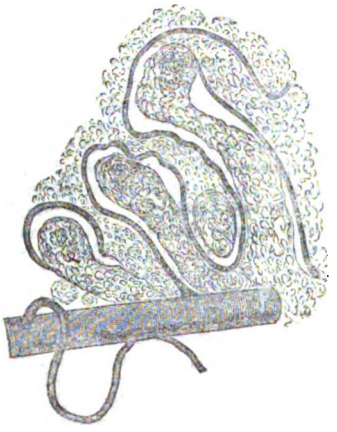
and around each separate villus was thrown a maternal vascular loop, formed of a capacious capillary, distended with fluid blood. Loop was connected with loop in such a way, that a plexus was formed; the vessels thus enclosing spaces which were occupied each by a separate villus. I could trace the smaller branches back to larger trunks also filled with blood, and remarked that the twigs given off on each side often at once assumed the arched form, and could occasionally be detached from the villus, which it encircled, and shown as a distinct tube. Other branches crossed at right angles to the villus trunks, and passed onwards to enclose the extremities of a more distant tuft. The villi had, as usual, a cellular external structure, and a clear space always intervened between the darker outline of the villus and the maternal vessel, which was occupied by a layer of transparent cells. Fœtal capillaries were already present in the interior of the villi themselves, and could be seen here and there containing red blood; they appeared at this time, however, as single loops formed of a straight tube bent upon itself, and possessed none of the convolutions visible at a later period. Although the celebrated Virchow has shown that the maternal vessels undergo a rapid increase in size, I am not aware that any one has previously described this particular vascular arrangement in the young placenta. It is especially interesting, as it apparently forms a connecting link between the small vessels ramifying in the early decidua, and the large maternal sinuses which are present in the placenta at a later period. It suggests, also, an explanation of the way in which the sinuses are formed, and may account for their relation to the villi in a full-grown after-birth.

Fig. 19.

A maternal vessel throwing vascular loops around villi of the chorion, from a young placenta in the second month, magnified 190 diam.

Fig. 20.



Another section of the young placenta from the same preparation as Fig. 19. (Through a mistake this drawing has been reduced by the engraver more than the last, both being equally magnified.)

The result of this observation leads me to doubt whether at any time in very early pregnancy the tufts of the chorion are bathed directly by the mother's blood without the intervention of a vascular tunic, as some authors have supposed. I conclude rather that there are no patent-mouthed vessels opening into the ovular chamber of the decidua, but that in the earliest days the embryo is nourished by vital imbibition from the decidual cells, and as its wants increase, the tufts of the chorion root themselves into the decidua serotina, and simultaneously a maternal capillary loop is developed around each villus. I conceive that as growth progresses, and the chorial villi multiply, these maternal vessels, at first only small capillaries, so widen and dilate, that the digitations, as they are developed, become wrapped in the coats of what was once a simple looped vessel. From the pressure of development, the maternal vessels approximate to each other and coalesce at certain points, at length forming an inextricable network or vascular sac, into which the placental villi depend, and thus become covered by the maternal vascular tunic. The accompanying diagram (Fig. 21) may assist you to comprehend what may otherwise be somewhat difficult to understand—the way in which a placental tuft takes a reflection of the wall of the mother's vessel as one of its coverings. Suppose a villus trunk (*a*) with its terminal divisions placed against (*b*) a maternal vessel, which coincidently, with the growth of the former, is widening and increasing its calibre; as the villus elongates itself it pushes inwards one side of the vessel (*c*), becoming enveloped in its coat, and the vessel loses the form of a straight channel and becomes an irregular vascular cavity or cell, a congeries of such cavities forming the cavernous structure or vascular sac of the maternal placenta.

Fig. 21.

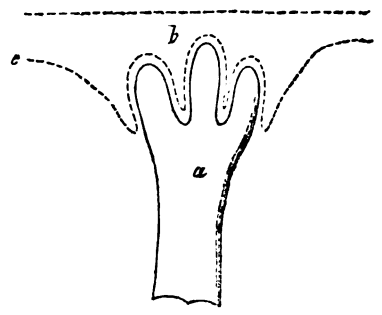


Diagram illustrating the mode in which a placental villus derives a covering from the vascular system of the mother—*a*, a villus having three terminal digitations projecting into *b*, cavity of mother's vessel; *c*, dotted line representing coat of vessel.

In a diseased and indurated placenta, which I place before you, you may see the small curling arteries, in which the blood has firmly coagulated, broken off on the uterine surface of the decidua; these mostly enter the centre of each lobule, and making one spiral turn upon themselves are lost in the structure of the placenta. When the organ is healthy the coats of the arteries are so delicate that when emptied they collapse, and, with the greatest care, are scarcely discernible. The interlobular grooves, when uninjured, are really portions of vascular channels communicating freely with each other, and receiving smaller tributary canals from the substance of the placenta, which collect the blood to be returned to the mother's system; the former, before separation, are in contact with the inner surface of the uterus, and are continuous by delicate vascular walls with the large venous uterine sinuses. A large vessel of the same nature as the interlobular sinuses sometimes runs all round the circumference of the placenta, and has been called the circular sinus of Meckel; it communicates by branch channels with the cavernous structure of the placenta, and also receives small tributaries from the membranes.

The great disparity in size observed between the arteries which carry blood into the placenta from the mother's circulation, and the veins which return it back again, suggests itself at once as a wise arrangement. The smaller calibre of the arteries and their numerous subdivisions minimises the force with which blood would otherwise be thrown into the delicate texture of the placenta; while the greater capacity of the utero-placental veins allows a steady and equable current in the intermediate sinuses, and perhaps also slackens the rapidity of the maternal circulation in the placenta, thereby giving time for the proper interchange of materials between offspring and parent, which is so necessary to the welfare of the former. From what you have now learned you will be able to understand, that if the placenta be partially detached from the uterus, blood will still be poured into the organ by the arteries, supplying the portion not separated, and will escape from the torn sinuses of the portion detached,—union with the uterine veins at this point having ceased to exist. In this way hæmorrhage ensues to the mother, and to the mother only. The child may suffer under such circumstances exactly as an air-breathing infant would be affected by depriving it of the necessary conditions for respiration; but it cannot bleed, by a placental detachment from the uterus, nor indeed can it suffer from considerable hæmorrhage at all in connexion with the after-birth, unless through rupture of one of the umbilical vessels or their larger branches, which is a most unlikely accident. Generally, the more the placenta becomes detached, up to a certain point, the greater will be the uterine hæmorrhage, and the greater the danger to the mother. When however, but a

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small part of the after-birth remains adherent, few must be the arteries supplying it, and the hæmorrhage may be expected to be less; while it is pretty generally understood that when detachment is complete, hæmorrhage, as a rule, ceases, the vascular supply being entirely cut off. The knowledge of this fact has been taken advantage of in certain perplexing and dangerous cases of placenta previa, and it has been proposed to save the life of the mother by completely separating the placenta from its connexion with the uterus before the birth of the child. Should the fœtus be living before the proceeding is resorted to, its life will certainly be sacrificed, unless immediate delivery be effected; and it is only had recourse to under such circumstances when great danger impends over the mother, and other modes of delivery are rendered difficult or impracticable.

But you may be ready to ask, Cannot bleeding take place directly from the mother's system, through uterine vessels which have been torn across in the separation of placenta? Occasionally this does happen; but it is the exception rather than the rule. Torn arteries generally do not bleed, the coats retracting and contracting, and coagula plugging up their orifices; and with respect to the veins, large as they are and liable to hæmorrhage, as we may suppose them to be, my good colleague, Mr. Bloxam, has pointed out a mechanical arrangement of them in the uterine walls, which must greatly tend to obviate any such result. He found in the uterus of a woman who died thirty hours after delivery, large sinuses occupying the placental spot, which appeared as indentations in the uterine structure large enough to admit the little finger; at the bottom of these were the openings of other canals, elliptical in form and penetrating obliquely downwards; a third series of openings still smaller in size appeared at the bottom of the last-mentioned; and it was specially remarked no two openings of the series were on the same meridian. The tendency of such an anatomical disposition, combined with the contractile property of the parietes of the uterus, forms an admirable mechanism for the prevention of hæmorrhage. The muscular fibres of the gravid uterus being arranged in several planes, and acting in different directions, when thrown into proper contraction effectually close the sinuses, and favour the formation of fibrinous plugs in their orifices.

No nerves have yet been demonstrated in the placenta, nor have we yet any conclusive evidence of the presence of lymphatics; the existence of both is highly probable, but it remains for future researches to decide the question.

The placenta is normally situated upon some portion of the upper segment of the interior of the uterus. The young ovum, when it first enters the uterus, rarely progresses far from the site it first occupies; the ovular chamber is thus formed usually near the fundus uteri, the placenta being developed at its base, and little change in the relative position of parts takes place in the further expansion of the uterus. In the majority of cases, therefore, at the full time, the placenta is found to be fixed to the anterior or posterior wall of the uterus not far from one or other Fallopian aperture. M. Stoltz has remarked a correspondence between the situation of the organ and the anterior aspect of the fœtus. According to Jacquemier, it is attached most commonly to the posterior wall inclining to the left side, and next in frequency to a corresponding portion of the anterior wall. Dr. Montgomery, guided by hearing with the stethoscope a peculiar sound called the placental bruit, considers the most frequent site to be near the Fallopian tube of the right side. Occasionally it is situated directly over the fundus uteri, and, in certain cases, it becomes attached to the cervix, or is even planted over the os uteri itself. When any portion of it is placed over the os uteri it gives rise to that formidable and often fatal complication known as placenta previa. The placenta thus becomes the presenting part, and as soon as the os uteri begins to dilate—often before labour actually commences, it begins to be loosened from its attachment, and hæmorrhage ensues. Every uterine contraction aggravates the mischief; for while it dilates the os uteri it also tears away more of the after-birth from its attachment and increases the amount of bleeding to an alarming extent. The hæmorrhage in these cases is therefore denominated *unavoidable*, delivery being impossible without a partial or more general separation of the placenta and consequent loss of blood. Every such case occurring in practice is a source of the greatest anxiety to the Medical attendant; and you will understand that it is no slight complication to meet with, that it demands your most careful study and all your resources, when it is computed that even under the most skilful management scarcely more than one in three mothers, who are the subjects of it, recover.

Obstetric auscultation will be more fully treated of under the head of Signs of Pregnancy; but concerning the placental bruit, or souffle, as it is sometimes called, which I have alluded to in connexion with the situation of the placenta, I may here inform you that in the gravid uterus, as early as the fourth month, a peculiar loud whizzing sound is heard with the stethoscope, which is synchronous with the mother's pulse, and has been compared to the blowing of a bellows. This increases in intensity as pregnancy further advances, and in the last months become more circumscribed and defined, reaching its maximum intensity at the situation of the placenta. Of course, if the placenta is situated on the posterior wall it is not readily accessible to the stethoscope; but in many cases the post-mortem examination has proved the correspondence between the placental spot, and the situation where the souffle has been detected during life; and although exceptions are tolerably numerous where the sound is either so diffuse as to leave doubtful the centre of intensity, or in which this centre of intensity seems situated at two opposite points of the uterus; yet as a general rule it may be affirmed that where the souffle is loudest in a pregnant uterus near that spot is the placental site. The cause of this peculiar sound has been warmly debated. M. Kergaradec, who first described it, supposed it to be produced by the circulation of the mother's blood through the placenta; but several circumstances connected with the phenomenon seem to throw a doubt upon this; and, without entering more fully into what must occupy us hereafter, I may briefly state that it is probably produced by the enlarged and tortuous uterine arteries, which converge towards the placental spot; and which, becoming in some degree compressed by the eccentric development of the uterine contents, and by the resistance of the proper contractile coat of the uterus itself, through which they pass, produce this singular bellows murmur. It may be imitated pretty successfully by compressing a large artery in some part of the body with a stethoscope, and a sound exactly similar is heard in large fibroid uterine tumours, where large vessels are imbedded in a dense fibrous structure, which, by a constant increase of fibres, impinges on the calibre of the artery and produces the characteristic sound. During labour it has been noticed to be more intense with the commencing pain, and to decrease when the uterine contraction is stronger and more general, seeming to prove that compression beyond a certain amount controls the vibrations which are the immediate cause of the sound,—a powerful muscular contraction preventing in a great measure the circulation of blood through the ordinary channels.

The most singular anomalies in the site of placental insertion occur in cases of extra-uterine pregnancy. Thus, in instances of tubal pregnancy it has been found developed in the Fallopian tube; at other times it has been found in the peritoneal cavity attached to the broad ligament and ovary; to the intestine, and to the stomach and mesentery of the mother. Burns recounts an example where the fœtus was in the abdomen, and the placenta, notwithstanding, in the uterus; and, lastly, cases occur occasionally where the placenta is attached partly to the body of the fœtus, and partly to the uterine wall. The last form seems never to occur without some remarkable malformation of the fœtus, the adhesion of the placenta being apparently the cause of the monstrosity.

The shape of the placenta, though generally round, sometimes departs considerably from the usual form. Now and then it becomes elongated and oval, and some authors have represented it of such shape as seems more or less to approach the forms found in the lower animals. Cases have been noticed where the human placenta was spread over a large portion of the interior of the uterus, becoming thus diffuse like the placenta of the mare. Roederer again, M. Cazeau, and M. Blot have described examples in which separate portions of placental substance were detached from the main mass, and formed detached lobules, thus representing a cotyledonous placenta, verging towards the form observed in ruminants. Lastly, the insertion of the cord upon the border of the placenta, gives rise to a somewhat common modification in its appearance, called the battledore placenta. When more than one fœtus is present in the uterus, a separate

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placenta with its set of membranes is generally provided for each, but these are in most cases united together by their edges, although in reality no vascular communication may exist between the two. Such an arrangement presents certain advantages, for if anything occurs which affects the life of one of the twins, the other may remain entirely uninjured. More rarely in twin pregnancies the placentæ are quite distinct from each other, and are implanted at entirely different parts of the interior of the uterus; most rarely of all, one large placenta has been known to serve the purposes of two children without any mark of division in its structure.

Towards the end of pregnancy the after-birth generally begins to exhibit evidences of its temporary character, and of the approaching completion of its functions. Upon the outer surface of most recently expelled placentæ at the full time, may be found traces of fatty or calcareous degeneration. Frequently small white points are observed with the naked eye dotted over the surface of the layer of the decidua, clothing the uterine surface, and these being magnified turn out to be minute portions of earthy matter, arranged in a stellate form. Occasionally the terminal vessels of the fœtus exhibit ætheromatous changes, and particles of fat are studded over the villi. These changes have been traced with much care by Dr. Barnes and Dr. Druit, and their relation shown to morbid fatty degeneration of the placenta. It must be remembered, however, that the placenta as a respiratory organ at least, is as active in function up to the moment of delivery, as at any previous period; that if the placental circulation is interrupted only for a short time, the child is likely to die of apnœa; and that any considerable alteration in its essential structures must act deleteriously. The changes evidencing its caducous character are indeed, so far as my experience goes, chiefly confined in placentæ born with stout and healthy children, to the decidual portion on its surface; and do not implicate as a rule its active and potential villi in the deeper substance of the organ.

ORIGINAL COMMUNICATIONS.

ON VOLTAIC NARCOTISM

FOR THE PRODUCTION OF LOCAL ANÆSTHESIA FOR SURGICAL OPERATIONS.

By BENJAMIN W. RICHARDSON, M.D.

Licentiate of the Royal College of Physicians, Physician to the Royal Infirmary for Diseases of the Chest, and Lecturer on Physiology at the Grosvenor-place School of Medicine.

Some six months ago I published in the *Medical Times and Gazette* a paper on electricity and local anæsthesia. In that paper, which has since been often referred to in the late controversies on so-called "electrical anæsthesia," I tried to prove by experiment that the electric current in no one of its applications could be made to produce insensibility to pain. I explained that the intermittent current, inasmuch as it produces counter shock, might, in sudden operations, such as tooth-extraction, remove the idea or the consciousness of pain caused by the operation, by a diversion of sensation. My experiments up to that time were conclusive in so far as the intermittent current was concerned, and in so far as related to the effects of powerful electrical discharges. They required to be strengthened, however, in respect to the influence of the continuous current,—a requirement which I took ready pains to fill up; the result being, in so far as I could judge from observations of experiments made on myself, and on better subjects still for such work, rabbits and dogs, that the continuous current, however used, is incapable of producing any degree of anæsthesia in such way as to be applicable as an adjunct to surgical art. I say as an adjunct to surgical art, because I do not wish to state that the chemical force of a continuous current might not be raised to such effect, as to cause insensibility in a living tissue, through which it should be passed. On the contrary, I think it could; but such insensibility would be bought at a great expense. It would be induced only by absolute decomposition of the tissues. It would be preceded by the infliction of unwarrantable pain, and it would prevent that reparative process which is essential to the success of surgical manipulation.

Should the occasion demand it I may at another time and with a different object before me explain the facts on which this opinion is based: for the present I have in hand the explanation of a new mode by which anæsthesia may be very simply produced, and which I name Voltaic Narcotism.

Laying aside for a time experimental work with the electrical force, I began in September last to inquire as to the possibility of producing anæsthesia by other means. The phenomenon known commonly as the going to sleep of the limbs was first passed in review, and I found, after a little trouble, a method of placing my leg in such a position as to induce this phenomenon in a marked degree. But the result was *nil* as regarded the object before me; for I found, however thoroughly the limb was numbed by this process, that, although it might feel a dead weight and its muscles might disobey the will, that externally it was sensitive to the slightest impression, and that the needle point pushed into the skin created just the same amount of pain as in other and unaffected parts of the body. The phenomena produced by this process are in fact closely analogous to those produced in a part by the transmission through it of a rapidly intermittent current of electricity; there is first, the tingling sensation, and secondly, the sensation of weight and so-called "sleep;" but the cutaneous sensibility remains the same.

I next turned attention to the application of the more powerful narcotics. The well-known fact that the tincture of aconite when applied to the lips produces a sensation of numbness presented itself naturally as open to inquiry; and I found that aconite and some other narcotics did produce a local insensibility which might possibly be turned to account in minor or superficial operations. But in the end I discovered that this method was very limited in its effects; for, even in so thin a structure as a rabbit's ear, I could not, by the external application of narcotic solutions, produce any such degree of insensibility as to warrant me in proposing this plan as an anæsthetic process.

While these experiments with narcotics were under consideration, a thought occurred to me whether the combination of electricity with a narcotic would be of any avail. On the 31st of October I placed a sponge dipped in a solution of morphia on the arm of my friend, Mr. Gregson, and covering this with a copper plate connected with the positive pole of a small voltaic battery, and bringing the negative pole with a moistened sponge a little lower on the limb, I caused the current to pass, and produced in the course of a quarter of an hour a condition which I never obtained before; for on removing the poles I found that the part over which the narcotic had been applied was pale in colour, and, unquestionably, insensible to pain. Pricked with a needle Mr. Gregson experienced no sensation; and although the experiment was very imperfect, and its effects transitory, it was sufficiently important to encourage further researches in the same direction.

Continuing these experiments for several weeks, and repeating them with different narcotic solutions on myself and on the ears of rabbits, I felt I might venture, with a convenient apparatus, to bring them more publicly forward. I obtained, therefore, a Pulvermacher chain consisting of 120 links or elements, each element having a surface of double extent as compared with the ordinary chain. The shock given by this chain on completing the circuit is slight even when it is in full action; while the chemical effects are exceedingly good, water being decomposed freely. I first applied this voltaic pile in conjunction with a narcotic to the ear of a rabbit. The ear was first well shaved; it was very sensitive, and a little scratch during the shaving process made the creature struggle and call out lustily. I then placed the ear between two copper plates with moist sponge interposing and connected the external plate with the positive and the internal plate with the negative pole of the battery. On establishing the circuit a slight expression of pain was evinced, and during the whole time of this application the animal was uneasy, and the plates held gently together by insulated spring clips, had often to be re-adjusted. At the end of half-an-hour, on removing the plates, I found the ear slightly reddened in colour, and more sensitive to the needle point than before.

Satisfied as to the influence of the simple current, I now moistened the sponge connected with the plate of the positive pole, with tincture of aconite; and, moistening the opposite

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sponge again with water, I supplied the plates in the same way as before, and with the same pressure. In ten minutes I found that the margin of the ear would bear pricking without exciting movement; and at the end of the quarter-hour, on removing the plates, the ear was as insensible as could be wished. I transfixed it in every direction, pinched it, incised it; but the animal was clearly unconscious that any auricular appendage belonged to it on the one side. The insensibility, very little lessened, was present two hours later in the day.

On January 29th of this year, I repeated the above experiment on the ear of a dog; my friends Drs. Halford and Henry, and Messrs. Bainbridge and Gregson, being present, and lending their kind assistance. The sponge connected with the positive pole was moistened with a drachm of tincture of aconite, to which was added one grain of the alcoholic extract; and the plates secured with slips as before, were kept applied for thirty-five minutes. Then removed, the ear was found insensible at two points only; the plates, therefore, were once more applied with more narcotic solution, and were retained for thirty minutes. On removal, the ear was found pretty generally insensible over the parts where the plates had been applied. Transfixion could be made without the elicitation of pain; and Dr. Halford incised the ear transversely in a line nearly an inch long, without causing any expression of pain. Fifteen minutes later, the insensibility was such that the ear could be transfixed as before without exciting sensation; and at the close of twenty minutes Dr. Halford applied caustic freely to the incised wound with the same result. The animal, meanwhile, seemed exceedingly well. When his other ear was pricked he speedily let us know about it; and, for a few minutes, I think, from having been long held in a cramped position, he walked a little unsteadily: but he took food, showed nothing in the way of coma, and recovered without any unfavourable symptoms, the wound healing excellently well.

On the 1st of February, Dr. Halford and Mr. Bainbridge being present, the left hind-leg of a dog was shaved. Around the upper part of the limb, I wrapped a broad copper band, including a sponge saturated with a solution made as follows:—Tincture of aconite ʒiij., alcoholic extract of aconite ϑj., chloroform ʒiij. A third part of this solution was placed on the layer of sponge. Around the lower part of the limb, below the ankle, I wrapped another plate of copper enclosing a sponge saturated with water. This done, I connected the upper plate with the positive pole of the voltaic battery, and the lower plate with the negative pole, and at once set the battery in action. Eleven minutes after the establishment of the current, the parts included between the poles were so insensible that they could be transfixed at any point without exciting pain; and at twelve minutes Dr. Halford divided the tendo-Achillis by subcutaneous section, with the same result. The insensibility also extended for a short distance beyond the upper plate. The current was now sustained until the end of an hour, when the upper plate being removed, Dr. Halford proceeded to amputate the limb. The incision was commenced on the inner side of the leg some little distance, ¾ of an inch, below the knee, and was carried across the tibia to the outer margin of the fibula. The limb was then transfixed, and a flap obtained from the posterior half of the limb; a circular sweep was carried to separate the muscles, and the interosseous membrane was divided. Throughout all these steps of the operation, except in the last, the animal gave no wince or indication of pain; but in dividing the interosseous membrane, he drew up the limb; and in sawing through the bones he gave a scream, as if from pain or terror. In the after-steps, including the tying of two arteries and insertion of six sutures, there was no indication of pain.

Within twenty minutes, the animal had eaten two plates of meat, and walked about on his three legs with the utmost unconcern. The wound healed well and gave an excellent stump. On the day after this experiment I found that I could produce insensibility with equal ease in the lids and conjunctiva of the eye of a rabbit.

Subsequently I narcotised the hinder leg of another dog by the same process. The operation was done too hurriedly; the leg was badly shaved, and the plates did not fit. The current was kept up for forty minutes, but long before this time the parts included between the poles were sufficiently insensible to allow of division of the tendo-Achillis by subcutaneous section. In amputating the limb, an operation performed by Dr. Halford, pain was evinced at one point in dividing the posterior flap, and much pain in sawing through the bones. In the other steps of the operation there was no expression of suffering. Seventeen hours after the operation Dr. Halford found it necessary to insert new sutures in the flaps. The parts were still so insensible that no pain was elicited. The wound, however, healed favourably, and the animal showed no sign whatever that could be considered unfavourable.

The first operation on the human subject under this anæsthetic process was performed by Dr. Halford on Feb. 3. Dr. Halford had an infant patient ten weeks old, with a nævus about the size of a shilling on the right shoulder. The child was very irritable when it was brought to us, and continued troublesome; but we succeeded well with the operation. A ring of copper, lined beneath with moistened sponge, was made to surround the nævus, and was connected with the negative pole, while a disc of copper, which rather more than covered the nævus, and enclosed a thin layer of sponge, was adapted to the nævus itself, and was connected with the positive pole of the battery. This latter sponge, first moistened with water, was charged with narcotic solution consisting of five minims of the tincture of aconite and five of chloroform. After a quarter of an hour, during which the current was made, the narcotic sponge was removed, and the parts beneath were found to be quite white in colour. We re-applied the sponge for another quarter of an hour, with more solution, and, on removal, I believed the parts to be ready for operation; but Dr. Halford, wishing to be perfectly sure, urged two more applications. He then transfixed the nævus through the base with two long needles, and ligatured the mass with all the firmness he could; but neither transfixion nor ligature gave any pain. Directly after the operation the infant fell asleep, and the recovery was as simple and quiet as could be desired.

On February 4, Mr. Kempton, of Princes-street, Hanover-square, gave me an opportunity of trying this narcotic system in a case of tooth-extraction. The tooth was the last upper left molar, and very firm. It was hollow externally, and the cavity admitted of being easily filled with a dossil of lint steeped in a narcotic solution composed of 5 minims each of tincture of aconite and chloroform. Mr. Kempton, after introducing the narcotic, connected a fine excavator with the positive pole of the battery; and with the point of the excavator pressed on the lint while I placed the negative pole, tipped with moistened sponge, externally, immediately below the lobe of the left ear. Our apparatus being imperfect for the purpose, and the application of the poles being dependent on the hands, contact was sometimes broken, and occasional slight shocks were given, at which the patient has since complained. These were accidental, and avoidable in another case. After an application of five minutes, I removed the poles, and we found that a sensation of numbness had commenced in the tooth, and extended superiorly and laterally, from the tooth as a centre. A new dossil of lint, again saturated with narcotic solution, was inserted in the tooth, and the poles re-applied. In two or three minutes the sensation of shock was not felt—even when contact was intentionally broken. After seven minutes, the poles were removed, and Mr. Kempton extracted the tooth without the patient experiencing the slightest sensation. He explained that he could hear the breakage between the tooth and its socket, but without the merest trace of pain.

On Saturday last I punctured a bursa on the wrist of a girl by subcutaneous section. The plate connected with the negative pole of the battery was placed on the anterior part of the wrist, while the bursa was covered with a disc, which enclosed a sponge holding five minims of a tincture of aconite, made from the alcoholic extract, and five minims of chloroform. This application was three times repeated for sixteen minutes. After the second application the parts to be operated on were white, and at the time of the operation were so insensible that the patient whose head was averted had no consciousness at all that anything was being done. Sixteen hours later the centre part where the narcotic had been applied was still partly insensible. The case did well.

As a test experiment, I placed on another portion of the arm of this patient a narcotic solution made in the same way as that which had been used with the voltaic current. The solution was also applied in the same way under a copper disc. On removal after half-an-hour the skin beneath was slightly reddened, but there was no insensibility.

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The tincture of aconite used in this operation was made by dissolving the alcoholic extract in alcohol, in such proportion that each drachm of the tincture produced contained five grains of the extract.

(To be continued.)

FEMORAL AND VENTRAL HERNIA RADICALLY CURED.

By REDFERN DAVIES, Esq.
Surgeon to the Birmingham Workhouse Infirmary.

In bringing before the notice of the Profession the following cases, I chiefly intend them to be illustrations of an attempt that I have made to radically cure femoral hernia, the first that has been made in this country; and also direct or ventral hernia.

The operation, though at first sight it might appear somewhat heroic, has been attended with such perfect freedom from unpleasant, much less dangerous symptoms, and followed in all cases with such absolute cure, that I feel satisfied that it is both sound and safe.

Thomas M. aged 20, had been the subject of a femoral hernia, the result of a strain, for two years; it protruded constantly; in size about that of a pigeon's egg, and on account of its painfulness prevented him working. Accordingly, the patient on his back and the buttocks well raised, the hernia was returned, the little finger carried well through the crural canal and femoral ring, the artery being plainly felt beating on the outside. A well-curved canula needle was carried on the finger, and its point made to press against the abdominal parietes; the needle was then thrust through them, and a silver wire being passed into the eye it was drawn through. A small piece of vulcanised india-rubber, about the size of a split pea, attached to the crural end, and fastened by means of a split shot; the other extremity was then passed through another piece of rubber about the size of a florin, the two extremities drawn tightly together and fastened by a split shot. A portion of integument was thus drawn into the canal.

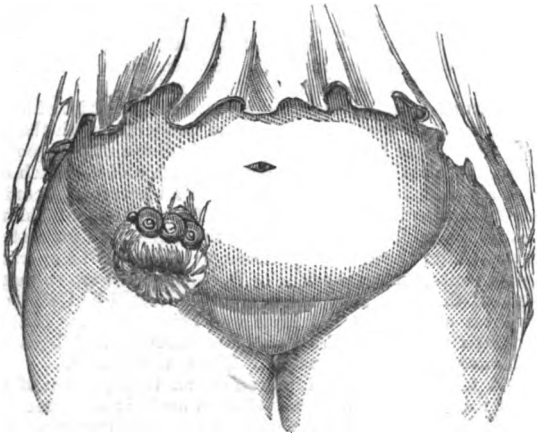
The wire was loosened on the seventh day, and finally removed on the ninth. There was a copious discharge of a very thick yellowish green pus, in the track of the wire, and around considerable thickening from effusion into the tissues.

That portion of the wire which was inside the body, *i.e.* between the points of exit and entrance, was quite bright; water-dressing and compress applied.

Upon examination, a few days ago, by some of my professional friends, he was found radically cured.

The next case was that of a woman, which is so similar that I, therefore, do not detail it.

The third case: Amelia M. aged 50, has been ruptured for three years. The hernia was about as large as an orange, and the femoral ring would admit a man's thumb. The accompanying figure shows the manner in which the wires



were applied. The lower ends of the wires, with their buttons of vulcanised India-rubber, are, of course, not seen, being hidden at the bottom of the cul-de-sac (the invaginated portion of integument). For two days she went on very well, and had her bowels opened well once. On the third day she complained of pain in the abdomen, chiefly at the epigastrium; firm pressure around the seat of operation was not felt. In the evening there was a tympanitic condition of the abdomen on percussion; she said she should be better if her bowels were opened, and accordingly she had a dose of castor-oil and tr. of assafœtida. In the morning, bowels not opened; tympany increased; pulse weak; tongue dry; skin dry; and she vomits everything. No pain around the seat of operation, and no inflammation can be seen there. She was ordered ice, brandy, and injections of castor-oil, turpentine, and tr. assafœt.; also croton oil by the mouth; a long tube was passed per rectum, but only a little flatus escaped. In the evening, bowels not opened; injections coming away unaltered; stercoraceous vomiting, and much troubled with wind on the stomach. In short, on the fifth day she died.

Post-mortem examination twenty-four hours after death.—In the presence of Mr. Walter Jauncey and Mr. Tuck, and the parts subsequently examined by Mr. Augustus Talbott, of St. Mary's Hospital, London.

Abdomen swelled and tympanitic. Upon being opened, a considerable escape of gas; great omentum injected.

Upon carefully examining and removing the intestines, they were found to be injected, but otherwise healthy in appearance, till the junction of the ilium and cæcum was arrived at; this portion was found bound down by old adhesions, which being separated, an abundant escape of pus took place. Just at the ilio-cæcal valve was an ulcer of about the size of a shilling, its edges raised, indurated and ragged, the surface depressed, and presenting a perforation of about the size of a split pea. The surface of this ulcer looked to the fascia beneath, and, by adhesions before spoken of, was attached to it, preventing the escape of fæces into the peritoneum.

The ilio-cæcal valve itself presented usual appearances, but at the aperture between the ilium and cæcum was a hard flattened piece of fæces, blocking up the communication.

The portion of the external surface of the abdomen, comprising the operation, presented the three apertures of exit of the wires—through whose track a little healthy pus was exuding, and around each was some thickening of the tissues. On the visceral surface of the abdomen the peritoneum was in a perfectly normal state, no sign or trace of any inflammation action being present in it.

The condition of the parts is well represented in the accompanying drawing, which is taken from a stereoscopic

photograph shortly after the post-mortem. In it is seen the plug of integument which was drawn into the crural canal, accurately filling it, and which projected somewhat into the cavity of the abdomen; its margin was found to be united with the surrounding parts by a delicate ring of organised matter, extending some distance between the opposed surfaces by which the whole would have ultimately become incorporated into one solid mass.

In the view here represented, and which was the one which

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appeared on looking into the cavity of the abdomen, the wires are not seen; but upon separating the adhesions between the plug and its enclosing walls they came into view—each perforating the peritoneum which had previously lined the canal, and which was still adherent to its walls (in other words, the sac of the hernia). Each puncture was cleanly cut, and presented no inflammatory action. That portion of the silver wire which was contained in the body was quite bright and unaltered. The conclusion we came to was, that the cause of death was the perforating ulcer of colon, and that the hernia was, as far as it went, in all respects, as well as could have been wished.

Case 4.—Alice L., aged 50, has been ruptured on both sides for nearly twenty years. The femoral rings are very large, admitting about two fingers. The ruptures extend to the middle third of the thigh, in size about that of a man's head. They are easily returned, but no instrument or apparatus will retain them, consequently she can only lie and sit, locomotion being very painful.

Upon this case I applied my modification of Wützer's instrument, using a plug 3 inches in circumference, big enough to fill the ring well—length of wooden plug invaginated 2½ inches, distance of exit of needle from edge of *doigt de gant* 3¼ inches. The surface of the wooden plug was painted over by a very elegant preparation of cantharidine held in a solution of collodion; one grain of the former to one ounce of the latter, and devised on purpose for these operations by the assistant Medical officer, Mr. John Tuck, and which I now always use. The instrument was applied for nine days, and on its removal the usual treatment of spica bandage and compress was applied.

The case has been submitted to the examination of very many of my professional friends, and it is found to be most radically cured. I intend operating on the other side shortly.

These complete the list of femoral hernia.

James P. aged 26, has been the subject of a ventral hernia for four years; the result of a strain. In size it is about that of a pigeon's egg.

The plan here adopted was by wires, and executed in the following way:—

The hernia having been returned, the curved trochar containing the needle before alluded to was carried by the finger well through the ring, and its extremity made to press against the abdominal wall. The needle thrust through them, and, having been threaded by a silver wire, withdrawn. The same manœuvre on the opposite side of the ring (or in more places according to circumstances). To the lower ends of the wires were attached small pieces of the India-rubber and secured by split shots, and to the upper similar but larger pieces. They were then drawn tightly together and clamped by split shots. A portion of integument was thus tucked into the ring.

At the end of eight days the wires were removed. A copious and thick purulent discharge issuing in their track, and considerable thickening of the surrounding tissues. The portions of the wire contained in the body were quite bright.

In about one week he was allowed to get up, and a light truss applied, the hernia being cured; impulse on coughing the same on both sides of abdomen, and no evidence to the finger of the former aperture.

W. P. aged 55, the subject of ventral hernia. The chief point of remark in this case is that he was operated upon twenty years ago for a strangulated scrotal hernia, and which would seem to be radically cured by a portion of omentum blocking up the external ring.

Since this operation he has been the subject of a ventral hernia which was operated upon by similar means to the latter case and with a similar result.

Conclusions.—The chief and great points of interest in these cases are—

a. The practical assurance of the curability of femoral hernia, not only of a small size, but also of the largest possible dimensions.

b. That it is an operation unattended with danger.

c. And though the peritoneum be wounded (even in three places) its perforation is innocuous.

d. The radical cure is effected by an incorporation of the invaginated plug with the borders and surfaces of the crural canal.

Of the above cases nearly all are still in the Infirmary, and should any of the Profession feel interested in them I shall have much pleasure in submitting them to their examination.

Their subsequent history, and that of more than thirty other cases upon which I have operated, I hope to bring shortly before the notice of the Profession.

ON DIPHTHERITE.

By THOMAS HILLIER, M.D. Lond.

Assistant-Physician to the Hospital for Sick Children; Medical Officer of Health to the District of St. Pancras.

(Concluded from page 135.)

Albers of Bremen, to whom one half the prize offered by Napoleon in 1807 for the best essay on croup was awarded, says: "The most formidable of all the complications of croup is that of scarlatina; the author has himself lost thirty-six cases. When the croup is simple the lungs are always healthy after death; in the complications with scarlatina they are never found inflamed." To such quotations Bretonneau would object that there is no description of false membrane actually found in the air-passages. It therefore appears that we must not decide that a malignant throat affection is not of a scarlatinal nature, because there is not a well-marked scarlet rash, and because there is a false membrane produced in the throat. If this membrane extends to the air-passages, I do not think we have accurate data to determine whether this is incompatible with scarlatina. If this be true, it is obvious that it may oftentimes be no very easy task to say whether a diphtheritic throat is scarlatinal or idiopathic.

I have ample proof that in many instances the scarlatina virus has produced a disease of the throat which has had many of the usual characters during life of simple diphtherite. On examining the registers of deaths in this parish for the past twelve months, I have been much struck by noticing that the deaths from diphtherite—which have numbered altogether forty-two—and from scarlatina have prevailed very much in the same localities. (See accompanying table.) And

Deaths from Scarlatina and Diphtherite registered in the Sub-districts of St. Pancras during the year 1858.

Populations in 1851.	Name of Sub-District.	Scarlatina.	Diphtherite.
31918	Regent's-park	46	11 (a)
28433	Tottenham-court	68	4
26522	Gray's-inn-lane	50	3
35641	Somer's-town	96	12 (b)
21115	Camden-town	27	4 (b)
23326	Kentish-town	41	8
	Totals	328	42

in several cases one member of a family has been registered as dying from diphtherite, when, in a week or two afterwards, other members have died of scarlatina. An interesting case occurred in the Children's Hospital, of which the following are a few short notes.

A girl, aged 9 years, brought to Children's Hospital on December 6, 1858. She was one of six children. Had previously had scarlatina three years ago, not followed by œdema. On Nov. 30 she complained of difficulty of swallowing and pain in throat, and lost her voice. On December 5 breathing became noisy and oppressed. When she came to Hospital she had taken scarcely any nourishment for a week. Pulse 90, weak; respiration 30; not much dyspnœa; voice whispering; cough hoarse; pain on swallowing; tongue coated on dorsum, with thick yellowish fur; papillæ not elevated; the soft palate and tonsils were covered with a dirty yellowish-white false membrane; there was some swelling at the angles of lower jaw; bowels open from medicine; urine abundant, albuminous, and casts of renal tubes were found in it. Stimulants were freely given, also beef-tea, and a mixture of bark and chlorate of potash; and hydrochloric acid with equal parts of water, applied to throat.

December 7.—Had passed a restless night; expression calm; breathing less noisy; respirations 22. She sat up in

(a) Of these deaths I have good proof that four at least were from scarlatina anginosa.

(b) Of these I have evidence that one was from scarlatina.

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bed playing with a doll; coughed occasionally in a harsh and croupous manner, note rather high pitched; skin cool; pulse 96, irregular; had been sick several times; the parts to which caustic had been applied appear of ashy grey colour, sloughy; no discharge from nares; conjunctiva suffused as on admission; no eruption on skin. Towards afternoon sickness increased; pulse became weaker and more irregular; she was drowsy; enemata of beef-tea were given, and brandy and wine by mouth.

December 8.—Was sick three times in night; expression calm; breathing tranquil, sitting up; less pain in swallowing; pulse 100, very feeble and irregular; urine free; parts affected appear recovering themselves. The sickness continued; she became drowsy; pulse became weaker and weaker, and she died the same night.

The sister of this girl, living in the same house, came into Hospital two or three days later with an attack of ordinary scarlatina.

Autopsy.—Glands about neck swollen and infiltrated with yellowish fluid. Soft palate was rough and extra-vascular. One tonsil was softened, and there appeared to be a slight depression in it. The pharynx was congested. Larynx congested, and the margins of the rima glottidis were very slightly eroded to about one-third their extent. The mucous membrane of trachea was injected, and the tube contained a quantity of reddish frothy fluid. Lungs congested. Crepitant throughout. Heart contained firmish decolorised clots in the right cavities. Kidneys showed a considerable width of cortical substance, which was paler than normal.

This is a remarkable case, because here the child is said to have had scarlatina previously. There was no eruption on the skin. There was evidently some blood disease to account for the prostration and death, because the local disease was very slight at any time, and got better before death. Was the disease diphtherite? If not, what was it? The sister, living in the same house, is seized with ordinary scarlatina a few days afterwards. There was albumen in the urine of this patient.

With reference to this point (the existence of albuminuria) there have been very few accurate observations made; and till recently it was thought that one distinctive mark of diphtherite was that there was no albuminuria, and no dropsy. All authors appear agreed that dropsy seldom or never follows it. But some recent observers (Messrs. Bouchut and Empis (d), in Paris, and Dr. Wade, in England,) say, that albuminuria is very frequent. Dr. Wade says he finds it almost constantly, and has also found casts of tubes and renal epithelium in the urine. He evidently considers that the kidneys play a very important part in the pathology of the disease. He says that in all fatal cases, with one exception, he has found albumen in the urine, and appears to think that death often arises from renal disorder. His essay is, however, not complete, as he has not yet published his views on the pathology and treatment of the disease.

It must be remembered in taking his evidence on this point that he avowedly includes under the head of diphtherite cases where there is a scarlet rash, not, however, quite answering to the description of scarlatina rash. He says, "A red eruption, papular, generally of limited extent, and of very uncertain but most frequently short duration, may make its appearance on some part of the skin about the time the throat becomes affected, or it may precede the latter, or appear only late in the disease, or often not at all."

Hæmaturia, he says, is not an uncommon sequela. The only case in which I have had an opportunity of examining the urine was the one at the Children's Hospital, which I mentioned to you; but that case is dubious, and is consequently not of much use in evidence on this point. Observations are very much needed on this head.

I believe there is no doubt that there have been in London lately cases of primary diphtherite, and also cases of scarlatina (and probably of measles too), complicated with, or modified by diphtheritic symptoms; and also scarlatinal angina without eruption, simulating diphtherite. In the primary cases there is a blood state, and constitutional disease of which the throat affection is the anatomical character, and the gravity of the symptoms and malignancy of the complaint do not depend on the amount of false membrane, nor entirely on its extension to the air-passages, but on the general blood state, as is usually the case in acute specific diseases. In the cases which I have been able to get notes of, during the present epidemic, although the air-passages have often been involved, yet death has not always been by apnœa, but frequently from exhaustion. It should, however, be remembered in considering the mode of death, that deficient aeration of blood may exist in patients suffering from an asthenic disease, and be scarcely at all observed either by the patients themselves or others, and yet have a very considerable share in causing death.

The most striking feature in the present epidemic has been the insidious progress of the cases: there has been comparative insensibility to the local malady, great weakness, and often an insuperable disinclination to take food, rather than pain in swallowing. The average duration has been about a week in fatal cases; some few have run their course in a much shorter time, while others have been extended over a much longer period. The disease has shown a great disposition to relapse, and in cases of recovery the convalescence has commonly been slow. In cases of scarlatina complicated with diphtherite, the rash is very irregular; it appears in patches, rather than generally diffused over the body, it is commonly delayed in its appearance, or may be entirely wanting. Dropsy seems not to be a common sequela. The membrane found in these cases does not often coat the soft palate, tonsils, and back of the pharynx so entirely as itdoes in the simple primary diphtherite, but appears in separate patches. It has less disposition to extend to the air-passages; it may cause considerable dyspnœa without doing this.

In the Arch. Gen. de Med. (3rd ser. vol. 14, p. 280), M. Gueretin describes an epidemic of scarlatinal angina, which in many respects resembles the epidemic that has existed in London lately. The eruption was nearly as often absent as present; when there was an eruption it often was like miliaria in its characters, and this disappeared very speedily. (This answers exactly to the eruption described by Dr. Wade.)

He says that there were frequently false membranes formed on the throat; in only one case did they extend to the larynx, and then no post-mortem proof was obtained. Blistered surfaces became coated with a layer of lymph. Dropsy was a rare sequela.

Mr. Thompson of Launceston, in the British Med. Journal 1858, describes an epidemic which he calls Diphtheria. as occurring in that town three years previously. There was a coexistent epidemic of scarlatina; I believe some of the cases were what Gueretin calls scarlatinal angina. There was sometimes the rash, but it seldom remained many hours. Out of 486 cases the air-passages were attacked by the false membrane, in 15, albuminous urine with casts were formed in 8 cases, and anasarca with convulsions in one.

Deafness was a not infrequent sequela, and temporary paralysis.

There is a sequela which has been observed occasionally to follow diphtherite, by Mr. Stephens of Cornwall, Dr. Bellyse of Nantwich, and some recent French writers. I have myself also seen one example of it in a girl 11 years of age; I refer to temporary paralysis of motor power, with some disturbance of sensibility.

In the little girl just mentioned, there was for several weeks complete loss of power in the legs, which is now being regained. I have before alluded to Dr. Kingsford and Dr. Gull's experience.

At one time I felt disposed to believe that all the cases of diphtherite seen in England were scarlatina, more or less masked; but I have now met with so many cases in which diphtherite has attacked persons who have previously had scarlatina (in one case two children were seized with it seven weeks after their recovery from the latter disease), and the symptoms are so very different in the two classes of cases that I am compelled to regard them as two distinct diseases.

There are a few facts which I have met with that suggested to me the possibility that where there is an epidemic of diphtherite abroad the scarlatina virus, acting with the other virus, may develop a disease simulating diphtherite in those who have previously had scarlatina. We have all seen cases in which persons in attendance on patients with scarlatina (who have themselves previously had the disease) are attacked with angina more or less severe and some constitutional disturbance. I have also found instances in which adults living with children suffering from diphtherite have suffered from milder forms of angina unattended with false membranes.

(d) Gaz. Hebdom, Nov. 12, 1858.

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Then call to mind the case which occurred at the Children's Hospital where a child who had had scarlatina is seized with a sore-throat having many of the characters of diphtherite, and a day or two after her sister living in the same house has scarlatina.

Dr. Sanderson exhibited a few weeks ago, at the Pathological Society, the pharynx of a child, which was coated with false membrane. This child had no rash on the skin, nor other signs of scarlatina; but his brother, living in the same house, was seized with a similar throat affection, but had a distinct scarlatina rash. The first child had but little febrile disturbance, nor was there any very marked depression. There was considerable paroxysmal dyspnœa and alteration of the voice: appetite was not completely abolished. He died on the fifth day. The false membrane completely coated the tonsils, uvula, anterior pillars of fauces, the anterior surface of the epiglottis, and partly the pharynx. It did not, however, *pass at all into the* larynx, which is very interesting, taken together with the dyspnœa. The second child died with very similar symptoms, after a few days' illness, unexpectedly; and no post-mortem examination was made. At the last meeting of the Epidemiological Society, Dr. McWilliam stated that he was attending a case of diphtherite in a father whose children were at the same time ill with scarlatina.

These cases certainly appear to indicate a relation between these diseases, and to show that the two epidemics, when existing together, as they have done recently, produce mongrel cases, which combine some of the properties of each malady.

While referring to the nature and affinities of diphtherite, I may just say in reference to the French idea, that it is the same disease as croup; that it differs from the croup which is seen in England in its asthenic and insidious characters; and it differs to some extent in the nature of the exudation, which is less tenacious, and in the extent of parts which it attacks. There is little doubt that it is contagious, which is not considered to be true of sporadic English croup. We, however, so seldom have anything like an epidemic of croup, and sporadic cases of a disease often differ so much from epidemic cases, that we are probably not the best judges in this matter.

There appears no doubt that in France true croup is commonly introduced by a diphtheritic affection of the fauces, and occasionally in this country. Nearly all French writers regard the two diseases as nearly or quite identical.

Dr. West (Diseases of Infancy, second edition, p. 233) states, that in two out of eleven idiopathic cases of croup observed by himself there was a scanty false membrane on the velum and tonsils; and that of twelve secondary cases, in seven false membrane was present on the velum or fauces, and in two the membrane extended to the œsophagus. He observes that his "results, which differ from the conclusions of many most excellent observers in this country, approach much more nearly to those obtained in the Hôpital des Enfans malades at Paris. The district in which my observations were made is low, with defective sewerage, open drains running close to many of the houses, and most of the patients were placed in the most unfavourable hygienic conditions."

May it not be that the epidemic prevalence of the disease may modify it much in the same way that bad drainage and other sanitary defects are observed by Dr. West to modify it? This would be only in accordance with what we know to be true of scarlatina, measles, and typhus.

I am not at all prepared to say that croup and diphtherite are not the same in their essential character; if so, we may suppose that the present epidemic has been modified by the co-existence of an epidemic of scarlatina.

As to the causes, besides the epidemic influence, contagion, and the age of the patient, there is little known. It is said to be favoured by damp and cold. It is generally believed that children previously unhealthy are more liable to be attacked than those who are robust; and many who have written about the present as well as former epidemics, state that bad drainage, defective ventilation, and other unfavourable hygienic conditions, promote the disease; but of neither of these doctrines does there appear to be any very positive evidence, so far as my limited observations on the present epidemic have extended. Children previously healthy living under favourable hygienic conditions appear to me to have been attacked nearly as much as the puny and delicate living in badly-drained, ill-ventilated houses. The disease has been quite as prevalent in rural districts as in large towns. In this respect it agrees with croup.

I have left myself but little time to speak of *treatment*. Every one seems to agree that *caustics* should be used locally, and of these either hydrochloric acid or nitrate of silver in strong solution seems best. If these be used early they are of great service. Some would say you should apply them even to the larynx itself, if there is any reason to believe that that organ is attacked, in the method recommended by by Dr. Horace Green. Dr. Rogers, at a late meeting of the Medical Society, advocated this course by a contrivance of his own. In mild cases weaker solutions are sufficient. In most cases stimulants and fluid nutriment appear indicated. If they are refused by the mouth they should be given per anum. In the way of drugs some recommend chlorate of potash and bark; while some extol ammonia, and others say that iron is almost a specific. Dr. Heslop, who strongly advocates the use of the sesquichlorate of iron, says that the cases which he has met with correspond to those described by Fothergill; and this, taken together with his account of the cases, which is, however, very meagre, makes me believe one of two things, either that the epidemic was one of scarlatinal angina, or else that he has not carefully read Fothergill's account.

I think it has been too hastily concluded that mercurials are contra-indicated in the present epidemic. When the disease runs a rather slow course, and the air-passages are attacked by the extension of a tenacious false membrane from the pharynx, I should be disposed to employ calomel in small frequently-repeated doses, or mercurial inunction, not omitting stimulants, and even tonics, if the symptoms appeared to require them. We must be quite sure we are not dealing with a case of scarlatinal angina before we resort to mercury. The use of emetics may also be allowed in some cases. The tonics most to be recommended are bark and chlorate of potash, or hydrochloric acid.

Should tracheotomy be ever employed?

If dyspnœa is a marked symptom, and the signs of blood poisoning previously to the air-passages being involved were not very marked, I should advise its employment, though not with any great confidence of its doing good.

Conclusions.—1. That there has been in London, and throughout England, for many months past, an epidemic of scarlatina and of scarlatinal angina, which has frequently taken a diphtheritic form. That there has been a great prevalence of many other varieties of angina.

2. That there has been in some parts of the country an epidemic, and in this part of London, some isolated cases of true primary diphtherite, such as described by Bretonneau.

3. That in some places the epidemics have co-existed.

4. That some observers, both of late and in ancient times, have confounded the two diseases.

There are still several points bearing on the diagnosis between diphtherite and scarlatinal angina which require clearing up, such as whether albuminuria is a symptom of diphtherite proper, whether scarlatinal angina has false membrane produced in the larynx.

The relation of diphtherite to ordinary croup also requires further examination.

There have been in London of late many cases of a kind of angina, which has perhaps some relation to diphtherite, but is very seldom if ever fatal. It is what Bretonneau calls "angine couenneuse commune," and Dr. Féron in France has described it as angine herpétique, and it is probably only a variety of tonsillitis.—(Dr. Féron, in *Bulletin Gen. de Therap.* Dec. 1858.)

The tonsils are usually swollen; one or more yellowish white patches form on the most prominent part of one or both of these glands, due to a layer of exudation closely adherent. Deglutition is usually very painful, there is a moderate degree of fever, the tongue is foul with a yellowish coat. Often a mild herpetic eruption occurs near the lips, and there are sometimes a few ulcers on the tongue and inner aspect of the cheeks; in other words, it is sometimes connected with ulcerative stomatitis. The lymphatic glands of the neck are but little swollen.

There is no disposition in the exudation to spread beyond the soft palate and uvula to the back of the pharynx, and still less to the air-passages.

These cases may very easily be confounded with cases

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of the severer disease. The exudation is, however, much more adherent in the former case, the glands of the neck are much less swollen, and there is more pain in deglutition.

Any conclusions as to the efficacy of treatment drawn from the milder cases will give very erroneous impressions as to the gravity and fatality of the disease: because under the simplest treatment, or if left to themselves they get quite well in about a week, and leave behind them but little debility.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

KING'S COLLEGE HOSPITAL.

CASE OF RHEUMATIC FEVER WITH PERICARDITIS AND PNEUMONIA.

(Under the care of Dr. GEORGE JOHNSON.)

J. A. aged 17, a domestic servant, a native of Norfolk, but residing in London for the last eight or nine years, applied at the Hospital on December 15, 1858, with rheumatic fever, and was placed under the care of Dr. George Johnson. She has generally enjoyed pretty good health, but had scarlatina about a month ago, from which, however, she has quite recovered. She says, that she has had an attack of rheumatism once before, but does not exactly remember when it was, except that it was before she came to London, and that of late she has been much exposed to cold and damp. The present attack commenced about a fortnight ago, with pain in the shoulders, and afterwards in the knees and ankles. On admission she complains of severe pain and swelling in both knees, ankles, and wrists. There is also a good deal of pain in the shoulders, particularly in the right; she is quite unable to walk, the extremities are flexed, and cannot be extended without excruciating pain; indeed, the slightest movement only aggravates her suffering. She is a pale and unhealthy looking girl. Bowels confined, urine light coloured, acid, free from albumen and deposit. Pulse, 144; respiration, 16. Ordered—Potass. bicarb. gr. xxv. nit. gr. v. every four hours. Emplast. lyttæ above the knees.

Towards evening she complained of pain in the chest, and shortness of breath; was ordered brandy ʒss. every two hours, and turpentine stupes to the chest.

Dec. 16.—Says the pain in the chest has increased, especially in the region of the heart. Heart's action tumultuous, but there are no morbid sounds; chest sounds otherwise normal. Pulse, 120; respiration, 30. Ordered—Pil. sapon. co. gr. v. statim. sum. et h. s. rep. adde sing. dos. mist. tr. opii ɱ.v. hirundines iv. to præcordial region, followed by a linseed poultice.

17th.—Symptoms have rather increased in severity, and she sometimes screams with pain. Bowels being still confined, she was ordered an aperient pill and draught, and tr. opii ʒj. at bedtime. Pulse, 132; respiration, 40.

18th.—Complains of intense pain in the chest and shortness of breath; passed a restless night, entirely without sleep. There is now a distinct rubbing sound heard over the heart, both base and apex, but especially at the apex. There is dulness on percussion as high as the second rib. The patient has a peculiarly haggard and anxious appearance. Ordered—Potass. bicarb. ℈j. nit. gr. v. tr. opii ɱ. v. t. d. s. ℞. Quinæ disulph. gr. ij. Opii gr. j. Conf. ros. q. s. ut. fiat pil. every four hours. Pulse 110; respiration, 42.

19th.—Rather worse; ordered the pill every three hours.

21st.—Feels better; pain in the chest much less; loud rubbing sound still heard over the heart; right leg less painful. Ordered the pill every four hours; pulse, 90; respirations, 50.

23rd.—Slept pretty well last night, and feels better this morning. Right leg and left arm are improved; right shoulder and left leg still very painful; the to-and-fro friction sound continues over the heart; pulse, 96; respiration, 38. Patient lies quietly in bed; countenance free from anxiety; and dulness on percussion extends only to the third rib.

Continue mixture without tr. opii.

24th.—Ordered the pill every four hours; pulse, 100; respiration, 38.

25th.—Is more feverish, and suffers a good deal from palpitation; the friction sound is no longer audible over the base of the heart; complains of more pain in the back and shoulders, and there is bronchial breathing over the base of the left lung behind. Pulse, 136; respiration, 44. Ordered the pill every three hours.

27th.—Ordered the pill every four hours. Pulse, 126; respiration, 40.

28th.—Feels better. Bronchial breathing, though somewhat diminished, is still persistent; there is also a little dulness posteriorly over the base of the left lung; a slight rubbing sound is occasionally heard over the apex of the heart; the legs are free from pain, but a little remains in the shoulders; urine still acid; nitrate of urea abundantly precipitated from it on the addition of nitric acid after boiling. Pulse, 106; respiration, 28.

30th.—Progressing favourably: the rubbing sound has entirely disappeared; the other symptoms remain. Pulse, 100; respiration, 28. Ordered the pill every six hours.

Jan. 4.—Much better: sleeps well; knees are still rather painful. The heart's sounds and area of dulness are normal; bronchial breathing has disappeared, and large crepitation has taken its place: has slight cough. Pulse, 100; respiration, 24. Omit pill and mixture. Ordered—Ferri. cit. gr. iij. t. d. s.

6th.—Still improving: no pain in the legs; urine neutral. Pulse, 80; respiration, 24.

8th.—Better: no pain in any of the joints; no cough. Pulse, 78; respiration, 28. Omit brandy: wine ʒss. every three hours.

12th.—Patient is convalescent and sitting up in the ward: complains of nothing but weakness. Pulse, 63; respiration, 22.

Tabular View of Pulse and Respirations.

Date.	Pulse.	Resp.	Date.	Pulse.	Resp.
Dec. 15	144	16	Dec. 30	100	28
,, 16	120	30	,, 31	90	28
,, 17	132	40	Jan. 1	92	28
,, 18	110	42	,, 3	84	28
,, 20	100	40	,, 4	100	24
,, 21	90	50	,, 5	99	26
,, 22	90	42	,, 6	80	24
,, 23	90	38	,, 7	96	28
,, 24	100	38	,, 8	88	22
,, 25	136	44	,, 10	90	22
,, 27	126	40	,, 11	64	24
,, 28	106	28	,, 12	63	22
,, 29	120	48			

P.S.—The convalescence in this case was remarkably rapid, considering the nature and severity of the complications. No one who watched the patient could doubt that the opium had a most beneficial effect. Dr. Johnson is in the habit of combining quinine with opium in cases of pericarditis with a view to counteract the depressing influence which opium alone not infrequently exerts upon the heart.

INSTANCES OF THE DETACHMENT OF THE EPIPHYSES OF LONG BONES.

The separation of the epiphyses, as distinct from fracture of the long bones, is a kind of accident about which very little has been written in this country. In some of our best works on fractures and dislocations it is indeed scarcely mentioned. There can be little doubt that a good many instances of this lesion are passed over without any correct diagnosis being formed; but at the same time it must be admitted as probable that the lesion is itself rare. Very scanty, indeed, are the records of dissected specimens of it. It is of course limited to young persons, for the most part to those under fifteen; and a very slight consideration of the mechanism of the bones and joints will suffice to explain why, even in them, fractures and dislocations should be more common. The symptoms of a separation of an epiphysis are usually such as induce great doubt in the mind of the Surgeon, as to whether the case is one of fracture or dislocation. The distortion occurs close to a joint, and there is no crepitus on movement; but on the other hand, as distinguishing the

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accident from a simple displacement of an entire bone, traction will often easily restore the natural state of parts, to continue, however, only as long as the extension is kept up. Indeed, from the great difficulty of securing any point for counter pressure, and from there being nothing in the state of the opposed surfaces to help to retain them in mutual apposition, the treatment of these accidents is very difficult and unsatisfactory. Most Surgeons will have seen cases in which injuries to the elbow in boys have been attended at first by the greatest obscurity as to diagnosis; subsequently, by much difficulty during treatment; and have, lastly, resulted in a more or less stiff and deformed limb. There is often great swelling of the soft parts in the form of accident to which we allude. In not a few of these it is probable that the real lesion is neither a dislocation of the humerus, nor a fracture of its condyles, but a separation of its epiphysis.

We recorded last week two cases in which in young men all the symptoms of fracture of the neck of the femur were present, excepting that the crepitus was ill-marked. In one of these a strong opinion was expressed by one very skilful Surgeon that there was no true crepitus, and that the accident was that which we are now considering. Taking all the circumstances present into account, however, we cannot but think that in both those the balance of evidence was in favour of true fracture; unless, indeed, we regard them as instances of detachment through a layer of but partially ossified cartilage. Both patients were close upon the age at which the articular epiphysis of the femur is found completely united by bone to the neck. The main interest of the two cases referred to, therefore, attaches to the fact, that they illustrate the undoubted occurrence of true bony union after fracture of the neck of the femur; and thus tend to support the opinion that among the most efficient of the causes of non-union after this accident in elderly people is the age of the patient. We have this week to record two other cases in which the diagnosis of detachment of epiphyses was much more conclusively established.

GUY'S HOSPITAL.

SEPARATION OF THE LOWER EPIPHYSIS OF THE FEMUR—DIFFICULT REDUCTION—FIRM UNION.

(Under the care of Mr. HILTON.)

John H. aged 18, a bricklayer's labourer, residing at Edenbridge, was admitted into Guy's Hospital on May 20. He had met with an accident in carrying a hod of bricks down the slope of a railway embankment, having slipped and fallen with his legs doubled under him, and the whole weight of his hod on his shoulder. He stated that during the fall he felt a most severe pain in the left knee, and that on attempting to rise, he found himself unable to straighten the limb. He was at once brought to the Hospital, no attempt at reduction being made.

On examination the left thigh and knee were found to be greatly swollen; the knee was semiflexed, and the foot slightly everted. One inch and a-half above the upper border of the patella (that bone itself being felt with difficulty on account of the swelling), the lower end of the shaft of the femur could be distinguished. Its anterior edge projected forwards, and was well defined. In the popliteal space a considerable projection was easily felt, but owing to the difficulty in straightening the limb, the outline of the parts was not easily ascertained. It was clear, however, that the condyles of the femur projected considerably beyond the lower end of the shaft of that bone. The appended woodcut, copied from "Quain's Anatomy," will serve to remind the reader of the position of the line of junction between the shaft and the lower epiphysis.

Mr. Poland, who attended *vice* Mr. Hilton, having examined the limb, attempted to effect reduction, but found it impossible either to flex or straighten, or further alter the abnormal position of the bones concerned. The attempt caused the patient great pain, and it was accordingly determined to administer chloroform. Complete insensibility having been induced, steady and long-continued extension was employed. After a time the limb was got straight; but still there remained an evident projection above the patella. The lad appeared depressed by the chloroform, and it was decided to desist from further efforts at reduction. A purge was ordered, and cold lotion applied to the limb during the night.

On the following morning Mr. Hilton took charge of the case. The effusion had increased, and the limb had resumed its previous condition of deformity. It was again found quite impossible to alter the position of the bones while the patient retained the use of his muscles, and chloroform was accordingly again given. The limb being now extended to the utmost, Mr. Hilton with considerable force pushed backwards the shaft of the bone, and while held firmly in this position, a back splint was applied and secured. The limb was afterwards supported between sand-bags. The parts were kept well in position without changing the splint until the 27th (one week), when in lifting the lad to another bed the apparatus got sufficiently disturbed to permit of a recurrence of the displacement. The condition of things was again exactly what it had at first been. The same measures were again adopted, and yet more difficulty was encountered. Apposition having been again effected the limb was very firmly secured to back and side splints, and the whole was then fixed in an elevated position, so as to flex the thigh on the pelvis. The splints were removed and replaced at the end of three weeks. In another three weeks, *i. e.* seven from the date of the accident, the apparatus was finally removed, the bones being found to be firmly united. No thickening about the bone ("provisional callus") was perceptible, and the motions of the knee were perfect. Soon afterwards he was allowed to move about the ward with crutches. Nine weeks after his admission he left the Hospital, being directed, however, as a precautionary measure, still to employ crutches for a few weeks to come.

In this case no crepitus was ever felt, and there could be but little doubt as to the accuracy of the diagnosis, as the symptoms were well marked.

THE LONDON HOSPITAL.

SEPARATION OF THE LOWER EPIPHYSES OF THE TIBIA AND FIBULA.

(Under the care of Mr. ADAMS.)

The subject in this case was a boy, aged 14, named Henry H., who was admitted in June 1856. In jumping off a bar of iron he had caught his toes and fallen forward with much violence. In this way the lower epiphyses of both tibia and fibula of the left foot had been detached, the shafts of their respective bones dragged backwards with the foot. The strength of the lateral ligaments of the joint will account for the occurrence of this lesion instead of a dislocation. Had the patient been an adult, in all probability the latter would have been the form assumed by the accident. The symptoms were well marked, the projection forwards of the lower end of the tibial shaft being considerable. The limb was examined with much interest both by Mr. Adams and Mr. Ward. Reduction having been effected with much difficulty, splints were applied. The boy had been carried to the Hospital directly after the accident, so that the first examination of the state of the parts was made before any great amount of swelling had obscured it. Much swelling subsequently followed. We believe that no unusual difficulty was encountered in retaining the bones in apposition with each other. The boy left the Hospital with a very good leg, firm union having taken place.

METROPOLITAN FREE HOSPITAL.

OVARIAN DROPSY.—PARACENTESIS.—DEATH FROM SUPPURATION OF THE CYST.

(Under the care of Mr. BORLASE CHILDS.)

There is no doubt that the operation of ovariotomy (more particularly in consequence of improvements which have recently been suggested) has gained greatly in general favour during the past year. Still, however, it has unfortunately its fatal cases, and these in sufficient frequency to

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make many very cautious of advising it. The following case is one of much interest in its relation to this subject. In it we have a woman the subject of ovarian dropsy, in a stage imperatively demanding relief. The radical operation was proposed, but for certain reasons, chiefly in reference to diagnosis, it was postponed, and a simple paracentesis was performed. The distension was very great, and the patient was emaciated and much reduced in health. It would have been quite impossible to have deferred the tapping for more than a few weeks, so large was the tumour and so thin the abdominal parietes. Within a fortnight of that operation, however, the woman sank, and the autopsy revealed acute suppurative inflammation of the interior of the cyst as the cause of death. The question naturally suggests itself,—would it not have been better to have given her the chance of the radical operation? The result could have been no worse; whilst since all the other viscera were healthy, it is quite possible that it might have been a complete and permanent recovery. Many cases which have recently come under our notice concur to show that the operation of paracentesis is one by no means without a large attendant risk.

In addition to its interest as an instance of death after paracentesis only, the case is important an account of certain peculiarities in the symptoms. Both loins were dull on percussion, a circumstance which led to the suspicion that the dropsy might after all be ascitic rather than ovarian. This was explained at the autopsy. The entire absence of peritonitis is also a feature of some interest.

The notes of the case have been furnished us by Mr. Hulton Webber, the dresser of the patient.

Mary Ann C. aged 28, admitted January 21, 1859, suffering from ovarian dropsy: she stated that the tumour had been growing for the last two years, aud that about four months ago she had become an in-patient at Guy's, where she was tapped, and about a pailful of clear fluid removed, which, however, did not entirely empty the tumour. She has been suffering for the last month from pain in her left side. Mr. Childs, with his colleagues, having carefully examined the tumour, arrived at the conclusion that it was multilocular; but, owing to the absence of resonance on percussion in either lumbar region, it was difficult to determine to which ovary it belonged.

On Monday, January 24, Mr. Childs introduced a trocar into the most prominent part of the tumour, and drew off slowly two pailfuls of dark-coloured fluid, when a large irregular mass became apparent, occupying the epigastric and left hypochondriac regions, and extending to the pubes, having the lobulated feeling peculiar to a multilocular tumour, and apparently connected by considerable adhesions to the anterior abdominal wall. The abdomen was bandaged, and the patient ordered to take opii. gr. ij. statim. 8 p.m. same day appears comfortable: pulse, 85.

Jan 25.—Suffers no pain, but complains of cough; skin moist; pulse, 80; tongue clean.

26th.—Much the same: pulse, 90; says she is quite comfortable, her bowels not having been open for the last two days: she was ordered pil. col. c. col. ij. nocte.

27th.—Complains of great pain all over the abdomen, which, however, on examination appears to be confined to the left side, which is very painful on pressure: she lies on her side, with her knees drawn up: countenance anxious; pulse, 120; tongue coated; sickness and great thirst. Ordered—℞. pulv. opii. gr. ¼. Hyd. chl. g. ij. cons. rosæ. g. s. 4tis horis. Mist. effervescens. ℥i. 3tis horis. Hot fomentations and large linseed meal poultice to abdomen; diet low.

28th.—Pain not so great; thirst urgent; pulse, 120. Still sick; to suck ice. Rep. pil. et. mist.

29th.—Pain rather more severe than yesterday: pulse, 120; weak and thready. Ordered an æther and opium mixture.

31st.—Much the same; appears to be gradually sinking.

Feb. 1.—Still the same. She continued in the same state till 8 p.m. this evening when she died. Brandy and water was administered from the morning up to the time of her death.

Autopsy.—The body was much emaciated: the abdomen nearly as large as previous to the tapping. On opening the peritoneal cavity a large tumour was seen completely filling it up. There were no traces of peritonitis. On the anterior surface of the cyst some bands of adhesion were found, which, however, admitted of being easily broken down by the hand; the other parts of the tumour were free, with the exception of its upper and posterior part, to which the whole border of the great omentum was firmly adherent. A large cyst occupied the entire cavity of the pelvis; the tumour was now raised, and was seen to be developed in the right ovary. Its pedicle was broad, and about three inches in length. The bowels did not come into view on raising the tumour, but were discovered to have been pushed up under the ribs to a level with the fourth rib on the left side. The tumour had grown diagonally upwards from right to left. The absence of resonance on percussion in the lumbar region was thus clearly accounted for. The rectum was about sixteen inches in length. The lungs, heart, liver, kidneys, and spleen were healthy. The left ovary was about the size of a walnut, and contained gaseous matter, and a single long hair like a horsehair, about five inches long. The uterus was healthy. The cyst that had been tapped contained about a pailful of purulent fluid, mixed with numerous flakes of lymph. There were two large cysts besides this one mentioned, and the remainder of the tumour was made up of cysts, from the size of a walnut to that of an orange, containing viscid, gelatiniform substance.

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Medical Times & Gazette.

SATURDAY, FEBRUARY 12.

HOMŒOPATHY IN LIVERPOOL.

We need hardly inform our readers that our brethren at Liverpool have passed a resolution which will exclude from their Medical Institution in the future all Professional men who indulge in the practice of Homœopathic vagaries. The reasons which satisfy us as to the correctness of such a proceeding have been on more than one occasion stated at length in this journal, and, as we venture to think, are unanswerable. We are very glad to find that the Practitioners of Medicine in Liverpool stood firm to their text, and did not allow their proceedings to be warped or thwarted by that usual and eternal claptrap of the Homœopath in distress, viz. that he is a Martyr. The stuff they talk about Galileo and his persecutors is not only stale but stupid, and utterly beneath notice. Fancy the deeds of a Galileo being brought to a level, by comparison, with this swindling of science! Fancy in this free England, in this 19th century, Homœoquacks aspiring to the dignity of Martyrdom! Martyrdom indeed! Why every one knows well enough what martyrdom means in these days in England; that it is an object of ambition; that it means loaves, fishes, and emoluments. The pretended victims of bigotry know well enough, that the only stakes and faggots which blaze now-a-days are those which light up their fame before the public. The more martyrdom the more fees. This is the pleasant conclusion which these doleful-visaged victims are well aware await their bold absurdities about attacks upon the liberty of conscience. We congratulate our Liverpool brethren that they have torn away the veil of these flimsy pretences; and that they have put the Homœoquack just where he ought to be—outside the portals of Medicine, with the freest liberty to sport over the finest domain in the world

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—the gullibility of his species. He calls himself persecuted indeed in his calling when he is the persecutor of Medicine. The pertinacity, indeed, with which the Homœoquack clings to the nest which he has so grievously fouled, would be surprising, if it were not readily explicable. The fact results solely from this, that the delusion derives all its force and life with the public from the ill-reflected light which its fosterers have obtained through their connexion with Medicine. As we have said before: strip the thing of these false and stolen plumes, this craftily borrowed light, and instantly the whole fabric of it would fall down, in the eyes of the public, to that level which it occupies in the eye of Medicine,—the level of Coffinism, Morrisonianism, and Universal Worm-Powders. We are, indeed, surprised that so many of our Medical brethren should fail to see this; and that they should think by consorting with the fallacy thereby most effectually to combat it. They forget that it is a subject upon which there can be no discussion—mere blind credulity, resting on the "baseless fabric of a dream." We trust the gentlemen who opposed the resolution above referred to, will think upon this point a little more deeply. By admitting into their Medical communism Homœoquacks, they manifestly throw the Ægis of Medicine over the delusion these men practise; they give to it that prestige and honour which form its life and sustenance,—the life which it draws from Medicine, and without which it would speedily perish.

Before leaving this subject, however, we would take the liberty of giving one word of advice to the majority who are victorious on this occasion. It is this—Now that they have obtained their object, to abstain carefully from all polemics with the Homœoquacks and their admirers for the future. Let these deluded or deluding gentlemen have the freest scope for the exercise of their ingenuity, now that they can no longer borrow plumes of consequence through a connexion with legitimate Medicine. To argue with them, or in any way to interfere between them and the objects upon which they ply their art, is to give them every satisfaction—to prove their consequence to the world; and to render them a kind of victim or martyr, requiring and deserving the public sympathy.

Our strongest advice is, to those who would see this folly die out its natural death, never to interfere with it, except when it endeavours to thrust itself under the roof of legitimate Medicine, and then to deal vigorously and summarily with it, as the men of Liverpool have well done. Reject it, as you would any other highly obnoxious thing, from your roof, and then have done with it. We could, if it be any consolation to our Liverpool friends, tell them of a town, in which Homœoquackery has been for a brief season a rampant prodigy, where Dr. Dulcamara has rapidly mounted up to Riches, Carriages, and Big Houses; and we can tell them the sequel, viz. that at this present moment, Dr. Dulcamara's tailor's and butcher's bills are unpaid; and that the Globulist is quietly coming to his natural conclusion. We shall watch this small comedy; and when it is played out will give the tale and its moral to our readers. In the meantime let there be no "Battle of the Doctors," as announced by some of the Liverpool journals.

THE WEEK.

The following fact, given by an "Observer," in the *Times*, is proof enough, we should think, to open the eyes of Authority to the improper position which Medical men are made to occupy in the Navy. The evil will now work its cure:—

"No Assistant-Surgeons can be procured for the Navy at a time when candidates for admission into the Army are numerous; the *Gazette* of Friday having contained the names of no less than thirteen gentlemen who have just obtained commissions as Assistant-Surgeons, and a few weeks previous a similar number. I may also state that there are at this moment eight line-of-battle ships and two frigates without their proper complement of Assistant-Surgeons, but whose Surgeons are borne in lieu of them."

If the position of the Naval Surgeons is not at once raised to that of their Army brethren, the attention of Parliament will be called to the subject.

The following remarks on "English Guano," from the last quarterly return of the Registrar-General should be stored up by our readers and used in furtherance of sanitary improvement in all parts of the country:—

"Liebig, the great agricultural chemist of Europe, has recently reminded us of English Guano, as a substitute for foreign supplies. 'I am firmly of opinion,' he says, 'that if England wishes to remain an agricultural country she must use as manure the nightsoil and similar residues produced in large cities.' Now England is a great agricultural country, and she will remain a great agricultural country to the end of time. And before the supplies of Peruvian Guano fail in our imports, she must bring the article which may be called English Guano into the field. It is poison alike in the cesspool of large cities, and in the middens of cottages in the country; it is manure in the soil. The land requires it; the houses must get rid of it. Byron, to justify his plain speaking, quotes a sentence from Voltaire: 'La pudeur s'est enfuite des cœurs, et s'est refugiée sur les lèvres.' Without pleading guilty to this charge, it must be admitted that while the cesspool nuisance has been increasing every year in all the cities of Europe, from Petersburgh to Paris, from Vienna and Venice to London and Liverpool, it suggests ideas so disagreeable that it is rarely mentioned. The time has, however, come when the thing must be met. It cannot be evaded. Scientific research has traced the propagation of typhoid fever to this source. It is the great nidus of the cholera poison. The very aggravated disease, diphtheria, which infests this country, first assumed the epidemic form in France. And every traveller knows, that if the perfumery of France is exquisite; if her *cuisine* is the despair of English gourmands; if her arts are admirable; if her society is charming; her *cabinets* are everywhere detestable. They give an Englishman literally *mal à la gorge*. And French Guano was apparently the slime on which the diphtheria,—whether it is a new or old form of disease,—whether it is a parasitic or a simple zymotic malady,—assumed its epidemic character. In England it has unhappily found a congenial home; and all over the Continent it spreads under still more favourable conditions. In Munich, whence Liebig warns England of her danger, adorned as the Bavarian capital is with a Glyptothek, a Pinacothek, and other wonders of Bavarian art, delicate ladies are persecuted in the hotels by ammoniacal emanations."

The population of Glasgow is reckoned by Dr. Stracy (a) to be 395,000. During the last twelve months there have been 15,897 births there; so that the proportion of births to population is about 1 to 25, which is a very high rate; for in Edinburgh it is 1 in 34, in Perth 1 in 33; in England, generally, 1 in 40. Of these births, 77 in every 1000 are illegitimate; but in this respect Glasgow presents somewhat of a more moral aspect than Aberdeen, Perth, Dundee, or Edinburgh. Last year marriages in Glasgow were at a considerable discount—a fact accounted for by the monetary crisis. The ratio of deaths is as 1 to 34; in Scotland, generally, it is 1 to 49; in England and Wales 1 to 44; in France 1 to 38 or 42. The infantile mortality is excessive; last year it constituted more than one half of the whole number of deaths. The cause of this extraordinary mortality is ascribed by Dr. Stracy, not to the climate, position, or physical condition of the town, but to certain peculiar, social, industrial, and moral causes. It arises, he tells us, from the large proportion of births to population, from maternal neglect,—"from opium-soothing resources, and other poisonous appli-

(a) Report on the Vital and Economic Statistics of Glasgow.

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ances, to which those entrusted with the care of the helpless offspring of unnatural parents have recourse, and from the absence of all Medical aid, which is never asked for in such cases." The moral philosopher and philanthropist have more to do here, is his assertion, than the engineer. No less than 43 persons were found dead in the streets, or died out of doors during the twelve months. The Report winds up by informing us that at this moment Glasgow is in the highest state of commercial prosperity.

Small-pox is becoming more and more prevalent in this country of Jenner, yet the Vaccination Extension Act of 1853 is not carried out. In 1858, the Registrars entered the births of 655,627 children, yet they only received 376,798 vaccination certificates. Some children die before they can be vaccinated, but these would not exceed 52,400, if they are represented by all the deaths in the first three months of life. No doubt many children have been vaccinated, and Medical men have neglected to send the certificates to the Registrars; but a large number of children must have remained unvaccinated in spite of the law. The Registrar-General says:—"The Act appears to work very unsatisfactorily in all its registration clauses, which evidently require revision." We trust that this Session of Parliament will not pass without an amended Vaccination Act, and that one of the clauses to be revised will be that upon which the Medical Profession is expected to do the work of the public for nothing.

The Medical Registration Associations are beginning to do good service now that they are getting into working order. The "Lambeth" and other local Associations are merging into the "London." This seems to be a mistake, as it is by local knowledge that these Associations are most likely to work beneficially. It is well to have some central body, perhaps, to communicate with the Registrar and Council; but the local committees should certainly be kept up. In the published list of the Derbyshire Association there is at the bottom a separate list of unqualified Practitioners in that county; and Dr. Ladd has stated that the London Association had already made Dr. Hawkins acquainted with "the existence of upwards of sixty unqualified Practitioners." It is only by these Associations, and by qualified men affording information to the Registrar, that the public can be protected against the entry of unqualified persons upon the Register.

Sanitary questions have come before Parliament unusually early this Session. Mr. Walpole's Bill, "To regulate the keeping and sale of Poisons," has been brought in and read a first time. It was introduced in a speech of some length from the Home Secretary, who showed that since the Arsenic Act cases of poisoning by arsenic had diminished from 92 cases in each year to 27 cases; but that those bent on suicide had been driven to the use of other poisons instead of arsenic. He thought that the bill would do good rather as a check upon accidental than suicidal poisoning, and proposed to remedy the defects of the Arsenic Act by obliging all persons who sell certain poisons, the list of which have been reduced to thirteen, to keep them and sell them conspicuously labelled. The list of poisons is framed upon the following extract from the last report of the Registrar-General:—

"Four hundred and one persons died annually of poisoning, and in nearly 113 cases the poison is not specified. Opium is the principal specified poison; by that drug 125 persons are said to have died—namely, 89 by laudanum, 34 by opium, and 2 by morphia. 34 persons were killed annually by prusic acid, including 15 by the essential oil of bitter almonds. Arsenic stands next; and to it 27 annual deaths are referred. The salts of lead kill 23 persons annually; the salts of mercury kill 10; oxalic acid kills 13; sulphuric acid (oil of vitriol) kills 15 persons annually. The deaths from these poisons are understated, as the 113 deaths from unspecified poisons are chiefly caused by them; and in some cases the poisoning is not discovered, and the death is ascribed, erroneously, to disease. The deaths by poisons are murders, manslaughters, suicides or accidents. They would be greatly diminished, if solid opium, laudanum, prussic acid, essential oil of bitter almonds, arsenic, sugar of lead, corrosive sublimate, oil of vitriol, and oxalic acid were only retailed upon the production of a medical prescription. Quack medicines, overdoses, and improper medicines, are stated to have caused 183 deaths in five years."

It is to be hoped that no class interest will again be exerted to obstruct the passing of a measure essential to the public safety. Next week the condition of Lunatics is to come before the House of Commons. On Monday Lord Naas is to move for leave to bring in a Bill "To consolidate and amend the law relating to the Lunatic Poor in Ireland," and on Tuesday Mr. Tite is to "move for a Select Committee to inquire into the operation of the law relative to the Trial and Treatment of Lunatics, especially those so found by inquisition." It is to be hoped that this subject will be approached with the attention it deserves, and that members will not join in the vulgar outcry against "madhouses and mad-doctors," but will speak from their own knowledge of the public and private Asylums in the counties or boroughs they represent.

MEDICAL REGISTRATION.

The following memorial has been addressed by the Committees of the Northamptonshire and Bedfordshire Registration Association, to Sir Benjamin Brodie.

To Sir Benjamin Brodie, Bart. Pres. R.S., D.C.L., &c.
President of the Medical Council.

Sir,—We, the undersigned members of the Committees of the Northamptonshire and the Bedfordshire Medical Registration Associations, respectfully solicit your consideration of this Memorial.

By the 15th Section of the new Medical Act, three modes are prescribed for the Registration of Members of the Profession.

1st, By "producing to the Registrar the document conferring or evidencing the qualification" of the applicant.

2nd, By the applicant "transmitting by post to such Registrar information of his name and address, and evidence of the qualification, etc. and of the time or times at which the same were obtained."

3rd, "It is lawful for the Registrar (upon the receipt of the fee), provided the names, qualifications, and residences appear in the certified list of a licensing body, to enter in the register such names, etc. without other application."

We beg most respectfully to express our opinion that the 1st and 3rd modes of carrying out the Registration are most insecure and unsatisfactory, for the following among other reasons, namely:

That the Registrar must be a stranger to the great majority of applicants; that he cannot be acquainted with their age, their residences, or know that they are the veritable individuals whose names appear in any produced documents; nor can he have any knowledge that such documents were lawfully obtained; or, in cases of suspicion, has he the time or the opportunity to institute satisfactory inquiries.

That the several licensing bodies can have little or no knowledge of their members, for though the Pass Lists may contain the places of their education or birth, these are seldom the places in which those Members commence or continue the practice of their Profession; consequently, the said bodies can have no exact knowledge of the residence, change of residence, deaths, or other circumstances connected with those members, or the identity of parties bearing the names appearing upon their lists.

That there has been an imperfect, if any, revocation of diplomas of deceased members, so that numbers of such

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diplomas must be in existence, bearing a high marketable value, and affording strong temptations to fraudulent impersonations.

The very easy and lax mode adopted during the first few weeks of registering may entail many deplorable prosecutions in order to remove improper names from the Register.

Your memorialists beg to express their opinion that the second mode of Registration is the more secure and efficient, and may be rendered satisfactorily so, by a rigid construction of the phrase "evidence of qualification;" that the Executive Council has the power not only to enjoin such a construction, but also to empower their Registrar forthwith in all cases to demand the same.

Your memorialists beg to subjoin the system they have adopted in receiving (under the sanction of the Registrar) applications for registration; and without presuming to dictate, or recommend any one plan, they respectfully express the hope that the above objections will be taken under the serious consideration of the President and the Executive Council.

We have the honour to remain, Sir,

Your very obedient servants,

D. J. T. Francis, M.D.
John Henry Webster, M. D. } Physicians to the Northampton Infirmary.

H. Terry, F.R.C.S.
J. Mash, F.R.C.S. } Surgeons to the Northampton Infirmary.

John M. Broyan, M.D. F.R.C.S. Northampton.
Benjamin Dulley, F.R.C.S. Wellingborough.
J. Foster Gray, M.R.C.S. L.S.A. Northampton.
Robert S. Stedman, M.R.C.S. L.S.A. Sharnbrook, Beds.
G. F. D. Evans, M.D. L.R.C.P. Chairman of the Bedfordshire Committee.

T. Herbert Barker, M.D.
H. W. Sharpin, M.R.C.S. &c. } Bedford.
C. C. Prior, M.D.

January 31, 1859.

We, the undersigned Medical and Surgical Practitioners, registered under the Medical Act, 21 and 22 Vict. c. 90, hereby certify for the Registrar for England, that we have individually examined the diplomas of qualifications of

and are of opinion from such examination, and some personal knowledge, that is legally entitled to be registered as and

(Signed)

January 1859.

DIPHTHERIA.

Subjoined is an analysis of the information upon this subject contained in our two volumes of last year.

Pathology and Diagnosis.—Dr. Fuller (Feb. p. 152) exhibited to the Pathological Society a specimen of fibrous exudation in a child 9 years of age. This was coughed out during a violent paroxysm of dyspnœa, which seemed to threaten death. It formed a complete cylindrical cast of the pharynx, four inches in length, and was capable of receiving four fingers. Complete relief followed. In a fatal case, related by Dr. Greenhow (March, p. 280) to the Harveian Society, the pharynx and tonsils were found covered with loose, granular exudation, the membrane beneath being in an aphthous condition. It extended to the rima glottidis; but the larynx and first inch and a-half of the trachea were lined with a tube of croupy false membrane, adhering to the subjacent tissue at only a few points. In a specimen exhibited by Dr. Semple (Oct. p. 434) the tonsils, larynx, and whole length of the trachea were covered by pellicular membrane, not forming one coherent tube, but in soft detached fragments.

M. Bouchut (May, p. 485) observes upon the confusion that has resulted from confounding together various affections, as the Syriac ulcer, malignant gangrenous angina, Huxham's sore throat, Fothergill's angina, diphtheritis, and croup—affections differing from each other both in their nature and the treatment they require. The true form of *angine couenneuse* or diphtherite, is attended with no breach of surface, and in sporadic cases there is little or no fever or danger. Under epidemic influences, however, the disease proceeds beyond the pharynx, low fever sets in, and the mortality is great. It is a diphtheritic intoxication then, the true nature of which we are ignorant of, beyond the fact that it is connected with epidemic influences.

Professor Laycock (May, p. 548), having observed the mycelium and sporules of the *oidium albicans* (which is also met with in the muguet of infants in France) in diphtheritic exudation, was induced to attribute the formation of the pellicle to the action of the parasite on the enfeebled mucous surfaces, inducing increased formation of epithelial scales and mucus exudation corpuscules, with which the microscopic fungus became intermingled. In this way may be formed a pellicle varying in thickness and tenacity according to the surface attacked and the condition of the patient. If the fungus multiply in a population during the prevalence of epidemics of scarlatina or measles, that epidemic may take on the diphtheritic form in the cases attacked by the *oidium*. The diagnosis of diphtheritic *oidium* from ordinary aphtha is founded on the fact that the particles of aphtha are vesicular and ulcerative, while in diphtheria they are pellicular, the redness being also much deeper. Subsequent observations by Dr. Wilks (Oct. 6, p. 354) show that these conclusions may be somewhat hasty as characterising diphtheria, inasmuch as he has found the fungus, identical with that observed in diphtheria, in the films forming in the mouths of patients sick of various diseases, not having the remotest connexion with diphtheria. A vegetable fungus may thus spring up on the buccal membrane in various cases of disease, some previous morbid condition probably serving for a nidus: and may this not be so in diphtheria? Is diphtheria, strictly speaking, a malignant sore-throat and the formation of the pellicle an accident; or is the latter an essential part of the affection? Dr. Heslop (May, p. 562) believes that although so little known now, this disease was well understood and described by former British authors, especially Fothergill. It is a pestilence with well-marked features. After prevailing with malignant severity over a great part of France in 1855 and 1856, and making fearful havoc on the coast immediately opposite England, it began to be heard of in this country early in the autumn of 1856. A few scattered cases of great severity were met with, and after an apparent check during the winter, its ravages were noted in widely distant parts of the kingdom during 1857. In the midland district, which was one of the first it appeared in, the attacks of late have become milder. It is contagious, though not highly so; and its ataxic phenomena are most striking—prostration quite disproportionate to the amount of disease in the throat coming on early, and remaining after all other indications of disease have passed away. In the worst cases a foul, ulcerous condition of the fauces complicates the genuine membraneous angina. The mode of death, as in other pestilences, is by asthenia, and frequently the event is sudden and unlooked for. Dr. Heslop points out at length the differences between this affection and croup. Dr. Whitehead (May, p. 560), describing the disease as seen at Boulogne, states that the symptoms are very similar to those of croup; but they come on suddenly, without the peculiar crowing, after what seems a slight sore-throat: on examining the fauces then they are found red and dry, the tonsils dripping with a thick, opaque, offensive matter. Sometimes there is also great externally swelling of the throat. Dr. Camps (May, p. 565) believes that three distinct varieties of the disease, if not three distinct diseases, have prevailed. 1. Cases which have presented a precise resemblance to those described by Bretonneau. 2. Other cases, presenting many of the characters of the Fothergill sore-throat; and 3. Cases consisting in the sore-throat accompanying scarlatina, whether the eruption has been present or not. The type of diphtheria properly so-called is essentially asthenic. Dr. Sanderson (May, p. 567), observed that diphtheria is not dependent on local causes or overcrowding, and is transmissible by contact. He believed that the disease recently prevalent was identical with the malignant sore-throat described by many authors; and was in many instances preceded by scarlatina. The thickness and adhesiveness of the exudation was less marked than that described as occurring at Tours, and the mode of death was different. In this country exhaustion and fever destroyed the patient rather than asphyxia, as in Bretonneau's cases. In true diphtheria there was no fever, and no fœtid breath, while both were remarked here. In diphtheria the local affection is all important, the exudation being firm, elastic, and very tenacious; while in this country

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the general symptoms were of more importance, and the exudation was less firm. Dr. Pollock (May, p. 567) believed that Bretonneau had painted the disease too strongly. True diphtheria, so described, was not a prevalent disease; but many cases more or less approximated to it. All such arose from poisonous influences, and, however different, they were yet identical. In the same family these throat affections may approximate to and diverge from the diphtheritic type, there being in some exudations, in others, ulceration and excoriation. M. Beau (May, p. 486) relates some cases in proof that where death does not take place from secondary croup, it may do so from fibrinous concretions in the heart.

Treatment.—M. Bouchut states that this is to be the same whether the disease occurs in the sporadic or epidemic form. The indications consist in the mechanical or chemical removal of the false membranes, and the prevention of their re-formation by the aid of contra-stimulant and anti-plastic remedies. The first of these is best fulfilled by giving emetics every or every other day; and the membranes may be destroyed by muriatic acid or other substances; but M. Bouchut prefers glycerine as an efficient solvent of these, especially when they are not too hard, but are muco-fibrinous rather than fibrinous. As a means of preventing the re-formation of the membrane, M. Bouchut has a bad opinion of mercury, preferring to this divided doses of antimony. He has derived no benefit from chlorate of potass, which is so useful in ulcerative and gangrenous angina. M. Duchs (May, p. 486), during an epidemic at Ouanne, found no treatment whatever of use; but M. Barth, in his recent report upon the epidemics of 1855, states that it was always found that the victims were most numerous when the disease was left to itself, while the recoveries notably increased, when it was promptly treated by emetics, the application of caustics, and the use of tonics. M. Pichenot, during an epidemic at Censerey, found great advantage from administering emetics prior to the formation of the membranes, the removal of these by alum, and then repeated applications of nitrate of silver, giving at the same time tonics and strong broths. M. Loiseau, of Montmartre, declares that he has never lost a case since he has applied tannin and alum.—Dr. Laycock (May, p. 548.) As an asthenic condition is invariably present, favouring the development of fungi, tonics, stimuli, and the so-called antiseptics are indicated. Locally parasiticides are the best applications, and of these a saturated solution of biborate of soda is perhaps the best and safest. The chlorate of potass may be used with the same object. The bichloride of mercury as a gargle is an old remedy in malignant sore-throat; but any metallic salt would probably be as efficacious. Alkaline gargles and applications, and especially the chlorides (as common salt) have been found useful; and the nitrate of silver, though the most popular, is not the best application. The disease being contagious, isolation should be resorted to as a preventive. Dr. Heslop (May, p. 552) has found great advantage in substituting dilute muriatic acid for nitrate of silver as a local application; and in administering the muriated tincture of iron internally. Dr. Whitehead (May, p. 560) states that the disease was treated at Boulogne by continual emetics, cauterising the throat internally, castor-oil, and blisters and leeches externally to the throat, the diet being light broth. He relates the case of a man that occurred to himself, in which the tonic plan and applications of borax, chlorate of potass, and muriatic acid, proved successful. Dr. Sanderson (May, p. 567) adduces the nature of the treatment as an additional reason for considering the prevailing disease not to be true diphtheria; for while the latter requires antiphlogistics, the former calls for tonics. Mr. Witten (Dec. p. 646) thus sums up the essential points of treatment: Good ventilation; enveloping the body in flannel; first mustard and then linseed-meal poultices; beef-tea and port wine every two hours, and chlorate of potass with tincture of bark in the intervals. Strong solution of nitrate of silver (3ij ad. ʒj.) also to be frequently applied over the whole internal surface.

Belladonna is said by M. Heustis, of New Orleans, to have a remarkable effect over the generative organ. He has found it of service in chordee, in cases of nocturnal pollutions, and of incontinence of urine in children.

GENERAL CORRESPONDENCE.

TREATMENT OF DIPHTHERIA.

Letter from Mr. Clark.

[To the Editor of the Medical Times and Gazette.]

Sir,—So much has of late been said on the subject of diphtheria that I should hesitate to trouble you with this communication, were it not that I consider it to be the duty of each to impart any information in his power to add to the general stock.

The question of tracheotomy has its upholders, in opposition to those who prefer the more recent operation of tubage of the larynx; but it appears to me that if any means could be devised to render either of these operations unnecessary, a still greater boon would be conferred.

All observers agree in recording the state of constitutional depression with which this disease is accompanied, though there may be, and is, much of local inflammation. If, then, the general circulation can be increased, the capillaries of both the mucous lining and external integument will be excited to more vigorous action, exhalation will take place from their respective surfaces, and detachment of the false membrane will, in favourable instances, be the result. I venture to trouble you with two cases which have recently fallen under my observation, and which recovered in a few days without any untoward symptom. As a result of observation in those and somewhat similar instances, I strongly incline to place the constitutional treatment in the first rank, by no means, however, disparaging the necessary auxiliary remedies.

I am aware that it is the opinion of gentlemen who have exhibited casts of such cases at recent meetings of the Pathological Society, that their patients sank from exhaustion and not from apnœa, and who have expressly stated that "the breathing had become comparatively comfortable before death occurred." But might not this easily take place from the extreme natural sensibility of the epiglottis being overcome by the continued presence of its foreign pellicular coating? if it had not ere this been expectorated. The apnœa then evidently had existed at a previous stage to an alarming degree, but from increasing debility appears to have yielded to a more tranquil and equable state of the respiratory and circulatory systems: the apnœa being the primary, prostration the ultimate, cause, of the decease.

A lad, aged 12, of fair complexion, delicate from his infancy, appeared well, but talked much of diphtheria, two boys in his school near London having died of it. In a few days he suffered from rigors, complained of feverish symptoms and soreness of throat. Ordered: Spt. ammoniæ arom. æth. chloric. āā ʒiii. tr. lavandulæ co. ʒss. ad. distil. ad. ʒviii.; ʒii. omni. vel. om. 2nda horâ, and linseed-meal poultice to throat. Repeated 6tis horis. ℞. quinæ disulphatis gr.iss. morning and noon.

Bed, warm clothing to induce perspiration, but neither acids nor salines.

No ulceration or pellicular secretion apparent on the tonsils or in the fauces. Three days later: Having coughed violently last night, expectorated a dense, tough, and muco-fibrinous cast of the upper portion of the larynx 1¼ inch in length; thus inverting the usual order of its appearance, as this morning, and not until now, were white pellicular patches discernible on the pharynx and both tonsils.

Touched them twice daily for a few days with argenti nitratis g. xx. ad aq. ʒiss. The quina was gradually discontinued after the fourth day. Ordered also: ℞. acidi hydrochlorici dil. ʒiss. glycerinæ ʒi. aq. ad ʒviii.; ut fiat gargarisma sæpe utenda. Also an occasional dose of ol. ricini.

Case 2 was that of a young female, tall, and apparently very healthy, but of delicate constitution. Was attacked with rigors and a sense of chilliness; fauces highly injected; pulse full and bounding; tongue loaded with thick fur; breath fetid. A similar treatment was immediately pursued, taking ʒss. for a dose, the result of which was that the tongue became nearly clean and moist during the first night, and the feverish symptoms subsided. On the second day I observed one minute spot on the right tonsil; next morning found that it had increased, and another had appeared on the opposite

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tonsil. On touching the latter it was removed by the application of the brush, and was afterwards clearly perceptible in the water in which the brush was cleansed, in a branching stellate form. A single subsequent application sufficed to remove the disease, but the fauces were absolutely purple, and required nearly a week to regain their normal colour.

The above plan of treatment is merely a modification of that which I have seen elsewhere recommended, but which appears to me judicious and practical.

I am, &c.

Leamington, Warwickshire, Jan. 29, 1859. J. Fenn Clark.

VOLTAIC NARCOTISM.

Letter from Dr. Alexander Wood.

[To the Editor of the Medical Times and Gazette.]

Sir,—I was much interested by the perusal in your journal of the 5th inst. of an editorial article on certain recent experiments of Dr. Richardson on the production of local anæsthesia. I have been in the habit of employing narcotic injection for that purpose, as described by me for the treatment of neuralgia, and many dentists are in the habit of using the syringe and injection for deadening sensibility before performing certain painful operations, such as pivoting.

But my object in writing to you at present is to state that a very ingenious friend of mine, Mr. Charles Burnett, well known here for his philosophical discoveries, now more than a year ago advised me to dispense with the needle and puncture altogether, and to cause the narcotic solution to pass through the part by a proper arrangement of the galvanic current. Mr. Burnett and I had often purposed making experiments, with the view of accomplishing this, but in the multiplicity of other pursuits they were deferred.

I have little doubt that Dr. Richardson's success, as recorded in your journal, is explicable on the principle suggested by Mr. Burnett.

I am, &c.

Alex. Wood.

No. 10, St. Colme-street, Edinburgh. February 8, 1859.

ARSENICAL PAPER-HANGINGS.

Letter from Dr. Wright.

[To the Editor of the Medical Times and Gazette.]

Sir,—I was on the point of having my library hung with a green flock paper, when my attention was fortunately directed to Dr. Taylor's interesting and important communication, on the injurious effects occasionally produced by such papers. I am the more thankful that we have been induced to alter our intention by Dr. Taylor's observations, because, in all probability, I have been already a sufferer, from having had the walls of a small library, in a former residence, covered with a green arsenical paper.

During the time we occupied the house referred to, and never before or since, I had not fewer than four or five severe attacks of cholic, for which it was impossible to assign any satisfactory cause. A suspicion was entertained, that they might be occasioned by lead poisoning; but there was no obvious source from which the metal could be introduced. At this time, a period which extended over five or six years, I was frequently the subject of chronic sore-throat, for which also there was no apparent cause; and I suffered, with other members of the family, from tenderness about the margin of the eyelids, felt more especially in the morning, and which we were in the habit of ascribing to the use of a camphine lamp. That I should be affected more severely than any other person residing in the house, is explained by the greater length of time which I spent in this particular room.

On examining the paper of this room a few days ago, the green colouring matter on its surface was proved, by Reinsch's process, to be a preparation of arsenic; and I now entertain little doubt that the symptoms just mentioned were occasioned by inhaling the poisonous dust detached from it. I would direct especial attention to the fact, that it is what would be called a glazed paper—and, consequently, one of those which might be supposed to be free from any injurious properties. But the glazing is only partial, and the green ivy and fern leaves of the design seem to have been put on after the general surface of the paper was glazed. This is, probably, a common practice in the manufacture of these papers, as several others were observed to present the same peculiarity.

Of the green flock papers, I have examined seven or eight patterns. The most important observation which was made respecting these is, that the green flock itself is free from arsenical colouring matter. The material of the flock is wool, which is evidently dyed before it is put upon the paper. One of the patterns was entirely covered with the dark green flock, the design being enlivened with sprigs of gold, and this paper was found to be perfectly free from arsenic. All the others contained the poisonous pigment, which constituted the colouring matter of the lighter green ground on which the dark green flock was merely used to form the principal features of the designs. The ground was unglazed, and the pigment was easily detached from the surface; so that the only green papers which are not likely to be injurious, are those which present no other green colour than that of the flock itself.

I may remark in conclusion, than an intelligent paper-hanger, who happens to be working for us at present, tells me, that he never covers even a small room with a green paper without suffering, for two or three days afterwards, from symptoms which resemble those of a very bad cold; a redness and watering of the eyes, *stuffiness* and irritation of the nose, soreness of the lips, and an uncomfortable feeling about the throat.

I am, &c.

J. J. Wright, M.D. Edin.

Campfield House, Malton, Yorkshire, Feb. 1, 1859.

DIPHTHERIA AND SCARLATINA.

Letter from Dr. Kingsford.

[To the Editor of the Medical Times and Gazette.]

Sir,—Dr. Hillier in his interesting paper upon Diphtherite refers to a communication from me upon the same subject, and expresses an opinion that in my description of the disease some cases of scarlatina anginosa were included. I shall, therefore, be glad of an early opportunity of correcting that impression. No cases of scarlatina occurred in my practice during the time that diphtheritic sore-throat was prevailing in this neighbourhood; moreover, the two diseases appear to me to be so distinct, that I can hardly conceive any one who has carefully observed cases of diphtherite experiencing much difficulty in arriving at a true diagnosis of the complaint. I would especially direct attention to the different appearance of the tongue in scarlatina and diphtherite, as a most important aid to diagnosis. In the one, even if at the outset the tongue be covered with a white fur, the edges will present a bright red colour, and the papillæ be of an elevated character; in the other, the tongue, according to my observation, is covered entirely by a thick creamy or dirty slate-coloured coat, and presents neither red edges nor elevated papillæ, although some depressed red points or papillæ may often be seen through the thick coating.

I am, &c.

Upper Clapton, Feb. 8. Chas. D. Kingsford, M.D.

ON THE INTERNAL EMPLOYMENT OF CARBONIC ACID IN THE TREATMENT OF DISEASE.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have been a sufferer for many years past from chronic derangement of the stomach of an aggravated character, accompanied by a depression of the nervous system so severe as to make my life one of great wretchedness. To those who know from actual experience what these complaints really are, I need not describe my symptoms further. To those who know them not I will merely say—be thankful that you have escaped a fate so miserable.

I have tried the regular doctors; I have tried Dr. Dickson, who has abused the regular doctors; I have tried the cold-water cure for six months; I have tried the grape cure a[t]

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Meran in the Tyrol; I have been to Tunbridge Wells, Vichy, Carlsbad, Saratoga, and Kissingen. At each of these places I was under the care of a local Physician of reputation. After all these things I was still a dyspeptic.

I have been twice to Carlsbad, and I have drank its waters, and used its baths long and perseveringly without any perceptible benefit. I have been three times to Kissingen. From my first and second visits I derived little, if any, benefit, owing I believe to having drank an excess of the waters. Upon my third visit in May, 1858, acting upon a suggestion of my own, I greatly reduced the quantity of water, and with advantage. The improvement in my health, it is true, was not very great, but it was an improvement, and that to me was encouraging. At the same time I felt persuaded that my perfect recovery would be a tedious one, extending perhaps over some years. I intended to have returned to Kissingen in the autumn, but private circumstances occurred which prevented me carrying out this plan. As a substitute for it I drank the Kissingen waters in England. I experienced some benefit from this course, but not so much as I had expected. I was somewhat disappointed at this result, and one day while speculating as to its cause, I was induced to infer that the views which the Faculty entertained touching the Vechy, the Carlsbad, the Kissingen, and their cognate waters, were altogether erroneous; that the efficacy of such waters depended neither upon alkalies nor metallic oxides, but upon carbonic acid; and that the right agent to employ would be pure water acidulated by means of carbonic acid-gas.

Shortly after this I commenced an experiment upon myself with water strongly impregnated with the above-mentioned gas, and within less than four weeks' time my health was more improved than it was by my three visits to Kissingen. The improvement in my health is, indeed, now so decided that I confidently expect a few courses more of the carbonic acid-water will completely free me from my old complaints.

The following directions embody the result of my present experience:—

The carbonic acid-water is to be taken before breakfast.

Let the patient take a tumblerful of the water, and then walk briskly for half-an-hour. At the end of this time another tumblerful of the water is to be taken, and then another half-hour's walk.

This course is to be continued for a month.

A discontinuance of the water for a month is then to take place.

At the end of this time the water is to be begun again, and to be continued for a month, and then to be discontinued for a month, and so on until a cure is effected.

I am, &c. G.

London, February 4, 1859.

AMPUTATION AT THE CARPO-METACARPAL ARTICULATION.

Letter from Mr. Charles Sedgwick.

[To the Editor of the Medical Times and Gazette.]

Sir,—Having read in the last week's Journal an article of Mr. Rudall's, on Amputation at the Carpo-metacarpal Articulation, in which he advocates the conservation of the wrist-joint, I beg to add my testimony to his by relating a case which has lately occurred to me; although dissimilar in many respects to his, still showing that it is our duty to preserve such portions of the human frame as may be of importance to the performance of their functions, especially those of the wrist-joint, as Mr. Rudall observes. On the 6th of September ult., my uncle and myself were summoned to B. F. Watson, Esq., who had been out shooting, and was in the act of loading the barrel he had just fired off, being near a stile, when one of the dogs jumped over, and his paw caught the hammer of the loaded barrel, which immediately exploded, carrying away the third and fourth fingers of the right hand, leaving the second hanging by the integument only. The palm of the hand was dreadfully shot away, still leaving the index finger and thumb uninjured, excepting a slight gun-shot wound of the thumb, so that we thought, as our patient was a solicitor of extensive practice in London, it was right we should preserve the finger and thumb if possible, although perfectly aware of the amount of danger thereby incurred, especially in a patient of the age (59,) and of such a nervous temperament as Mr. Watson. After inhaling chloroform without producing much effect, I proceeded to remove the metacarpal bones of the injured fingers from their articulations with the magnum and unciform, by commencing between the index finger and the second, carrying my knife along the metacarpal bone of the second finger to its articulation, and then disarticulating them all; but from the laceration of the soft parts, I could not obtain flap sufficient to cover the magnum and unciform, without removing them, which I did without much difficulty, considering the number of their articulations; and by so doing obtained a very good covering, but still leaving a superficial gun-shot wound on the palmar side. Two arteries were taken up, and it was then dressed with cold water dressing.

Our patient went on admirably for a fortnight, without any amount of fever, till after taking a slight aperient, he fainted on getting out of bed in a hurry, and throwing his arm back, he struck the wrist a violent blow, causing fresh inflammation, and slight suppuration, which yielded to treatment, and our patient has since progressed favourably, and is now perfectly well, having tolerable movement of the thumb and finger, considering the short period that has elapsed, and which I have no doubt he will be able to use with perfect freedom.

Miller mentions a case in his Practice of Surgery, page 657, Fig. 211, in which the thumb and little finger with their metacarpal bones were left; but I have not seen a case on record in which the thumb and index finger were left after the removal of the bones I have mentioned, although there are, doubtless, some. I do not wish to claim any originality in what I have performed, but only to bear out Mr. Rudall's opinion that operations at the wrist-joint are not of that serious nature as Surgeons have hitherto supposed. But if, from my recording the above case, others should attempt any similar operation, we shall thereby be rendering a great service to many an unfortunate individual, who may for the remainder of his life thank us for our attempting to save such portion as heretofore would have been sacrificed.

Fearing I have trespassed too far upon your space,

I am, &c.

Charles Sedgwick, Junior.

Hollingbourne, Kent, Nov. 8, 1858.

INDIA MEDICAL FUNDS.

[To the Editor of the Medical Times and Gazette.]

Sir,—Will you permit me, through the medium of your journal, to make known a few circumstances relative to the condition of the Medical Funds of the Indian Army.

Every Assistant-Surgeon, on entering the service, binds himself to subscribe to the fund of the presidency to which he is appointed; and he ought to receive an annual allowance from the fund, commencing at any time that he may wish to retire after the expiry of seventeen years' service. The annuities from the fund in Bengal are not available until a considerable number of years after the termination of seventeen years' service, officers being compelled to remain in India till they can obtain annuities, as the retiring allowances from Government are not sufficient to enable them to live in England.

A certain number of annuities are yearly available from the fund in Madras to those wishing to retire immediately after the expiry of seventeen years' service; a return is thus afforded for capital invested, although the amount subscribed is much larger than any one would lay out for such a purpose, if left to the freedom of his own choice. The fund in Bombay is hopelessly in debt, and has for years been going from bad to worse, while the annual subscriptions to it are very heavy.

In connexion with the Medical funds a very great injustice was done to Medical Officers by the late Court of Directors. Formerly members of the Medical boards and superintending Surgeons were entitled to retire on certain fixed allowances, conformably with rules applying to military officers of similar rank; but, in consequence of Medical Officers having their Medical funds, the Court decreed that their retiring allowances

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from Government should all be regulated by time of service alone, the order applying even to many officers in the service before the change was made. The retiring allowances regulated by the new system are very much smaller than they were under the old one, and, consequently, Medical Officers are not only compelled to belong to badly-constituted funds; but, on account of belonging to them, those reaching the higher grades in the service have had their Government retiring allowances very materially diminished. I am, &c.

Indian Army, Jan. 1859. An Assistant-Surgeon.

PROLAPSE OF THE BLADDER DURING LABOUR.

Letter from Dr. Carson.

[To the Editor of the Medical Times and Gazette.]

Sir,—Your number for the 1st of January, 1859, contains a letter from Dr. Ramsbotham on Prolapsus of the Bladder, which reminds me of a case which occurred during the time of my residence in the Anglesey Lying-in Hospital, Dublin, in the year 1836. One of the pupils came to my room at an early hour in the morning and asked me to go with him to see an out-patient, about whom he was very anxious. He said she had been a long time in labour, and that he had told the friends, in the beginning of the night, that the waters were ready to burst, and that she would be better directly. To his great surprise, however, he could not get the waters discharged, and the case had made no progress for several hours. The friends were becoming impatient, and he wished for assistance. I went with him to see the patient. She was suffering intense pain, and was evidently under the influence of whisky, which had been supplied to her for the purpose of promoting her labour. On making an examination, I found the pelvis quite filled with a soft tumour. I could not find the child's head or os uteri until I passed my hand round the tumour high up into the pelvis. I then ascertained that the head had not descended, and that there was not the slightest dilatation of the os uteri. I took my friend aside, and told him the woman was not in labour at all, and suggested the propriety of passing a catheter to empty the bladder. He passed the catheter, and brought off the largest quantity of urine I ever saw at one time. The woman was immediately relieved of all her pains, and had no more symptoms of labour at that time. How matters turned out afterwards, I know not, as she was not an interne patient. I am, &c.

James C. L. Carson, M.D.

Coleraine, Ireland, January 24, 1859.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

Tuesday, Jan. 18, 1859.

Mr. Fergusson, President, in the Chair.

(Concluded from p. 128.)

A case was next brought forward by Dr. Peacock of

RUPTURE OF THE AORTIC VALVES BY VIOLENCE.

A man, aged 36, a labourer, who had previously enjoyed good health, and had never had rheumatic fever, was engaged in pulling a sugar hogshead, when his hand slipped and struck him on the left side. He immediately felt severe pain and difficulty of breathing, which partially subsided in a few hours. After about six weeks, he applied as out-patient at St. Thomas's Hospital, and he was admitted into the wards two weeks after, or on November 4, 1858. He then suffered from considerable dyspnœa; the left side of the chest was somewhat dull on percussion, was imperfectly expanded, and did not move freely, and the respiratory sounds were feeble over the whole side. The right pulse was much smaller and weaker than the left. The cardiac dulness was extended considerably beyond its natural limits. There was pulsation of the jugulars, and some œdema of the ankles. After being kept in bed for a few days his respirations became much fewer and fuller, a distinct to and fro murmur was audible at the base of the heart and in the course of the aorta, and the pulse became characteristically regurgitant. He was so much relieved that he applied on November 25 to be discharged, but returned on December 13, with all his symptoms greatly aggravated. He died on the 17th. On examination, the heart was found greatly enlarged, and weighed twenty-three ounces. The auricles were dilated, and both ventricles were hypertrophied and dilated, especially the left. The left angle of the posterior aortic semi-lunar valve was found to have been torn from its attachment, and hung down so as to allow the edge of the valve to be retroverted, and free regurgitation to take place from the aorta into the ventricles. The valves of the heart were not otherwise diseased. The ascending aorta displayed a few small atheromatous patches, and the lining membrane near the valves was irregular. There was some fluid in the left pleural sac, and the lungs were œdematous. The difference in the pulse at the two wrists was possibly due to the pressure of enlarged bronchial glands.

Dr. Peacock also exhibited a specimen of

CHRONIC ULCERS OF THE STOMACH.

A female, aged 21, was admitted into the Victoria-park Hospital on November 12, 1858. She stated that she had been delicate for years, suffering from dyspeptic symptoms. About twelve months before she had spat some blood, and the catamenia had been absent for six months. She was sallow and thin. She complained of pain at the pit of the stomach, with sickness and vomiting of dark-coloured fluid, and she ejected her food about an hour after taking it. The pulse was rapid and feeble: the heart's dulness was increased in extent. The sounds noisy, but without distinct murmur; the ankles were œdematous; the heart was enlarged, and there was considerable contraction of the left auriculo-ventricular aperture, with thickening of the mitral and tricuspid valves. The stomach displayed two small ulcers at the lesser curvature, the one being about the size of the point of the forefinger; the other smaller. The edges of both were abrupt, and the largest was deeply excavated and surrounded by some thickening of the coats. There was also the cicatrix of another ulcer within a short distance of the two still existing.

Mr. Sydney Jones showed a specimen of

FIBRO-PLASTIC AND MYELOID TUMOUR OF THE FEMUR.

The tumour involved the lower end of the femur. Amputation had been performed by Mr. Simon, at St. Thomas's Hospital, on Saturday, the 8th of January. The patient was a girl aged 17. She had been to the West Indies, and attributed the disease to frequent blows received during the voyage from the rolling of the vessel. Symptoms commenced about the beginning of last May. At first she felt only stiffness of the knee-joint on rising in the morning, which stiffness subsided during the day; soon, however, this stiffness increased, and was accompanied with pain. An increase of size was first noticed in June; this rapidly advanced, and she was occasionally subject to attacks of severe pain, extending down the leg. The circumference of the lower end of the femur at the time of operation, was between two and three times its natural size. On examination of the tumour after removal, the surface was somewhat nodulated; as a rule, its structure was very dense, but occasional fluctuating points might be detected. The dense portions had an opaque white colour, and, to the naked eye somewhat resembled cartilage; the fluctuating points were mottled, and when cut into, showed a number of cysts of variable size, the contents of which were a dark-coloured, bloody-looking fluid. On a vertical section being made of the femur and tibia, it was seen that the former was involved in a large tumour which extended five or six inches above the condyles. The synovial cavity was also entirely occupied by the growth which filled the space between the articulating surfaces of the femur and tibia. The latter bone, however, was not in the least involved; the cartilages covering its head as well as the semilunar cartilages remaining intact. The cartilage of the femur was also perfect. The growth evidently commenced in the cancellated structure of the condyles, and having burst through the

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cortex, extended upwards and downwards on the exterior of the shaft. In the section were seen a soft pultaceous material, numerous cysts, an abundance of bony structure, and a rather dense fibrous-looking substance. The soft pultaceous material and the tissue in the neighbourhood of the cysts showed an abundance of myeloid cells; the fibrous-looking substance was made up specially of fibro-plastic, with occasional myeloid cells. The tumour was a compound one, combining the characters of myeloid and fibro-plastic.

Mr. Sydney Jones then related the termination of a case where amputation at the shoulder-joint had been performed by Mr. Simon, in

MYELOID DISEASE OF THE HUMERUS.

An account of the case has been given by Dr. Bristowe, in the ninth volume of the Pathological Transactions. Amputation was performed on the 25th of June, 1853, and the patient died of phthisis, June 11, 1858. The stump was quite healthy. The lungs were studded throughout with tubercle; a cavity existed in the apex of each lung—large in the left, and capable of holding a small orange; smaller in the right, and capable of holding a walnut. Besides these, there were several smaller cavities, varying in size from that of a pea to that of a filbert. There was very little crepitant tissue; that intervening between the masses of tubercle being solidified by pneumonic and tubercular infiltration. Under the microscope the tubercle was found made up of an amorphous granular material, such as ordinarily composes yellow tubercle. Nothing at all resembling myeloid structure was found. Liver, spleen, kidneys, and supra-renals, waxy. On examination of intestines, small white spots studded the lining membrane, each about the size of a pin's head; they consisted of the solitary glands infiltrated with tubercle; at some points ulceration of these glands had occurred, causing a small shallow ulcer, varying in diameter from two to six lines. Other organs perfectly healthy.

Mr. Sydney Jones also showed specimens from a case of

WOUND OF LUNG EXTENDING TO ITS ROOT,

and causing there a communication between the pulmonary vein and bronchus. The communication allowed the passage of the tip of the little finger. The injury was caused by a fat, heavy woman, aged 30, stumbling, and falling upon the broken end of the handle of a parasol. The broken end had perforated the soft parts above the right mamma, and entered the thorax between the second and third ribs. The pulling of it out by a passer-by was followed by an immense gush of blood from the mouth. She died almost instantaneously.

Tuesday, Feb. 1, 1859.

Mr. Fergusson, President, in the Chair.

Mr. Wood showed a preparation of a specimen of

OBLITERATION OF THE AORTA,

at the termination of the arch, just after the origin of the left subclavian artery. The closure is effected by a narrow constriction, as if a piece of string had been tied round the artery. The innominate, left subclavian and carotid arteries are normal in position, but nearly twice their normal size. The internal mammary arteries are four times the normal size, and communicate freely with the deep and superficial epigastrics. The deep epigastrics were above the size of the external iliacs, and supplied the chief part of the blood to the lower extremities. The size of the superficial epigastrics was remarked before the body was opened. The superior intercostal branches of the subclavian were six times the normal size, and form a mass of anastomosis with the four superior aortic intercostals, both in front of and behind the heads of the ribs. The descending aorta was smaller than normal, and was chiefly expended in the abdomen and pelvis. The appearance of the artery at the point of obstruction was normal, no hardening nor thickening being observable. The heart was somewhat enlarged. The subject was otherwise a remarkably well-grown male adult, very muscular, who had died of some disease unconnected with the abnormality. From the position of the obstruction, just above the junction of the "ductus arteriosus" in the fœtus (in which period of development the aortic arch is much constricted at this point)—from the constancy to this position in other recorded cases of obstruction of the thoracic aorta—from the general healthy appearance of the arterial coats, and from the presence in the same subject of a malformation of the penis from an imperfection of a similar nature; Mr. Wood was of opinion, that the abnormality was the result of an "arrest of development" at the site of the obstruction, taking place at a period prior to the closure of the "ductus arteriosus,"—giving rise, while the latter process was being effected, to an enlargement in the anastomotic circulation of a compensatory nature. Mr. Wood added some remarks on the anastomotic homologies of the arteries affected. He also exhibited the malformation of the penis from the same subject. The true urethra was hypospadian, opening in the site of the "frænum preputii," which, as is universally the case in congenital hypospadias, was not developed. Above this urethral opening was another, in the site of the "fossa navicularis," extending for about 1½ inches into the corpus spongiosum, and terminating in a "cul-de-sac." It is separated from the hypospadian urethra by a thick fold of mucous membrane, very visible externally, which he considered to be an hypertrophy of the normally slight mucous fold, defining the internal limit of the normal "fossa."

Mr. Wood also showed

AN OVARIAN CYST CONTAINING HAIR,

arranged concentrically amidst a thick, pultaceous mass of epithelial cells, oil globules, and cholesterine. The hairs were thin, fine, light-coloured, tapering to each end, and without bulbs. Some were as much as three inches in length.

Dr. Wilks next showed a specimen of

MALIGNANT FIBROID DISEASE OF THE STOMACH.

This specimen was exhibited to show a form of disease which at one time would have been called simply cancer, but which in reality corresponded in structure to the recurrent fibroid tumours of external parts. Already examples had been shown of this form of growth affecting the uterus and lungs, and no doubt the external organs were subject to the same varieties of adventitious deposit as the exterior of the body. The specimen came from a girl 18 years of age, who had had the ordinary symptoms of organic disease of the stomach about nine months before her death; a large tumour could be felt at epigastrium, and two others corresponding to the ovaries at the lower part of the abdomen. On post-mortem examination the stomach was found affected in a remarkable way; its pyloric half had the walls thickened to the extent of an inch or more by an adventitious growth within them; the structure was rather soft, but exuded only a little serum which contained nuclei, and the microscope showed its composition to be simple fibre and nucleated fibre. The disease had probably commenced, as in scirrhous pylorus, in the submucous tissue, and then proceeded along the walls until half the extent of the organ was involved. The section showed the muscular walls interspersed at irregular intervals; and although the mucous membrane was encroached upon by the new tissue, there was no actual breach of surface or ulceration, and on the outer side the peritoneum was unaffected, although at the lesser curvature the disease was protruding on the pancreas as a small nodule. The ovaries were both enlarged, each to about the size of the two closed fists, and constituted solid tumours composed of the same nucleated fibre. The other organs were healthy. The resemblance of the disease to the recurrent fibroid seemed perfect in all respects, such as the nature of the tissue and its disposition to grow; and yet at the same time its circumscribed character, the line between the healthy and diseased part of the stomach being most accurately defined; the malignancy was shown by the large amount of organ affected, and by the ovaries being also involved; and yet differing from cancer in there being no destruction of tissue, and the liver, lungs, etc. containing no secondary deposit: also the youth of the patient, and some other particulars, exhibited the nature of the disease as one intermediate between a simple innocent growth and a cancer.

Mr. Nunn exhibited a specimen of

UTERUS UNICORNIS,

taken from a subject, aged 35, brought to the dissecting-rooms of the Middlesex Hospital, which presented other indications of arrest of development, namely, in the left upper extremity, and also in the right hand. The undeveloped half

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of the uterus was that belonging to the left side; the left ovary was present, the left Fallopian tube wanting. The left round ligament was well marked. The developed right half inclined towards the corresponding side of the pelvis. The cervix was long, and retained in a great measure its fœtal proportion and peculiarities. The vagina was virginal, and closed partially by a hymen. The ovarian arteries and the pelvic venous plexuses appeared normal. Although the Fallopian tube was undeveloped, its trumpet mouth was discernible, attached to the ovary by one of its fimbriæ. The left ovary itself was situated at the brim of the pelvis, not having assumed its ordinary position in the broad ligament, consequently, its ligament was longer than that of the right one. Mr. Nunn brought the specimen to the Society, as illustrating the question he had put before the Society last session, as to whether the left ovary was not in the majority of instances at a greater distance from the uterus than the right one, and whether such greater distance was not due to the less perfect development of the left half of the body.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, Feb. 2, 1859.

Dr. Rigby, President, in the Chair.

A paper by F. W. Mackenzie, was read, consisting of

NOTES OF A CASE OF CANCER OF THE UTERUS AND RECTUM IN WHICH ABORTION WAS PRODUCED.

The author was first consulted by the patient on November 26, 1858, when she had reached the fourteenth week of pregnancy. On examination, there was found a scirrhous contraction of the rectum about four inches from the sphincter, a hard, scirrhous deposit in the recto-vaginal septum, and a similar deposit in the anterior segment of the cervix uteri, projecting somewhat into the cervical canal. Thinking it unadvisable that the course of pregnancy should be allowed to proceed, attempts were made to bring on uterine contractions by means of the uterine douche. Very little effect was, however, produced, until the terminal pipe of the injecting apparatus was introduced into the os, so that the water could be thrown directly into the uterus. This proceeding was repeated on three successive days, its action being aided by the use of electricity; and the entire ovum was then expelled, without hæmorrhage. The patient made a good recovery from the effects of the abortion.

A paper by Dr. Tyler Smith was read on

THE ABOLITION OF CRANIOTOMY FROM OBSTETRIC PRACTICE.

In this paper the author shows that craniotomy is resorted to in British practice about once in every 340 labours. The whole number of births in England and Wales exceeds 600,000 per annum; and if we apply the proportion of 1 in 340 to these figures, we get a total of about 1800 cases of craniotomy per annum. This is as though every year all the children born in London during rather more than one week were sacrificed; or as though all the children produced during the year in such a county as Westmoreland were born dead. The mortality to the mother from this operation is nearly 1 in 5, in British practice, which would give in England and Wales a maternal mortality of between 300 and 400 per annum. Craniotomy is performed about twice as often in British as in French practice, and four times as often in this country as it is in Germany. It is an obvious fact that every improvement which has ever been made in Obstetrics has tended to restrict and diminish the cases and conditions in which the performance of craniotomy has been resorted to. It is the author's object to show that, with the proper and scientific use of all the means at our command, it may be laid down as a general rule, that craniotomy should not be performed in the case of a living fœtus after the period of viability has been reached. It is certain that, up to the present time, the measures which are the alternatives of craniotomy have never been carried out in practice to their full and legitimate extent.—Turning was the first great obstetric operation which checked the voluntary destruction of the fœtus during labour. The objections to turning which some obstetrists entertain depend on an almost superstitious fear of the uterus—a fear mainly owing to ignorance of the nature of the organ, and of the laws under which it acts. The dread of introducing the hand into the uterus has prevailed almost universally. But, apart from the danger of infection, the hand of the accoucheur, properly guided, can do no more harm in the uterus than any portion of the fœtus of equal bulk. Restrictions of the most absurd kind have been laid upon the operation, and it has come to be almost limited to arm presentations and cases of placenta prævia. On the Continent, turning is the recognised practice in cases of difficulty, where the head is above the brim, beyond the reach of the forceps, when the os uteri is in such a state as to admit the hand, and when no serious distortion of the pelvis exists. The operation of turning in cases of moderate pelvic deformity was practised by Denman, but it was dealt with rather as an exception than a rule of practice until the matter was taken up by Professor Simpson. No unprejudiced person can read Dr. Simpson's papers on this subject without coming to the conclusion that turning may be performed in cases of moderate pelvic distortion at the full term, with comparative safety to the mother, and with a reasonable chance of safety to the child. It is also shown to be applicable to cases of greater deformity, in combination with the induction of premature delivery. Nothing has ever occurred in the history of turning which has so strongly tended to enlarge its usefulness as the introduction of anæsthesia into obstetric practice. Under chloroform we can turn with comparative ease in cases of excessive sensibility of the os uteri and vagina, in arm cases in which the waters have been long expelled, and the uterus has closed upon the fœtus with spasmodic force. It renders turning practicable in cases of convulsions or maniacal excitement, and in all instances it makes the uterus comparatively quiescent, and thus averts the dangers depending on contraction and resistance during the operation. Turning is performed nearly three times as often in France and Germany as it is in this country. After turning, the next great step in opposition to craniotomy was the discovery of the forceps. Before the time of Chamberlain, whenever turning was impracticable, there was no resource in cases of difficulty except in craniotomy. But it may fairly be questioned whether the whole powers of this instrument have ever been fairly brought out, especially in this, the country in which it was produced. If we examine our standard works, we find more pains taken to show when this instrument is not to be used than when it may be. The cases in which the forceps may be used are those of moderate disproportion or distortion, whether the arrest is at the brim, in the cavity, or at the outlet of the pelvis; cases of arrest from failure of the labour pains, without any morbid condition of the parturient canal; cases of convulsions in which the os uteri is dilated, and the head sufficiently low to be within reach of the instrument; cases of occipito-posterior presentation, not otherwise admitting of rectification, and face presentations; cases of accidental hæmorrhage; and cases of rupture of the uterus, in which no great recession of the head has taken place. It should also be used at a comparatively early period in many of the cases which, if not assisted, run on to impaction from swelling of the fœtal head and tumefaction of the soft parts of the mother. The outlet and middle straits of the pelvis are the limits within which the short forceps should be used; at the brim the long forceps is the proper instrument. The forceps is used more than twice as often in France and Germany as it is in this country. The last, and it may truly be said the greatest, opponent of craniotomy is the induction of premature labour. The largest single source of craniotomy is deformity of the pelvis. Now, it may be asserted, without the possibility of contradiction, that in this great mass of cases, it would be right and practicable at once and for ever to abolish craniotomy in the case of the living and viable fœtus. In all cases of known deformity, an examination should be made in the early or middle months of pregnancy, and the proper treatment of such cases should be the induction of abortion or of premature delivery. In cases of excessive distortion, where it would be altogether impossible for a viable fœtus to pass, abortion should be induced before the time of quickening. It would be quite impossible for intercourse and impregnation to take place in any case in which

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it would not also be possible to induce abortion with safety to the mother. In the very considerable number of cases of moderate distortion in which the diminished capacity impedes delivery at the full term, but would allow of the passage of a child at the seventh or eighth month with a chance of living, the introduction of premature labour is the only justifiable practice. Besides the great operations of turning, the forceps, and the induction of premature labour, there are other means by which, in special cases, the necessity for craniotomy may be superseded. One of the most simple is the rectification of occipito-posterior presentations. When the occiput descends towards the sacrum in the third and fourth positions, instead of turning towards the right or left acetabula, great difficulty is produced, particularly in first labours, or when the head is large. Recorded cases of craniotomy show that the want of this rectification, which is generally possible with the hand, the lever, or the forceps, often leads to perforation. Cases of hydrocephalus in the fœtus are among the most difficult to deal with in an attempt to abolish craniotomy; but here we have the proposal of Dr. Simpson to tap the hydrocephalic head, and in this way reduce it so as to allow of delivery without the destruction of the fœtus. In actual occlusion or insuperable rigidity of the os uteri, incision is a safer and better practice than craniotomy. While it is the object of the present paper to advocate the abolition of craniotomy in the case of the living and viable fœtus, there is undoubtedly a class of cases in which perforation be practised beneficially, —namely, in labours where the child has died during the course of parturition. No woman should be allowed to remain in difficult labour after the death of the child has been satisfactorily ascertained. Considering, then, the various means at our disposal in the way of preventing the necessity for craniotomy, the author unhesitatingly expresses his conviction that, as a rule of practice, craniotomy in the case of the living and viable fœtus should be abolished; and he believes that if all the resources of obstetrics in the way of prevention, management, and alternative treatment were properly wielded, the necessity for the operation would not arise.

WESTERN MEDICAL AND SURGICAL SOCIETY.

JANUARY 21, 1859.

Mr. MARTYN, V.P., in the Chair.

A paper by Dr. MARCET was read on

THE TREATMENT OF CHRONIC ALCOHOLIC INTOXICATION.

The author began by stating that nervous symptoms resulted from the long-continued use of alcoholic beverages, and that oxide of zinc was a remedy for such symptoms. The physiological and therapeutical properties of this drug were then passed in review, the author stating that he had himself observed the oxide to induce drowsiness, and even sleep, which might explain its sedative and anti-spasmodic properties. In cases of chorea, mild hysteria, paralysis and lead palsy, its use gave but unsatisfactory results; and in the majority of cases of epilepsy it cannot be considered an effectual remedy. The author then analysed twenty-seven cases of such chronic state of intoxication, giving a synoptic table, on which were noticed the following points: 1.—Name, etc. 2. —Quality and quantity of drink taken. 3.—Period of existence of intemperance. 4.—Sleep. 5.—Hallucinations. 6. —Trembling. 7.—Other nervous symptoms. 8.—Pre-existing disease. 9.—Result of the treatment. Ten of the above cases were taken in detail, the results showing the efficacy of the oxide of zinc as a remedial agent. With respect to the treatment, it was not merely necessary for the patient to cease drinking, as the symptoms referable to the nervous system often occurred long after the habits of intemperance had been abandoned, but that an active treatment was also absolutely necessary. The oxide of zinc was given in doses of 2 grains, twice a-day, in the form of powders, an hour after each corresponding meal. The dose was generally increased in the ratio of 2 grains every three days, until the patient took 6 or 8 grains twice a-day. Thus sleep was soon induced, the trembling of the body and limbs rapidly disappeared, and the patient no longer suffered from headache or giddiness, and the hallucinations vanished, and in the course of from three to six weeks the patient had recovered from a long and severe illness. The weakness, the common symptom accompanying the disease, was very difficult to overcome, and he states that it often persisted a long while after the individual was quite well in every other respect. Another fact noticed was the complication of chronic alcoholic poisoning with bronchitis and rheumatism, in which cases the effects of the oxide were less marked. In these instances the functional disturbance of the nervous system often gave way without any improvement in the co-existing disease. Accordingly, in these cases, the author added to the treatment as soon as the effects of the oxide were exhausted. The result of the 27 cases were as follows:—6 continued attending; 11 had been discharged, cured; 4 left the Hospital (Westminster), quite recovered; 4 much improved; and 2 ceased attending on the 1st and 2nd inst. The Society then adjourned.

OBITUARY.

We were indebted last week to the *Bedford Times* for a notice of the death of Mr. Edward Langley, and have been favoured with the following short obituary sketch of that gentleman, by a brother practitioner in Bedford.

EDWARD LANGLEY, Surgeon, born in 1763, died at Bedford, January 25th, 1859. In him we have lost another of the few links that united the present age with the middle of the eighteenth century. He made his way in his Profession, not by any brilliant strokes of genius, but by the perseverance and hard work of a country practice. Having completed his studies at St. Thomas's Hospital, he became an assistant, first of Mr. Crispin, of Royston, and afterwards of Mr. Pulley, of Bedford. He left the latter gentleman in the year 1803 to settle in practice at Risely, in the county of Bedford. There he secured for himself a moderate competency, and retired from practice thirty years ago! During this long period of rest—after a longer course of labours,—he still retained a lively interest in professional matters; would gladly converse with younger Medical men; often availed himself of opportunities of witnessing surgical operations; and was always ready to give to the poor the benefit of his advice and extended experience. His remarkable longevity seems to have been hereditary; for while his father lived to the age of 93, his mother died at 105 years; *her* father lived to 103, and her grandfather's life embraced a whole century.

This brief record of a long and useful life leads us back to old times, with which we can hardly imagine that a link was surviving, but a few days ago. How few are now left to connect the present with the time when Dr. Johnson and Goldsmith were the living lights of our literature; when, in the Medical Profession, the illustrious Hunters were in the midst of their career, and the immortal Jenner was labouring and enduring reproach to save millions of lives by the introduction of his grand discovery of vaccination! Edward Langley, so lately called to his rest, was older than Abernethy and Sir Astley Cooper, marked their brilliant careers, and survived them many years. He was fifteen years younger than Sir Humphry Davy, and twenty years older than Sir Benjamin Brodie. Akenside, the poet and Physician; Clive, the great Surgeon; and the immortal Haller, were in the height of their living reputation when Edward Langley was a young man. What a world of old memories have gone to the grave with him!—the long and eventful reign of George III.; the overthrow of society in the French Revolution; the careers of Nelson, of Napoleon, and Wellington. We should be led too far by an attempt to mention, however briefly, half of the great changes he had seen in the world. Few who began life with him are now left to survive him, and still fewer are the years remaining for those whose long lives have embraced the same memories of the old time that have been revived by this brief obituary notice of Edward Langley, late Surgeon, of Bedford.

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MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma were admitted members of the College at a meeting of the Court of Examiners on the 4th inst. :—

HEPWORTH, WILLIAM, Guisley, near Leeds.
JORDAN, ROBERT JACOB, Bedford-square.
KEENE, FREDERICK, Bow-road.
SANDERS, CHARLES, Chigwell, Essex.
STOKES, HENRY, Brixton.
WEBER, ADOLPH, Lima, South America.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine and received certificates to practise, February 3, 1859 :—

ADAMS, JOSEPH DIXON, Martock, Somersetshire.
CALL, THOMAS JAMES, Yorkshire.
CUNNINGHAM, CHARLES LENOX, Hailsham, Sussex.
DEE, JOHN, Royal Mail Service.
GODRICH, THOMAS, Chichester-road, Westbourne-terrace.
KIBBLER, R. C. Duncan-place, London-fields, Hackney.
ROBINSON, AUGUSTUS, Annopalis, Nova Scotia.

The following gentlemen also on the same day passed their first examination :—

BARTER, CLEMENT SMITH, Bath.
READ, SAMUEL, Hemel Hempstead.

DEATHS.

ANNESLEY.—On the 2nd inst. at Cheltenham, Charles Annesley, M.D. Edin. 1802, late Surgeon Royal Scotch Greys, aged 75.

DANIELL.—On January 25th, at Bonn, Prussia, John Bampfylde Daniell, M.D., and late of Bruton-street, Berkeley-square.

HANDYSIDE.—On the 2nd inst. at the Louvre Hotel, Boulogne-sur-Mer, Mr. Charles Baird Handyside, M.D., late of the H.E.I.C.

LIGHTFOOT.—On the 4th inst. while on duty at the Royal Artillery Hospital, Woolwich, Thomas Lightfoot, M.D., L.E.C.S. and L.S.A.

SCOTT.—On January 31st, at Slough, Alexander Scott, M.D., aged 80.

THE late Miss Ann Andrews, of Speenhamland, has bequeathed £180 to the Berkshire Hospital, and £90 to the Newbury Dispensary.

SOLUTION of nitrate of silver 50 to 80 parts in 120 of water has been found of great service by M. Bipont as an injection for the destruction of ascarides in the rectum.—*Le Scalpel.*

HYDROCELE has been cured by M. Petrequin in a novel fashion. He informs his Academy, that he has obtained an extemporaneous cure of a large and ancient hydrocele, by the aid of Bunsen's galvanic pile.

A CASE of poisoning by oxalate of potass is described by Dr. Jules Worms. 225 grains were taken. The antidote given was bicarbonate of soda; and the patient completely recovered.

ARSENICAL POISONING BY WALL-PAPER.—Mr. Wales lately brought this subject before the Belfast Clinical Society, and brought forward a case strongly corroborating the views advanced in this journal by Dr. Hinds, Dr. Taylor, Dr. Halley, and others.

GUY'S HOSPITAL.—The vacancy left by the death of Dr. Lever has been filled up by the appointment of John B. Hicks, M.D. London, as Assistant-Physician Accoucheur. Dr. Hicks is the author of various papers, on subjects connected with Natural History, and has also contributed to the pages of this journal.

THE SMALL-POX.—Small-pox has been very virulent at Bangor, in North Wales; and so prevalent was it becoming that a regular course of vaccination has been submitted to by the inhabitants, and with great success. The disease has now abated considerably in virulence, though it has not yet disappeared.

THE Police at Lyons have condemned one M. Chevalier to pay fifteen francs fine for illegally practising Medicine; and fifty francs more to the Doctors who appeared against him; and again the day after this they condemned the butcher Chassain, and the widow Pacut (ex-butcheress) each to fifteen francs fine, and 100 francs to be paid to the Doctors as in last case.

SKODA ON TYPHUS.—"We consider that the disease here is one, and ought to be called abdominal typhus; that the typhoid fever of the French is not to be distinguished from what they call typhus; that exanthematic typhus does not constitute a specific affection, and that it is nothing else than the union of ileo-typhus with the accidental appearance of different cutaneous exanthemata."—*Clin. Lect.*

CIRRHOSIS OF THE LIVER, says Professor Forget, is diagnosed from the fact of the absence of all symptoms of disease of the liver—the only sign to guide the Physician being the indirect one of ascites. "Singular disease is this! the only one of its kind; in other diseases diagnosis rests upon signs more or less direct and positive, but here the diagnosis is deduced from the absence of signs which characterise directly diseases of the liver."

THE Meteorological Contributors to the Registrar-General's Quarterly Returns, and others, have presented a handsome striking skeleton clock to Dr. Barker, of Bedford. The subscriptions were limited to five shillings each, and the following inscription sufficiently indicates the occasion of the testimonial :—"Presented to Thomas Herbert Barker, Esq. M.D. F.R.C.S., by the officers and members of the British Meteorological Society, and others, as a memorial of their esteem, and a recognition of his successful exertions in obtaining for them the re-circulation of the Reports of the Registrar-General, which had been withdrawn by a Treasury minute."

AT a meeting of the Weekly Board of Governors of St. Mary's Hospital, held on January 21, 1859, the Rev. A. M. Campbell in the chair, it was moved by Captain Packe, seconded by Alexander Ure, Esq. and resolved—"That this Board, gratefully acknowledging the zealous services of Mr. Baker Brown in advancing the interests of this Hospital from its commencement, as well as the great professional ability and kindness to his patients, with which he has performed his duties as Surgeon-Accoucheur of the Institution, tenders to him its thanks, and accepts his resignation with regret."—Robert J. Newman, Secretary.

WE find the following strange tale related in the *Gazette des Hôpitaux*, and taken from the *Ost-Deutsche Post*. A Dr. Causé, of Rudesheim, setting out to visit his patients at Nassau, lit a cigar. A portion of the phosphorus fell on one of his fingers; the pain was so acute, that he himself cut out the burnt part. This was useless, and he returned to Rudesheim, and had his finger amputated. This, also, was of no avail; and after a consultation of many doctors his arm was also amputated; and in a few hours more he died.

CONTAGION OF PHTHISIS.—Laennec one day in sawing through some tuberculous vertebræ injured one of his fingers; in consequence, there formed at the part a little tumour about the size of a cherrystone, which was fixed in the thickness of the skin. In about eight days' time the skin broke and gave issue to a little yellow, firmish body, exactly resembling yellow tubercle. The wound rapidly healed, and Laennec never experienced any further inconvenience from it. In this anecdote Dr. Lamarre finds a confirmation of his belief that phthisis is contagious, and that Laennec inoculated himself with the disease of which he died.

ADENOID TUMOUR.—M. Demarquay relates the case of a lady in whom a tumour of this nature has been removed five times from the breast. On November 2, 1858, she entered the Maison de Santé, to be operated upon the fifth time; she was 50 years of age, and in perfect health. The first operation was performed in 1852; a loose tumour as big as the fist being then removed from her right breast. Three years later two little tumours began to grow at some little distance from the cicatrix; they rapidly grew, and were removed in 1856, together with the former cicatrix. A tumour again grew in

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an uncicatrised part of the wound, and was removed in May, 1857. Three months later a new tumour appeared, which was taken away in the following October. On November 2, the patient again entered the House with a fresh tumour, which M. Demarquay removed on November 4, 1858. The lady's health remains unaffected; the tumours appear to have been of the fibro-plastic kind, and always the same.

BENNETT *alias* COULSTON COMMITTED FOR PERJURY.—A person of the name of Bennett, *alias* Dr. Coulston, was sued by a Miss Scattergood, in the Westminster County Court, on Wednesday last, for the recovery of five guineas, of which it was said she had been duped, he having extracted that sum under pretext of curing her of deafness in ten minutes; whereas, after attending to his directions, she became worse. When the advertiser was put into the witness-box he swore point-blank that he had never seen the plaintiff before, and had never practised under the name of Coulston; the falsehood of which appeared so evident to the Court that they ordered the man to be committed for perjury; and he was taken into custody.

SPONTANEOUS POST-MORTEM ACCOUCHEMENT.—In the *Vierteljahrschrift* is given a case of this kind. The mother, a strong healthy peasant, had been forty hours in labour when M. Frentrop was called to her. The midwife had in vain attempted turning. The doctor also attempted it, and failed on account of the violent contractions of the uterus. The woman eventually died twenty-four hours later undelivered. The woman was then laid out; and when they came to bury her twelve hours afterwards, a child was found forced out of the womb, and lying between the thighs of the mother; the placenta was unattached. The physiological fact, though not new, is interesting; but the practice of the Doctor must have been very disgracefully defective.

ROTHERHAM DISPENSARY.—At a special general meeting of the subscribers to the above institution, for the purpose of electing a house surgeon and secretary in the place of Mr. Saville; it was carried unanimously, that Mr. Darwin, surgeon, Masbro', be appointed to the above office. It was also unanimously resolved that a piece of plate, or anything else most agreeable with Mr. Saville's wishes, of the value of £10, should be presented to that gentleman, accompanied with a written testimonial from the subscribers expressive of their esteem and high appreciation of his services as house surgeon and secretary to the dispensary, during a period of five years; at the same time regretting that he had resigned the office he had so satisfactory filled.

TRACHEOTOMY IN CROUP.—The Paris *Société Médicale des Hôpitaux*, after prolonged discussions, in which M. Bouchut largely took part, came to the following resolutions: "1. That the statistics of the mortality of croup presented by M. Bouchut does not possess the value attributed to it by its author. 2. That tracheotomy has rendered, and renders daily, immense services in the treatment of croup,—constituting in the present state of science the best means that can be employed when the disease has reached the period of approaching asphyxia. 3. Great danger attends the delaying the performance of the operation until the occurrence of the ultimate phenomena of the disease, and especially anæsthesia, which is not a constant symptom."

CASE OF MESSRS. PROTHEROE AND REEVES. — The Commission of Oyer and Terminer for the city and county of Dublin was opened on Tuesday the 8th inst. Baron Richards, in his address to the city grand jury, alluded to the above case, the particulars of which we have already given, as they were elicited in the course of the preliminary investigation at the Police-office. The learned Baron characterised the case as one of a peculiar, and at the same time, of a very grave and serious nature, and added that he was not aware in what form the Crown intended to send up the indictment. The jury having retired, returned into court at half-past two, and announced that they had found true bills against John Edward Protheroe and Dr. Evans Reeves, who stood charged with conspiracy to defraud the College of Physicians. On Wednesday the two prisoners, the Crown and College of Physicians consenting, pleaded guilty, entering into their own recognisances of £100 each, to appear for judgment at fourteen days' notice, if called upon.

VITAL STATISTICS OF LONDON.

Week ending Saturday, February 5, 1859.

BIRTHS.

Births of Boys, 939; Girls, 983; Total, 1922.
Average of 10 corresponding weeks, 1849-58, 1645.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	630	613	1243
Average of the ten years 1849-58	601·7	593·0	1194·7
Average corrected to increased population	...	...	1314
Deaths of people above 90	1	2	3
Deaths in 15 General Hospitals	25	18	43

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	4	7	8	..	3
North....	490,896	2	4	10	16	8	7
Central ..	393,256	3	9	14	12	3	8
East	485,522	5	9	19	7	2	9
South....	616,635	1	7	26	12	2	5
Total..	2,362,236	11	33	76	50	10	32

TO CORRESPONDENTS.

PREPAYMENT OF INLAND LETTERS.—On and after the *10th of February all Inland letters must be stamped.* Our correspondents will see the necessity of paying great attention to the posting of their communications to us, as if by any accident the stamps are not securely placed on their letters, they will be sent to the Dead Letter Office.

A paper by Dr. Conolly on Lunatic Asylums, with an engraving from Kaulbach's Narrenhaus, by Orrin Smith, will appear in our next number.

Two Lectures on Dysmenorrhœa, by Professor Simpson, are in type.

Mr. Smyth's case shall appear.

Dr. Arnott's reply to Dr. Fenwick shall appear next week.

Dr. Monckton's cases of Diphtheria shall also appear as soon as possible.

Mr. Pittard's account of the Digastrico-Myloideus is unavoidably delayed until next week.

Students.—The questions at the last examination for the India Service shall appear next week.

B.M.—The verses on *Whitey Brown* might be acceptable to some local paper, but they are not adapted to this Journal.

H. L. M.—Dr. Jenner's lectures have not been concluded. We have hitherto been unable to procure the concluding lectures from the author.

Juvenis—1. If the master did not send, a jury would probably decide that he was not liable—and 2, they would probably think that the master could only be obliged to pay a Medical man of his own selection.

If *A.Z., Birmingham*, has not tried Phosphate of Ammonia among his "etceteras," he will probably find it effectual, in the dose of from gr. v. to gr. x. given three times a-day, in any vegetable tonic infusion. I have not yet seen it fail. F.R.C.P.

W.B.—It is certainly unusual for an individual who has been twice blackballed at a Society to attend as a visitor at that Society and take part in a discussion; but the letter of our correspondent is too personal for the columns of a scientific Journal.

ERRATUM.—In a paragraph last week, at page 140, for "Mr. Edward James's opinion seemed to be *unreasonable*," read "seemed to be *unanswerable*." It is almost impossible to avoid such errors of the press occasionally, as most authors know full well.

DR. CORBETT'S STAFF.

We have received from Mr. Hilliard a reply to Dr. Corbett's last letter; but as our readers must have had enough of this controversy, we need only say that Mr. Hilliard maintains the truthfulness of his previous statement—and here this correspondence must cease in these columns.

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TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—It may be well just to suggest to your correspondent "A. Z., Birmingham," that his patient is the victim of masturbation, and that if he did procreate, he would run considerable risk of the produce being puny, ill-formed, or not unlikely idiotic, so that he had better leave matters alone. I am, &c. B.Y.

COD-LIVER OIL CAKES.

We have examined a specimen of gingerbread made by Messrs. Newbery—each cake containing a teaspoonful of Cod-Liver Oil. The gingerbread is extremely light and pleasant, the flavour of the oil being completely covered. This seems likely to prove a very useful mode of administering Cod Liver-Oil to children, and to others who are nauseated by the offensive odour and flavour of the oil as generally taken.

REGISTRATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—At a meeting of the Medical Council, January 25, the following was moved by Dr. A. Wood, and seconded by Mr. Green,—"That any Medical Practitioner who is entitled to be entered on the Register by virtue of his connexion with any of the bodies comprehended in Schedule (A), who holds besides a foreign diploma granted before October 1, 1858, shall be entitled to have these foreign diplomas entered on the Register."

Now, Mr. Editor, did you ever hear anything so ridiculous? I should like to ask Dr. A. Wood and Mr. Green, how a great many of those foreign diplomas are obtained? not by the man himself writing a Latin Thesis. No, by some one else writing one for him. Then why should such men be placed on a footing with those that obtain their diploma by examination? I hope that other members of the Profession will raise their voice against such an unjust procedure. I am, &c. W.H.N.

ETIQUETTE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I am sorry to trouble you with the following; but as it concerns what I consider a breach of Professional faith, I think it ought to be made the property of the Profession. For the present I think it prudent to conceal names, but I tender you my card.

As I have never been similarly circumstanced, and as I have no wish to be so again, may I ask the favour of your advice as to how I should act under the following circumstances:—

A gentleman in this town who is following out the same line of practice as myself, and who studied in London—but who gives it out for fact, that he studied under Professor Simpson, of Edinburgh—called on me some months ago, and requested me to meet him in consultation about a lady patient of his with whose case I was previously somewhat familiar. I said I would be most happy to do so, but, as a member of the family was about to be married, I thought it advisable to postpone the consultation, as in the event of any operation being necessary, it might interfere with the arrangements for that happy event.

Since our interview no consultation has ever been held, nor has any excuse or explanation been given for not holding the same, that I am aware of, and it is now several months ago.

The lady in apologising the other day in her own person, informed me that this same gentleman told her, since our meeting, that I was about to perform some operation which would seriously inconvenience her, but he would suggest a simpler one, and if it failed he would then call me in.—(Query, What right had he to propose or do such a thing after our interview, without again seeing me?)—So far as my operation was concerned, including the use of sponge tents, it need not have occupied more than from three to six hours without the slightest pain and with no inconvenience. If the gentleman did not know this, I think that, from my description, and from his own pretensions to a knowledge of obstetricy, he ought to have understood so.

In conclusion, may I ask, is such conduct usual among Medical men. And is there no way of exposing such conduct? I am, &c.

7th February, 1859. M.D.

APROPOS OF THE WELLINGTON COLLEGE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Public attention having been so recently drawn to the opening of the above important Institution, just completed (as the address to her Majesty informs us,) within "little more than six years after the first subscriptions were asked," and for which the nation has munificently subscribed, in round numbers, nearly £160,000, it may not be uninteresting to compare what has been actually achieved for the sons and orphans of our country's "Heroes," with what has been done at a somewhat analogous Institution, also under the gracious patronage of the Queen, and opened only three years and a-half ago by His Royal Highness Prince Albert, assisted by the Prince of Wales. Like the "Wellington," the college to which I allude is devoted to the especial benefit of a "profession"—a profession equally honourable with those of the Military and Naval Services, although its members are less brilliantly rewarded,—a Profession, whose members, while equally devoted to their country's good, in contending daily and hourly with an almost universal and public enemy, not infrequently fall a sacrifice to its malignant and deadly power. Deprive a nation of its "Medical Staff," and how many a home would become desolate! how many a child an orphan! and how many a happy wife a widow!

In 1851 it first occurred to one of the most eminent man in that profession, to see what could be done in behalf of the less fortunate, but not less deserving of his professional brethren; and, in his large-hearted and benevolent scheme, the widow and the orphan were not forgotten. With an energy and zeal peculiarly suited to such an occasion, he soon found associates with hearts as warm, and feelings as generous, as his own; and on the 25th of June, 1855, within a period of less than three years from its first projection, John Propert had the inexpressible satisfaction of seeing the "Royal Medical Benevolent College" opened by the illustrious Consort of his Queen, accompanied and supported by the heir apparent to the British Throne! A few words by way of comparison, and I cease to trespass upon your valuable space. In the Wellington College no boy is admitted under a payment of £10 a-year,—in the Royal Medical there are 35, and in May next there will be 40 boys receiving an education equal to that of either Eton, Rugby, or Harrow, inclusive of books and maintenance, free of any expense whatever. In the Wellington there are 41 boys at £10 each per annum, 20 at £15, and 19 at £40; while at the Medical there are those already mentioned, free; and leaving out intermediate prices, a certain number of exhibitioners, the sons of Medical men in comparatively easy circumstances, who pay £40 each per annum for the same advantages. Besides these, there are 20 pensioners of the less successful members of the Profession, or their widows, who are provided gratuitously with rooms, and other accommodations, including an allowance of £15 per annum in money, coals and gas. The above figures speak for themselves, and offer an instructive contrast as to what may be, or rather, has been done in a good cause, by individual exertions, as compared with the achievements of a more public and more richly-endowed Institution. Let it not be supposed, however, that the above remarks are written in disparagement of the Wellington College, or as an advertisement for the Medical, which has already upwards of 100 candidates who cannot be admitted for want of room. They are written rather in the hope that, by showing the amount of good effected in this particular instance by individual exertions, others may be incited to go and do likewise.

I am, &c. A. Z. NOT A MEDICAL MAN.

COMMUNICATIONS have been received from—

Dr. CONOLLY; Dr. STEWART; Dr. ARNOTT; Dr. PRIESTLEY; Dr. MILROY; Mr. QUAIN; Dr. AVELING, Sheffield; Dr. WILKS; Mr. PITTARD; Dr. COOKE; Dr. G. WEBSTER; Dr. HUGHES, Brighton; Mr. LAWRENCE; Dr. BAINES; Mr. GWYNNE; Mr. SMYTH; Mr. CHRISTIE; Mr. WINFIELD; Mr. SHAW; Mr. HATCHARD; Mr. GILL; Mr. VITALI; Mr. RIDGWAY; Mr. STEELE; Dr. SOLTAU; Dr. SKINNER; Mr. EDWARDS; Dr. CAMERON, Calcutta; Dr. GORDON, Dinapore; Mr. COWPER; Dr. ALEXANDER WOOD, Edinburgh; Mr. AMYOT; Mr. A. T. THOMSON; Dr. ADAMS; Mr. G. TAYLOR; Mr. I. RINGLAND; Mr. T. BEST; Mr. T. C. BLICK; Mr. HOWARD; Mr. BUBBOWS; Dr. SEWARD; Mr. THOMAS; Mr ATCHERLEY; Mr. RIVERS; Mr. MCDERMOTT.

APPOINTMENTS FOR THE WEEK.

February 12. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's. 2 p.m.; Charing-Cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. Dr. W. A. Miller "On Organic Chemistry."

ROYAL BOTANIC SOCIETY, 3½ p.m.

14. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8 p.m. Dr. Camps, "On Hysteria, considered as a Connecting Link between Mental and Bodily Disease."

15. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

PATHOLOGICAL SOCIETY, 8 p.m. (Council 7 p.m.)

ROYAL INSTITUTION, 3 p.m. Professor Owen "On Fossil Mammals."

ETHNOLOGICAL SOCIETY, 8½ p.m.

16. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

MICROSCOPICAL SOCIETY, 8 p.m. (Anniversary.)

17. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

ROYAL INSTITUTION, 3 p.m. Professor Tyndall "On the Force of Gravity."

HARVEIAN SOCIETY OF LONDON, 8 p.m. (Council 7½ p.m.) H. M. Greenhow, Esq., M.R.C.S., Assistant-Surgeon, Bengal Army, "Observations on Goître as seen in Oude."

ROYAL SOCIETY, 8½ p.m.

LINNÆAN SOCIETY, 8 p.m.

CHEMICAL SOCIETY, 8 p.m.

18. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON, 8 p.m. Practical—Morbid Specimens, and the Reading of Cases.

GEOLOGICAL SOCIETY, 8 p.m. (Anniversary 1 p.m.)

ROYAL INSTITUTION, 8½ p.m. Somerville Scott Alison, M.D., "On certain Auditory Phenomena."

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

By Mr. Fergusson—Lithotrity; Removal of Dead Bone from Ankle, and Tumour from Neck; Necrosis of Tibia. By Mr. Bowman—Cleft Palate.

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SPECIAL NOTICE.

The Directors have to intimate that the books of the Society close, for the current year, at 1st March next, and that Proposals for Assurance lodged on or before that date will entitle Policies to one year's additional Bonus over later Entrants.

The Scottish Equitable Life Assurance

SOCIETY. Instituted 1831.
Incorporated by Special Act of Parliament.

The Fund accumulated from the Contributions of members exceeds ONE MILLION STERLING.

The Annual Revenue amounts to ONE HUNDRED AND EIGHTY-TWO THOUSAND POUNDS.

The amount of existing Assurances exceeds FIVE MILLIONS.

The next Triennial Division of Profits will be made at 1st March, 1859.

ROBT. CHRISTIE, Manager.
WM. FINLAY, Secretary.

Head Office, 26, St. Andrew-square, Edinburgh.
Office in London, 26, Poultry. Agent, ARCHD. T. RITCHIE.

Clerical, Medical, and General Life

ASSURANCE SOCIETY, 13, ST. JAMES'S-SQUARE, LONDON.

REPORT presented at the Annual General Meeting, held Nov. 26, 1858.

The Directors have much pleasure in meeting the Proprietors on this, the 34th Anniversary of the Society. The source of their satisfaction will be best understood by a perusal of the following summary of the transactions of the Society during its past financial year, which ended on the 30th June, 1858.

Within that period 556 New Policies were issued, covering Assurances for £314,640, and producing in Annual Premiums the sum of £9479.

The Income, which has always been steadily increasing, was raised to £175,847 per annum

The sum of £78,745, being the clear surplus of Income, after the payment of claims and expenses of every kind, was added, during the year under review, to the Consolidated or Business Fund, which has thus been augmented to £1,190,741. That so large a sum should have been laid by in one year, and that year the Thirty-Fourth of the Society's existence, will itself afford, to those conversant with the principles of Life Assurance, the most satisfactory evidence of the prosperous and progressive condition of the affairs of the Institution.

To congratulate the Proprietors at these meetings on the position of the Office has happily long been one of the prominent duties of the directors. In doing so on the present occasion, they feel they have, in the foregoing figures, suggested the strongest grounds for the hope they entertain that each succeeding Anniversary may be marked by a repetition of the same pleasing duty.

The following are some of the distinctive features of the Society:—

One half of the Annual Premiums on Policies for the whole of Life may for the first five years remain on credit, and may either continue as a debt on the Policy or be paid off at any time.

Policies for Terms of Years may be effected at Rates peculiarly favourable to Assurers.

INVALID LIVES may be assured at premiums proportioned to the increased risk.

Policies participate in the Profits in proportion to the number and amount of the Premiums paid between every division. The Books close for the next Bonus on the 30th June, 1861; and Persons who effect Policies before the 30th June next will be entitled to one year's additional share of profits over later Assurers.

Six Bonuses have been declared; at the last, in January, 1857, the sum of £232,479 was added to the Policies, producing a Reversionary Bonus averaging 46 per cent., or varying with the different ages, from 31 to 85 per cent., on the Premiums received since June, 1851.—The Cash Bonus averaged 27 per cent. on the Premiums received during the same period. The future Bonuses may be received in Cash, or applied at the option of the Assured in any other way.

Forms of Proposal, and every Information, can be obtained of GEORGE CUTCLIFFE, Actuary and Secretary, 13, St. James's-square, London, S.W.

N.B. A fee of ONE GUINEA is paid to the MEDICAL ATTENDANTS of all persons proposing to Assure.

Pepsine.—M. Boudault begs to state

that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with Remarks by English Physicians. Edited by W. S. SQUIRE, Ph. D., published by J. Churchill, London, may be also had of the Author, 277, Oxford-street, price Sixpence.

"PULVIS JACOBI VER, NEWBERY'S."

As Medical Men are not generally aware

of the fact, that, unless "OUR DR. JAMES' FEVER POWDER" is prescribed as "PULVIS JACOBI VER, NEWBERY'S," the common preparations of Antimony, surreptitiously called "James's Powder," are liable to be substituted. Also, as Practitioners are disappointed in the result of their Prescriptions by these means, we beg to call their attention to THIS SURE METHOD of securing the use of the Genuine Old-established Medicine.

F. NEWBERY & SONS,

45, St. Paul's-churchyard. Established A. D. 1746.

☞ See Advertisement in last week's issue.

Oleum Castanei Caballini (Oil of

HORSE CHESTNUTS)—the new French Remedy for Gout, Rheumatism, &c.—is receiving the general assent of the Profession as an external application. T. and E. ANDERSON beg respectfully to caution the Faculty against imitations, and would ask them to see it bears their name.

Messrs. Andersons are wholesale agents for the Magneto-Electric Machine, recommended for Nervous Diseases, which is the most unique apparatus ever invented. It works without acid.

ANDERSONS, Operative Chemists, 30, Duke-street, Manchester-square.

Surgical Instruments, and every Im-

plement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), retail as well as wholesale, from the Manufacturer, JAMES ARNOLD, 35, WEST SMITHFIELD, St. Bartholomew's Hospital, London.

Single Circular Truss, 2s. 6d.; double ditto, 5s.; on Salmon's Expired Patent, 4s. 6d.; double ditto, 9s.; on Coles's Expired Patent, 5s.; double ditto, 10s.; Cotton Net Suspensory Trusses, from 10d.; Elastic Stocking Net bandage, 4d. per yard; Case of Tooth Instruments, £1; Case of Cupping Instruments, £2 13s. 6d.; Case of Pocket Instruments, £1; Brass Enema Syringe, complete in mahogany case, 10s. and 12s.; Case of Dissecting Instruments, Ivory Handles, 15s; best Bleeding Lancets, per dozen, 18s.

TRADE MARK.

No honest Grocer or Chemist, for extra

profit, will try to substitute inferior articles for BROWN and POLSON'S PATENT CORN FLOUR. Each packet has Brown and Polson's name and trade mark.

"This is superior to anything of the kind known."—Lancet.

16 oz. packets, 8d. For Custards, Puddings, and Cakes, it is also preferred to the best Arrowroot, and unequalled as a diet for Children and Invalids.

Paisley, Manchester, Dublin, and 23, Ironmonger-lane, London.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-Foot Jellies of various kinds for table use. C. and B. are also sole agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSSE and BLACKWELL, 21, Soho-square.

WINES FROM SOUTH AFRICA.

Denman, Introducer of the South

AFRICAN PORT, SHERRY, &c. 20s. PER DOZEN, BOTTLES INCLUDED.

A PINT SAMPLE OF EACH FOR 24 STAMPS.

Wine in cask forwarded free to any Railway-station in England.

(Extract from the Lancet, July 10, 1858.)

"THE WINES OF SOUTH AFRICA.—We have visited Mr. Denman's stores, selected in all eleven samples of wine, and have subjected them to careful analysation. Our examination has extended to an estimation of their bouquet and flavour, their acidity and sweetness, the amount of wine stone, the strength in alcohol, and particularly to their purity. We have to state, that these wines, though brandied to a much less extent than Sherries, are yet, on the average, nearly as strong; that they are pure, wholesome, and perfectly free from adulteration; indeed, considering the low price at which they are sold, their quality is remarkable."

EXCELSIOR BRANDY, PALE OR BROWN, 15s. PER GALLON, OR 80s. PER DOZEN.

Terms Cash. Country orders must contain a remittance. Cross cheques, "Bank of London." Price Lists, with Dr. Hassall's analysis, forwarded on application.

JAMES L. DENMAN, 65, FENCHURCH-STREET,
Corner of Railway-place, London.

Pratt's Artificial Leg.

J. PRATT begs to call the attention of the Profession to the following Testimonial, just received:—

"Somerset,
June 20th, 1858.

DEAR SIR,—It affords me much pleasure in being able to state that the Artificial Leg which you supplied me with is far beyond my best anticipations. From its being SO LIGHT IN WEIGHT, and its action in the foot so natural, I can walk, or ride on horseback, with ease and comfort; and few indeed would detect it as being other than natural. It has given me full satisfaction.

I am, dear Sir, yours very truly,
J. W.

To Mr. J. Pratt,
Surgical Instrument Maker,
420, Oxford-street."

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture VII.—On Dysmenorrhœa.

Gentlemen,—Yesterday, as some of you had an opportunity of seeing, I dilated the os and cervix uteri by dividing the portio vaginalis on each side in the case of a young unmarried female, who suffers great pain at each menstrual period; and as this affection, though rarely enough met with in hospital patients, is one of those which you will most frequently be called upon to treat when you come to practise, I think it will not be out of place for me, at the present time, to direct your attention to some of the varieties of dysmenorrhœa, or painful menstruation; to point out their nature and symptoms, and to explain to you how they may be most successfully treated.

Let me first of all observe, that there are many women who have no suffering during the menstrual period at all. Menstruation sets in without producing any unusual symptoms, and without exciting any notice till the blood is discovered escaping from the passages; and almost no amount of pain is experienced during the continuance of the flow. A very considerable number, however, do suffer pain at that period; in some the painful sensations being felt before the discharge sets in, whilst in others they are first experienced after the catamenial flow has become established. The pain in such cases may last for a longer or shorter period; usually it is not of long continuance, and as it is not very severe in character it is not much complained of by the patient. But there is a third class of females who ever and anon demand our aid, because of the high degree of suffering and agony they endure at the menstrual period, either before the blood begins to appear, or whilst the discharge is going on. Patients of this class—those labouring under dysmenorrhœa, as it is called, or painful menstruation, sometimes suffer to a degree which renders life a burden to them; for though in some instances the pain occurs only during two or three periods, and then gets cured and passes away, yet in most it continues long—it may be for many years, or until some curative treatment has been instituted. Many patients thus suffer the greatest agony from month to month, and no sooner has the pain of one period passed away than they begin to look forward with horror to the next, and the prospect renders their life miserable. You will find, further, that where this type of disordered menstruation occurs in married women, these seldom or never become capable of bearing children until the dysmenorrhœa has been cured. The disease seldom interferes with the life of the patient; but it does interfere in a very great degree with her health, and strength, and happiness. It is a disease, I repeat, which you will very frequently meet with in practice, and one by which you will bring much discredit on yourself if you do not know how to detect and cure it.

Under what circumstances, let us first inquire, does menstruation become painful? Here I would, in the first place, remark, that the degree of pain experienced during menstruation, is not in any way regulated or modified by the amount of fluid which is discharged during the period of its flow. And the proof of this observation is to be found in the fact that some patients suffer much pain where there is little or almost no discharge of blood at all; while others with a very profuse discharge, may be quite free from pain during the whole period. You will meet with it, indeed, under the most opposite circumstances. In some it begins when the menses first appear, and lasts till some remedial measures be adopted. In others it only supervenes upon exposure to cold at a catamenial period, or upon some other cause producing chronic metritis or other affection of the womb. You will have it in other patients beginning after marriage, although it occurs much more frequently among unmarried females. You will meet with it occasionally among married women—usually associated with sterility; but its occurrence in one who has been pregnant is altogether an exceptional case.

Seat of the Pain.

I am not going to dwell much on the subject of the seat and origin of the pain, for it is one of those points on which our knowledge is particularly defective. So much, however, seems certain, viz. that the pain may be seated in one or other of two organs; and dysmenorrhœa may therefore be divided into two classes, according as it originates, 1, in the ovary, or, 2, in the uterus.

I. Ovarian Dysmenorrhœa.

At each menstrual period one or other of the ovaries undergoes, as you are well aware, a variety of changes, which are all essential to the fulfilment of its physiological function, but which, at the same time, bring it into a condition that may be regarded as almost pathological. When at such times an ovum enlarges, comes to the surface of the ovary, and there escapes from its follicle; when such a degree of congestion is required as shall lead to an effusion of blood into the follicle to favour the expulsion of the ovum, and to fill up the cavity which is left; and when the organ is in a state of such high nervous excitability,—then it is easy to conceive how a slight aggravation of any of these phenomena may lead to the occurrence of dysmenorrhœa. It needs but a slight exaggeration of the congestion to produce inflammation; and no great exaltations of the nervous phenomena will be required for the full development of a distressing neuralgia. And besides, from clinical observation we know for certain that the ovary is an organ possessed of a certain degree of sensitiveness, and liable at times to be the seat of pain; for there are some women with perfectly developed ovaries and rudimentary uteri, in whom all the secondary phenomena of menstruation may occur, with the exception of the discharge from the imperfect or atrophic uterus. These women suffer from pain in the back and inguinal regions, and from the other uneasy sensations peculiar to women at the menstrual period; and though the symptoms are not so well marked as in females with all the organs fully developed, yet their occurrence in any degree is sufficient to warrant us in believing that in ordinary cases of dysmenorrhœa, the ovaries may occasionally be the peculiar seat of the pain. I have lately seen two patients, who had both suffered for months continuously from pain, and all the other symptoms of dysmenorrhœa, but in whom any other form of dysmenorrhœa than this ovarian form could not properly occur, seeing that the uterus was in both cases altogether absent. You may meet with other instances of this malformation, however, where no pain is present. I have seen such a case along with Dr. Arthur Mitchell, where there was no uterus at all, and the vagina ended in a cul-de-sac. We could easily satisfy ourselves that there was no uterus by passing a sound into the bladder, and then introducing a finger high up into the rectum, when the sound could be readily felt above the apex of the vaginal sac without any intervening body or substance whatsoever. The ovaries seemed to be present, for the sexual appetite was fully developed, and all those feminine characteristics whose presence is supposed to depend on a healthy condition of the ovaries; but in this instance there was no dorsal pain, nor any other symptom of dysmenorrhœa. There are, again, some curious cases of malformation occasionally met with, where the ovary is found to have descended into a hernial sac, and as has been related by Oldham, in reference to such a case, the ovary has sometimes become swollen and tender at the menstrual period, and given rise in this way, apparently, to the dorsal and other sympathetic pains. Finally, let me observe, there are other cases where the ovary becomes displaced downwards, and is found lying in the recto-vaginal cul-de-sac of the peritoneum; and in such instances it may at times be felt to be enlarged, and tender to the touch, and clearly in a state of acute inflammation.

II. Uterine Dysmenorrhœa.

You might suppose, then, since such changes are known to occur in the ovary, and give rise to painful sensations, that this organ should be regarded as the seat of the pain in all cases of dysmenorrhœa. But, on the other hand, pain is usually not the only symptom present, for it is commonly accompanied with sickness, nausea, and vomiting,—such as you often see in the commencement of labour, where the pains and con-

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comitant symptoms are only referable to the uterus itself; and, therefore, I think we must come to the conclusion, that while there are some cases of dysmenorrhœa where the neuralgia is localised in the ovaries, yet that in the greater number of cases it is developed, and has its peculiar seat in the uterus itself.

Now, as the disease may depend on different morbid conditions of the womb, you will find that it presents itself in several varieties, to which you must allow me to direct your attention somewhat more in detail.

1. *Neuralgic Dysmenorrhœa.*—All pathologists admit a neuralgic division. That is, all admit that dysmenorrhœa may occur in patients who are subject to neuralgic affections, and in whom pains disappear from the other organs and parts of the body at the time of menstruation, only to become concentrated, as it were, in the region of the womb. Such patients complain habitually of aches and pains in the face, the head, the mammæ, the intercostal spaces, or elsewhere, and these pains all become aggravated for a day or two before the appearance of the catamenia. Then acute and constant pain begins to be developed in the uterus, and as the menstrual flow sets in, the pains in other parts of the body become quite relieved. In such cases, the uterine neuralgia persists during the whole menstrual period—remitting, perhaps for a time, but never altogether intermitting.

2. *Congestive Dysmenorrhœa.*—Another class which most authors acknowledge as pretty frequent, is that of the congestive cases of dysmenorrhœa, where there is usually nothing to be found further than an exaggeration of the ordinary phenomena of menstruation. At every menstrual period there occurs a certain amount of congestion in the womb from the determination of blood to it, which is eventually relieved by an escape of the blood from the mucous lining of the organ. This congestion—which goes on not only in the uterus, but in the ovaries as well—may, and sometimes does, rise beyond the normal standard, and then uneasy sensations may be produced, and all the symptoms of perfect dysmenorrhœa.

3. *Inflammatory Dysmenorrhœa.*—Inflammatory forms of dysmenorrhœa are usually due to the occurrence of inflammation in the cervix, which is the portion of the uterus most frequently affected with that disease. Ulcers may be present around the os and be irritated by the fluid; or they may have existed at some former period, and in cicatrising they may have led to contractions of the orifice; or the organ may be indurated and thickened, and its lumen narrowed in consequence of chronic inflammation; or it may be at the time in a state of acute inflammation. In any case, the passage of the menstrual discharge through the morbidly affected part, will be a source of actual and acute suffering.

4. *Gouty or Rheumatic Dysmenorrhœa.*—There is a fourth class, which we can only talk of as gouty or rheumatic, and that for two reasons, viz.:—1st. Because it is a class where the patient has suffered before, or it may be, at the time of the attack from various other gouty or rheumatic diseases, or has shown symptoms such as are caused by excess of uric acids or urates in the blood. In the rheumatic cases, the patient has been subject to pains and swelling in the knee, the shoulder, and other large joints, perhaps has got some cardiac bruit; in the gouty cases, the smaller joints have been previously affected, and the patient suffers from excessive windy secretions in the bowel, and all the other symptoms usually met with in gouty individuals: it is in such cases that wind is sometimes apt to be developed, and to accumulate in the cavity of the uterus, as described by Dr. Rigby. The second reason for our classifying such cases as gouty or rheumatic is that they yield, as has been shown by Dewees, Gooch, Hamilton, and others, to colchicum, guiacum, and the other remedies which are ordinarily more especially efficacious in the treatment of gouty and rheumatic diseases generally.

5. Dysmenorrhœa may be accompanied by organic diseases, or by displacements of the uterus; or, rather, it may occur as a complication of such diseases or dislocations. In cases of polypus of the uterus, for instance, or of fibroid tumours of its walls, or of any other organic lesion, menstruation is often attended with great pain and discomfort in every form and degree of retroversion or anteversion, or other displacement of the womb, dysmenorrhœa is one of the most distressing and constant complications.

6. *Membranous Dysmenorrhœa.*—There is a membranous form of dysmenorrhœa, which, as was long ago noticed by Morgagni, a peculiar membrane is shed from the uterus, and discharged at every menstrual period.

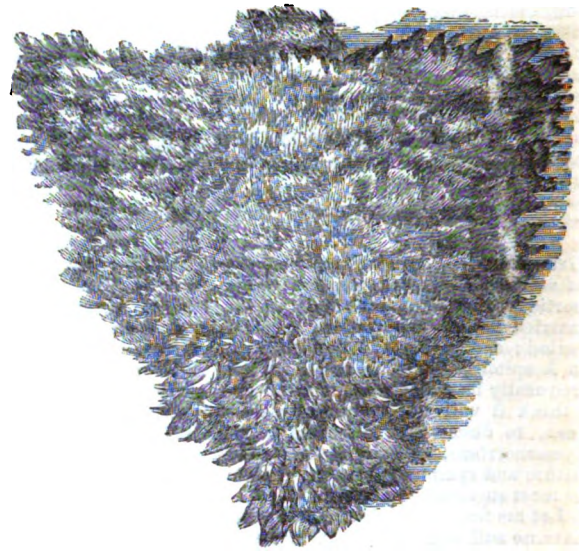

Fig. 1.—Sketch of a dysmenorrhœal membrane, as seen under water.

I show you here two such pieces of membrane which were brought to me by two of my patients some time ago, and are now pretty much broken down. But from the drawings which I now point out, you will obtain a clearer view of the form and appearances of the bodies in question. Dr. Granville, in his work on abortion and the diseases of menstruation, has figured the membranes from a long series of cases occurring in his own practice. In this form of dysmenorrhœa the pain is present from the commencement, and lasts for two or three days, or till such time as the obstructing membrane gets discharged; and then the patient is relieved till the next period, or in some cases till the second following menstruation. For it is to be observed, that though this membranous discharge may occur at every catamenial period in some cases, yet in others it takes place only every second, third, or fourth month. This was formerly regarded as an inflammatory form of the affection; and the explanation usually had recourse to was that an exudative type of inflammation occurred here such as that occasionally seen in the intestinal canal, and more frequently in the respiratory tubes in cases of croup; and that a fibrinous or plastic effusion was poured out on the surface of the mucous membrane, which, in becoming organised, assumed the shape and size of the cavity in which it was formed. Rigby, Dewees, and others, supposed that such

Fig. 2.—A dysmenorrhœal membrane laid open (Coste).

membranes were peculiarly liable to be produced in cases of gouty or rheumatic dysmenorrhœa, and they accordingly in-

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eluded the membranous in that other class of disordered menstruation. For some years past we have had our notions in regard to this matter entirely changed. Ever since I began to lecture on this subject, and to make some special observations regarding it, I came to the conclusion, and have always taught, that we had here to do, not with an inflammatory exudation, but with a desquamation or exfoliation of the mucous membrane of the uterus; and the proof that such is the case is irresistible. For if you examine it, particularly when it is placed in water and unfolded, you will find it to resemble, in every respect, the early decidua. Like the decidua, it is a shut sac, triangular in form, rough and irregular on the outer surface, and on the interior smooth and of a cribriform appearance. It possesses the complex structure of the mucous membrane of the uterus, containing crypts or follicles with nucleated cells and vessels intervening; and in all respects corresponds to the mucous membrane, as it presents itself to us more especially in that hypertrophied condition which is seen in the earlier periods of pregnancy. If the decidua be simply the altered mucous membrane of the uterus, as it is now believed by most anatomists and physiologists to be, then there can be no doubt that the shreds cast off in this form of dysmenorrhœa are also portions of the altered mucous membrane, seeing that they present all the same anatomical characters as the decidual membrane does; for when working at the subject some fifteen or sixteen years ago, I gave some preparations to Mr. Goodsir to examine microscopically, and he declared, and enabled me to declare, that the two kinds of membrane were identical in structures, and were both merely due to changes in the mucous membrane of the uterus. The dysmenorrhœal membrane is in some cases very thin, consisting merely of a layer of the epithelial covering of the mucous membrane of the uterus; but more frequently it is, as I have told you, of greater thickness, and represents the whole of the swollen and hypertrophied membranes.

Some authors have doubted the possibility of this monthly exfoliation from the interior of the uterus, and have questioned as to how it could occur. You will find some admitting a desquamation of the epithelial covering, but scouting the idea of the whole or the greater portion of the mucous membrane becoming detached and discharged by the contractile efforts of the uterus. When I first published a memoir about it, Dr. Ashwell wrote to say that it was a very curious sort of observation to make, and one which he would defy me to prove, because it was utterly impossible to dissect off the mucous membrane of the uterus in the dead body. True, you cannot with the scalpel detach the mucous membrane from the interior of the uterus with perfect precision, but nevertheless you have proof sufficient in the identity of structure between the expelled membranes and the uterine mucosa to convince you that an exfoliation of the latter does occur in cases of membranous dysmenorrhœa, whether from fatty degeneration occurring in its deeper layers, or in consequence of some other change with which we are as yet unacquainted. The manner in which the separation of dysmenorrhœal membranes is effected is a subject that requires still to be investigated, as does also one other point in connexion with this as well as some of the other varieties of uterine dysmenorrhœa, namely, the changes that occur in the walls of the uterus, particularly as regards their enlargement, or the increased development of muscular fibres in them at these periods.

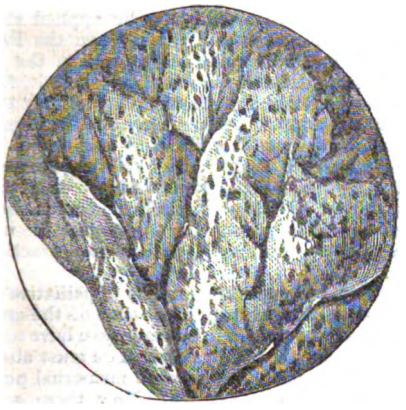

Fig. 3.—Appearance presented by the inner surface of a uterine cast, when viewed with a low magnifying power.

Let me merely add in regard to this form of dysmenorrhœa that more lately Handfield Jones has come to the same conclusion regarding the uterine casts, as that which I have explained to you, and that Lebert, Raciborski, and, last of all, Virchow, have furnished additional proof of the correctness of our explanation. Virchow, indeed, has gone a step further than any of the others, for he tells us that in opening the bodies of women who have died while suffering from dysmenorrhœa, he has found the mucous membrane of the uterus in a state of partial separation; and has thus supplied a distinct anatomical proof that up till that time was wanting.

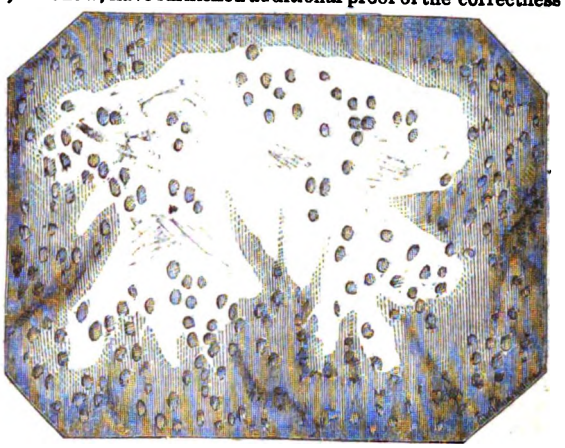

Fig. 4 shows the openings of the uterine follicles more distinctly than the preceding.

7. *Obstructive Dysmenorrhœa.*—And lastly, there is an obstructive form of dysmenorrhœa connected with a state of stricture, or contraction of the calibre of the cervix uteri. The seat of it may be at the os tincæ, along the whole cervical canal, or at the os internum, but usually it is at the external orifice. This form of dysmenorrhœa was long ago pointed out in this School of Medicine, and much insisted on by a man of much renown as a teacher of the Practice of Physic, Dr. Macintosh, who proposed a plan of treatment for the disease, of which I shall have more to say anon.

Then comes the question as to how pain arises in the uterus in cases of dysmenorrhœa. The pains of labour, as I have endeavoured to prove to you in the course of my obstetric lectures, are only explicable by the fact that the uterus is thrown at the time into a state of very active contraction. At the period of parturition it is a highly developed muscular organ, and in expelling the fœtus it contracts with preternatural force, and to a degree corresponding to spasmodic contractions in other muscles; and as in them excessive action is attended with cramps or pains, so the strong action of the muscular walls of the uterus required in the parturient process is attended with a correspondingly severe degree of pain. We have an action in the uterus, though less in degree, yet of the same kind, and attended with the same symptoms in all cases where any obstruction is offered to the escape of fluids which have become accumulated in its cavity. In such cases you have occurring what has been called uterine tenesmus, or painful muscular contraction of the womb, of the same nature as those occurring in the bladder when urine accumulates to too great an extent, or in the intestinal tube under various circumstances. In relation to the simple form of dysmenorrhœa to which I first referred, I would remark, that the uterine pain in such cases seems only to be explicable by the occurrence of irritation in that organ in a neuralgic subject: and as regards the rheumatic and gouty forms of the disease, there is probably at the time of menstruation a determination to the uterus of the morbid material which excites the specific symptoms in other parts of the body; just as a determination of it might occur to any other part or organ which happened to be in a state of exalted action. But I must again repeat what I have already told you, that we have as yet no accurate and distinct idea of the cause and source of the pain so bitterly complained of by patients suffering from the various forms of dysmenorrhœa.

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Diagnosis of the Disease.

With respect to the diagnosis of dysmenorrhœa, there is not much that I have to tell you. You will generally be right in setting down a case as one of dysmenorrhœa where you have pain in the lumbar and uterine regions occurring at monthly intervals, accompanied with a bloody discharge from the womb, and relieved when this ceases to flow. But there is one mistake which you would possibly be in danger of making, and against which it is right that I should warn you—the mistake, namely, of supposing that you have to do with a simple case of dysmenorrhœa when a patient is suffering from the pains of an abortion. You will generally guard against such a mistake by making full inquiries into the history of the case, and by examining the womb so as to discover whether it be in any degree enlarged. Or the converse mistake in diagnosis may be made. It has twice happened in the history of the old Lying-in Hospital, in Park-place here, that maid-servants have been sent in to the Institution by Edinburgh practitioners who imagined that the patients were in labour, while they were only suffering from the severe pains of an aggravated form of dysmenorrhœa. And it so happened that in both of these instances, actions for damages were raised against the Medical men (though they were ultimately suppressed) by patients who believed their moral character to be damaged by the erroneous diagnosis of their Medical attendants. I need only allude to this subject, to prevent the possibility of your falling into such a grievous error.

The Prognosis

is usually perfectly favourable, but it necessarily varies according to the form of the disease.

Treatment of the Disease.

This we may consider under two divisions, according as it is intended to be *palliative* or *preventive*.

1. *Treatment of the Paroxysm.*—The first, or palliative treatment, is that which is required at the time of the attack, and you will find that in the severer cases you are driven to the administration of various stimulants, sedatives, and sudorifics, and to the application of sedatives locally. It is a common idea among dysmenorrhoic patients themselves that they can relieve the pain by drinking large quantities of infusions of sage, pennyroyal, and other vegetables with stimulating principles, and the belief is in a great degree confirmed by experience. It is only too common a custom with such patients to have recourse to stronger and less innocent stimulants; for many women, when suffering from dysmenorrhœa, make free use of various forms of alcoholic liquor, and usually with decided relief to their sufferings. But you are not called upon to prescribe such remedies in every case, and, except in extreme cases, you will be able to dispense with them altogether. The agent which you will find the most serviceable for relieving the pain of dysmenorrhœa, and that on which I chiefly rely, is morphia in one or other of its forms. You may begin by administering a strong opiate—for in these cases there seems to be a tolerance of the drug, and the patients bear large doses with impunity. You may give as much as forty drops of laudanum, or a corresponding dose of any other opiate, at first, and repeat the dose, or, perhaps a smaller one, every hour or two hours afterwards till the pains begins to abate. You will do well in many cases to combine the morphia with some strong diffusible stimulant. Thus the addition of a drachm of chloric ether is often an admirable adjutant to the action of opium; and I might add that you will find a teaspoonful of chloric ether in a wineglassful of water to be one of the readiest and most efficacious remedies of that class that you can employ. Many use camphor in this way; and sometimes camphor may be administered alone in large doses instead of opium in those cases where all forms of the latter disagree with the patient. Strammonium, belladonna, conium, Indian hemp, and many other narcotics have all been used, and have all been found to be more or less efficacious for relieving the pain of dysmenorrhœa. But in most cases you will find opium the most serviceable remedy. You can often aid its action by exciting the skin, and in this way warm baths, vapour baths, hot drinks, and such like measures come to be of service. Sometimes all these means fail, and you are called upon to administer some anæsthetic by the stomach or the lungs. Chloroform may be given internally in combination with cardamoms—ten or twenty drops of chloroform to the ounce of the compound tincture of cardamoms is a very common and a very useful prescription—but its use is more apt to be attended with headache than when it is inhaled in the form of a vapour. One of the first uses to which chloroform was put after the discovery of its anæsthetic properties, was to relieve the pain in a case of dysmenorrhœa. The patient was an unmarried lady, and one of those who lived in perpetual dread of the recurrence of the catamenia. She lived with her sister in a house in the New Town, and when I first went to administer the chloroform to her, I could hear her groans and cries as I entered the door, although she was lying in a room three stories up. She suffered in fact quite as much pain at those periods as most women do when in labour, and it was no wonder that she looked forward to the monthly return of her agony with horror. I kept her asleep, at that time, for about half-an-hour with the chloroform, and she had no return of the pain during the continuance of that catamenial period. This was owing to my having administered the chloroform just at the commencement of the period; for, mark you, if you can bring the patient into the anæsthetic condition for only a short time at the very onset of the attack, you may hope to find her remaining free from pain while the discharge continues; whereas, if you delay it till many hours have elapsed, the drug must be used for a longer time, and the relief experienced is never so permanent.

As local sedatives, opium and belladonna have been often used, but with little benefit. Lately it has been proposed to use veratrine applied to the loins to relieve the dorsal pain, and its advantages have been much pressed upon the Profession; but it possesses little or no claim to confidence. There are only two local anodynes from which I have obtained much good results, and these are carbonic-acid gas and the vapour of chloroform. Dysmenorrhœa was one of the diseases which carbonic-acid gas was first used to relieve. Majou of Geneva wrote a paper some thirteen years ago, in which he showed the efficacy of the gas in relieving the pain of disordered menstruation; and I have often seen it afford instantaneous relief: or the vapour of chloroform may be employed locally, applied in the manner I described to you when speaking of its use in relieving the pains attendant on carcinoma uteri. It may, as I then told you, be applied alone or in combination with carbonic-acid gas. When the local application of the vapour is sufficient to relieve the pain, it is always the most satisfactory mode of applying it, for then it does not have the sickening effect that sometimes attends its internal administration. Let me only add, in regard to the internal use of opium, that there is one great drawback attendant on it, and that is, the horrible sickness which it causes in many patients; and if one of you could only devise some preparation of the drug which would develope its sedative action without producing any nausea, he would confer a mighty boon upon us all—patients and practitioners as well.

I have hitherto been speaking merely of palliative measures, such as are to be adopted during the time of the attack; but when you have used them successfully, you have not yet done all that is necessary for your patient. You must also treat the disease in the intervals between each menstrual period, with a view to prevent its recurrence. Now there are various preventive measures with which you must become acquainted, and which you must learn to apply to each appropriate case; and these measures must be adopted and carried out perseveringly and from month to month until a cure is effected; for you will find that when you are not making progress you are losing ground, and your unfortunate patient may relapse into a condition as bad or worse than that in which you found her. But I shall reserve the consideration of those measures for our next lecture.

Perchloride of Iron in In-growing Nail.—After fomentation, Dr. Alcantara interposes beneath the nail a small piece of lint, upon which some ointment of perchloride of iron has been spread. All the surface of the excrescence deprived of its epidermis is covered over with this, and the dressing is renewed twice a-day. At the end of four days, the excrescence becomes dry and mummified, and is easily detached. The wound then assumes a regular aspect, and the case is completed at the end of a week.—*Union Med.* No. 16.

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ORIGINAL COMMUNICATIONS.

THE PHYSIOGNOMY OF THE INSANE.

By JOHN CONOLLY, M.D. D.C.L.

Consulting Physician to the Hanwell Asylum.

No. 13.—Illustrations of the Old Methods of Treatment.

It was my intention to offer a few more remarks on the subject of my last paper (No. 12, Dec. 25, 1858), drawn from observations made among the male patients of pauper asylums and from other sources, illustrative of intemperance as a cause of insanity, and also as a malady in itself, peculiar in its character and in its termination; and I may probably do so on a future occasion. The subject is interesting in many points of view, and it has moreover an awful relation with the curious and important question of the influences of various kinds which result in the degeneration of man's bodily structure and mental capacity; and of the practicability of counteracting them. Physical and mental deformities receive, in our day, such careful and humane attention, and the sufferers from either are consequently so collected, and their history often so easily obtained, that the public will soon have a right to expect some information respecting at least the probable causes of defective organisation, exemplified in peculiarities of corporeal structure and texture, or in disordered mental faculties, or congenital imbecility, or idiocy. Many observers are now directing attention to these important questions on the Continent, as well as in England, in the New World as well as in the Old; all of whom require, perhaps, to be reminded of the wise saying of Cullen, that there are more false facts than false theories; and who must also not forget that investigations of this kind are seldom completed by those who begin them, and that what was said by the father of physic is still true: art being still long, and life short.

But this subject, if to be pursued at all, is postponed for the present for the consideration of what is more relative to the general physiognomy and condition of the insane. A very expressive photograph is before me, taken from a print by Kaulback, which has been known, but not very generally, for some years; representing the interior of a Continental asylum, and containing fifteen portraits, illustrative of as many varieties of disordered mind. Although these portraits are evidently taken from life, the grouping of the figures is as plainly imaginary, and such as could scarcely ever have existed; yet highly exemplifying the skill of the artist.

Towards the left of the picture, the figure of a man standing up between two strongly contrasted female figures seems first to attract notice. A lottery ticket, pinned on the side of the man's shabby hat, together with the fierce and dogged expression of his face, seems indicative of expectations disappointed. The female figure to which his face is turned, without, however, regarding her, has the characters of a virago strongly stamped upon her face and head, as well as in her menacing attitude. The keenly directed eyes, the snarling mouth, the flat head with the prominence of the vertical portion of it, and the bulk of the occipital region, reveal the preponderance of the animal qualities. Her terrible looks are directed to the other female figure, whose arms are thrown round the unregardful man, behind whom she stands, in a manner expressive of feminine tenderness and attachment: and whose face is handsome, the anterior and lateral portions of the head, and that above the forehead, well formed, and the vertex and occiput not in excess. The full womanly and maternal character is portrayed in this figure; and her face expresses at once attachment to the infatuated man, and grief for his faults. A little more to the left of the picture is an elderly woman, occupied in knitting, and in the calm state which has probably been preceded by mania; looking with a kind of wonder on the impassioned woman and the insensate man. Under this group, and to the front of the picture, we see a figure representing either a soldier or a peasant used to arms, whose manly face evinces thoughts brooding over some past reverses; his broad forehead, his straight eyebrows, his resolute mouth, his strong frame, and the sword (which may be of wood) slung carelessly over his shoulder, seem to show that here is a valiant soldier lost to the State or to his native village; his careless attire evinces that the alacrity of hope has left him, and that in his moody thoughts the present is lost in the past. Just before him is a happier instance of abstraction; a man intent on the pages of a book, and whose attitude admirably expresses a state of perfect self-satisfaction. The elevated eyebrows, the uplifted chin and under-lip, the extended finger and thumb of the raised hand, clearly indicate the crazy philosopher, who has met in the old and well-worn volume before him thoughts elevated and mystical, and almost as novel as his own.

In the centre of the picture, behind the other figures, are two male figures, eloquently representing religious excitement and depression. The happier fanatic stands upright, holds a crucifix before his breast, and points to himself with an air that announces his own asserted divinity. His broad large head shows the amplitude of what phrenologists would call marvellousness, ideality, veneration and hope; and what all persons familiar with portraits recognise as the characteristic form of head in men of a speculative and fanciful temperament, not very much under the control of comparison and judgment. The lively eyes, the straight line of the mouth, even the outstanding and wild hair of the head, are very faithfully depicted; and all belong to this temperament. Behind this figure is the contrasted one of a man of higher intellectual endowments, but of the temperament called melancholic, in which all hope of future pardon is faint. The face is expressive of thought and of refinement, but the angles of the mouth are drawn downwards, the drooping head leans on hands clasped in sorrowful meditation, and his dark hair hangs in heavy masses over his ears and cheeks. In front of these figures we have an imbecile patient, happy in imaginary royalty, wearing a crown, and holding a stick for a sceptre. The large unmeaning eye, the protruded under-lip, the retreating chin, and the feeble and common cast of the face, are such as are generally found in this class of happy self-satisfied lunatics. Two female figures are devoted to the portraiture of melancholia; one, a devotee, near the enthusiastic man; her head bowed, her hands clasped, her collapsed face showing that hope has left the heart; the other in front of the picture, her face hidden, and in her hand a letter, which has brought tidings of overwhelming sorrow. Two other figures are devoted to showing examples of chronic mental disorder, and one, in front of them, less true, perhaps, to nature than the rest, seems intended to show an example of the loss of reason supervening on the death of an infant. Altogether, although there is singular merit in this print, its artificial grouping deprives it of the touching interest often arising from the representation of a single figure descriptive of mental disorder. It is to be observed that all the patients are left, as they used to be left, to their own fancies and to their particular sorrows. The artist has added one figure in the background which belongs to the past history of asylums, but as faithfully drawn as the rest. A well-fed, indolent, pipe-smoking, night-capped, surly keeper directs his sidelong watchful looks on the group of afflicted beings at his mercy. The heavy keys, held behind him in his careless hands, tell us of the cells they close so often on these unfortunate patients; and the whip, hanging out of his pocket, shows the universal remedy he wields for the errors and griefs of the mind; one of his victims has rudely drawn the likeness of this functionary on the wall, in the active exercise of his vocation.

Such numerous and gratifying changes have taken place in asylums for the insane within the last few years, that instead of contemplating a picture of this kind with unmitigated pain, the comforting thought ever arises that in our modern or our reformed institutions the gloomiest patients are consoled, and the most distracted have their thoughts drawn away from dreams and fantasies to pleasant occupations; that night-capped keepers are no more; that not only have whips disappeared, but the straitwaistcoats; and that while all aids are given to recovery, all alleviations are imparted to the incurable. These changes, scarcely yet appreciated by the public at large, have not been effected easily; and the shadow of dreadful evils has but very recently passed away; evils greater far than those revealed in the picture which we have been contemplating.

The last of a series of pictures by our greatest English delineator of human folly and human vanity and vice, tells us a story of the interior of one of our own asylums more terrible,

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but too true. What it shows exists no longer in our country; but it is too soon to forget that such things were. In the "Rake's Progress," depicted in its successive stages by Hogarth, the last scene is in Bethlehem Hospital; not in the present cheerful and well-governed building, but in the old and gloomy mansion in Moorfields; a building surveyed with awe even in the daytime, and which pedestrians avoided approaching after dark, dreading to hear the cries of those immured in it. A man of birth and fortune, ruined by extravagance and dissipation, is represented as having been just admitted into the wards of this old asylum in a state of mania. For many years after the appearance of this production of Hogarth it was merely regarded as a representation of the scenes necessarily incidental to a madhouse, and to all madhouses. But even now, when the old Bethlehem has disappeared, and when no such scenes are presented to a visitor's observation, either in the new Bethlehem Hospital or in any British asylum, the work of the keen and faithful artist may be instructively studied as a kind of graven history of cruel neglects little regarded by our immediate ancestors, and not remedied until several years of this century had passed over the living generation.

In the foreground of Hogarth's picture, we see the poor rake lying on the floor of the gallery or ward, a doctor feeling his head, which has already been shaven, while a keeper, who has undressed him is coolly putting fetters on his legs; and a faithful unhappy woman, who alone of all the friends of his vain prosperity remains with him, is lamenting over the broken-down profligate. Near this group is a huge iron pot of gruel, and by it a wooden bowl, overturned. These ordinary objects preserve the recollection of what was then the ordinary treatment of mania: shaving the scalp, the imposition of chains, and semi-starvation. They do not record the bloodlettings nor the scourging then in use, and much respected as auxiliaries. But the record given of the absence of all salutary appliances is strong enough. Out of the gallery we see the interior of several separate rooms or cells, each with its neglected inmate. One of these inmates is a fanatic, strong and apparently dangerous: he is chained to his crib, in which he lies prone on seldom changed straw. On the walls of his cell are some pictures of saints, and a large crucifix leans in the corner. But in the countenance of this fanatic, and in his attitude, there is no holy composure. His hands are clasped strongly, and his face expresses agony and fierceness. There is nothing in his cell but a wooden bowl, perhaps the measure of his gruel for the day—and the bowl is empty. Near the door of his room is a half-naked man, who has drawn divers geometrical figures on the wall of the gallery; and who appears intent on discovering the longitude; his face expressing satisfaction, and his chin protruded with proud anticipation of success. In the next room, or cell, of which the door is also open, is seen the figure of a man without any clothing whatever, but wearing a crown and proudly wielding a sceptre of twisted straw. His face and attitude express not a very decent scorn, and in this state he is exposed to the view of visitors; a lady and her maid being at that time passing through the gallery, whose curiosity, somewhat different in each, is represented with the painter's characteristic humour. Next we have a mad astronomer, gazing at an imaginary sky through a telescope of paper, watching eclipses where all is eclipsed that brightens man's life. We observe, also, a mad musician, dressed in something like a blanket, and with a tattered wig upon his head, above which wig a music-book is placed, with the leaves open; and the musician is playing, much to his own delight, and as if he read the musical notes through both wig and cranium. There is also an imaginary pope, with a paper tiara; and contrasted with these fantastic figures, one melancholy man of middle age and expressive features, and wearing still his ordinary dress, although the worse for wear; his neckcloth torn and his stockings ungartered. He is sitting on the staircase, his countenance downcast, and his eyes taking no note of the persons around him, nor even of a dog, probably his own dog, which gazes on him wonderingly, and seems to be barking a sort of remonstrance with its too much changed master. The patient's thoughts seem fixed on some foregone affliction, some loss, or some unrequited love, of which perhaps some history is signified by the miniature still suspended on his breast. The angles of his mouth are hopelessly drawn down, the hands joined as only the hopeless join them; and there is nothing near him or about him of a nature to recall him to thoughts of cheerfulness. His head has been shaven; he has probably been bled; it is certain that his diet is served from the iron pot, and in the wooden bowl: and negligence gains more and more dominion over him; his large head is directed to no useful employment, and his whole appearance indicates his unheeded apathy, and the gradual extinction of his attention, his memory, and all the faculties of his mind. No friendly voice relieves him; no variety cheers him; no hope remains alive in his heart.

These figures, illustrative of various forms of distraction, are not, perhaps, singly taken, very important. It is the totality of this interior which is so painfully significant. The absence of furniture of every kind in the rooms or the gallery, and of everything likely to afford relief to hurt minds; the air of the whole place, where it is evident no means of recreation are to be found, no books or newspapers, no tables, no chairs, no provision for warmth or ventilation; and yet more, where the want of clothes by day, and of coverings by night, both being supposed to be rendered unnecessary by the single blanket allotted to a certain proportion of the patients, and by the straw liberally supplied to them, but less frequently renewed than in stables, make up a shocking total. Of knives and forks and spoons, and all table comforts, it is plain that they are unknown, indeed, superfluous. Knives and forks are not wanted, for there is no meat to be cut: the cheaper wooden bowls, both cheaper and safer, no doubt, render all such perilous luxuries unnecessary. The small, high, unglazed windows; the exclusion of all external objects; the want of water to drink, or water to wash the face and hands with; all these things, and more, assure us that in the old times, scarcely yet rung out for the happier new, the insane were condemned to a world of gloomy despair, where no kind accents ever allayed the sounds of frenzy, and no gentle ministration mitigated suffering. All this is set forth by the great painter-moralist, without apparent design or ostentatious art, and simply by copying meagre and miserable realities.

There was nothing in all that this too faithful picture discloses peculiar in the condition of the old Bethlehem Hospital. At the time of its appearance, all the severe appliances of Medicine advocated by physicians before the Christian era were still in universal use, and deemed indispensable. For 2000 years, during 1800 of which men in this island had called themselves Christians, no human eye seems to have penetrated into the cells of lunatics, and scarcely one merciful heart appears to have been strongly touched in their favour. But the recent change of treatment, that of the days in which we live, has been as marvellous as this long neglect. Sixty-seven years have not quite passed since the change as marvellously began. It began in the capital of France, when a whole nation, so long oppressed that almost every virtue seemed to have been extinguished, had broken out in sudden fury and violence, and wild justice reigned uncontrolled. Even then it was that a simple physician, authorised by one of the most terrible of the leaders of the Revolution, entered the horrid abodes in which so many maniacs had languished for so many years, and performed a work of mercy of which the results have since slowly overspread all the civilised earth. The sympathies of mankind are less aroused by this great benefit conferred upon them than by the career of conquerors. We have no statue of Pinel, but his immortality is purer and more assured than that of many to whom statues have been erected. The greatest action of his life is little dwelt upon by his immediate successors among French physicians. A single paragraph in his own work comprehends his own modest history of it. The uninterrupted use of chains, he says, is an admirable invention for perpetuating the fury of maniacs, and a substitute for the defective zeal of an ignorant superintendent, for producing constant exasperation in the minds of the patients and a desire to be revenged, and for filling an asylum with uproar and tumult. These inconveniences, he says, had been an object of solicitude with him when physician to the Bicêtre in the first years of the Revolution; and he ascribes the merit of practically putting an end to this kind of treatment to M. Pussin, the superintendent of the Hospital. Forty lunatics were at once liberated from the chains they had worn for many years, and allowed to walk out. The alarm of the Central bureau seems, however, to have imposed the necessity of still retaining the patients in straitwaistcoats in the daytime. At night they were wholly free. From that time the attendants were also freed from the

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continual danger of violent injuries. Among the liberated patients, one had worn the weight of irons thirty-six years, and another forty-five years; but the use of their limbs had not been lost, and they walked, although with slow and unaccustomed steps, in the corridors of the Asylum. The memory of another patient was long cherished at the Bicêtre, one who had been chained in the recesses of a dark cell for eighteen years, and who, after this dreary and dreadful bondage, being brought into the light of the sun, exclaimed with rapture, "Ah! how long it is since I saw anything so beautiful."

These striking examples, and these touching illustrations, seem to have been forgotten in the years of war, and conquest, and unprofitable triumph which followed. In the year 1818, Esquirol presented his Memoir on the Establishments for the Insane in France to the Minister of the Interior, in which he described the still deplorable state in which they remained. He represents the condition of the patients: naked, or covered with rags; lying on straw, their only protection from the cold pavement; badly nourished, and deprived of fresh air, of water to drink, and of all the necessaries of life; wholly at the mercy of brutal gaolers, and chained in dark and pestilential cells:—less cared for than the wild animals kept for show, and at great expense, in the capitals of nations. They were, indeed, only governed by terror: whips, chains, and imprisonment constituted the whole moral and Medical treatment.

Such was the condition of the insane in all the countries of the Continent at that period. In our own country a great reform began exactly about the time when Pinel was making his first efforts in Paris. But in England it did not begin in the metropolis, or in any time of general revolution. It commenced in the quiet city of York, and among the quietest people in the community, the Society of Friends; and the history of this important beginning is to be found, simply and quietly written, in the first chapter of one of the most valuable books ever published on the subject of the insane, William Tuke's description of the Retreat. The Asylum at York had long been ill conducted. In the year 1791, a female patient, a Quakeress, had been placed there; far from her friends; the visits of their acquaintances living nearer to the asylum were refused, on the ground of the patient not being in a suitable state to be seen by strangers; and the patient died in a few weeks. This painful circumstance suggested to the kind and thoughtful members of the Society the peculiar advantage which might be derived from having an institution for insane persons of their own persuasion under their own care; where a milder treatment than that usually practised in asylums might be adopted, and the visits of friends permitted in convalescence, or in calmer intervals of the malady. With what prudence and success this benevolent thought was pursued may be learned, together with almost every important principle relative to the treatment of insanity, in the work referred to. The reader will not find in it any condemnation of the York Asylum, nor indeed any further allusion to that corruptly managed institution, in which one inquity grew out of another until the measure was full. For the account of the abuses which accumulated there before 1813, when a committee for their investigation was appointed, a very scarce work, written, I believe, by the late Mr. Jonathan Gray, of York, must be consulted. The year 1813 was the year in which William Tuke's description of the Retreat was published; and even the quiet remarks, of which the substance has been given, were construed into a reflection on the older institution, and indignantly noticed by its officers. Closer observation of the old institution soon followed, and a scene of mismanagement, financial, medical, and moral, to which it would be now, it is to be hoped, impossible to find a parallel, was at length disclosed. The grossest cruelties were proved to have been practised, and the cruellest neglects permitted: the returns of the asylum had been falsified; the deaths of some patients almost proved to have been produced by violence, and other deaths added to the reported number of cures.

After such an exposure, it seems remarkable that the officers of the large asylums near London should have still persevered in the old ways. It seems stranger still that the treatment established at the Retreat appears to have had so few observers, and no imitators. But as late as the year 1815, the evidence given before a Committee of the House of Commons showed that the use of chains was still common in the Metropolitan asylums; that the patients were only allowed to get up about three days in seven; that they were periodically bled or took emetics; and were uniformly allowed to be dirty and half-starved. About one-half of the patients, both in public and private asylums in and near the metropolis, appear to have been always in mechanical restraint, which was the substitute for every kind of care and attention.

Later still, in 1827, and before the erection of the Hanwell Asylum, the condition of the pauper lunatics of the county of Middlesex was inquired into. The lunatic houses were found to be crowded, and without a sufficient number of attendants, for whom restraints were still the cheaper substitutes. Scarcely any Medical supervision existed. Patients were kept in confinement whose cases did not require such confinement, and the quiet and inoffensive were associated with the outrageous. The imbecile and dirty patients were dressed in petticoats, and chained to the walls; the atmosphere of the rooms being almost intolerable. There was no adaptation of diet to the different states of the patients, and no provision for the sick, and little attention to the dying; who were often found neglected in the yards. The Medical visits took place about once in a month. There were then no Commissioners in Lunacy; and certain visitors, appointed by the College of Physicians, appear to have had very inadequate powers, and very limited ideas of their duty.

I refrain from other details, with which a whole number of the *Medical Times and Gazette* might be filled. Even at a period subsequent to the total disuse of restraints at Hanwell, I remember seeing a young man, affected with simple mania, fastened to a pillar in a basement story in the Bethlehem Hospital. These enormities are chiefly referred to in the present paper, in consequence of the immediate attention of Parliament being likely to be directed to the actual condition of the insane. It is much too probable that exaggerated details, furnished by excellent men, and men of purity of purpose, but whose enthusiasm has been excited by imperfect reports from half-recovered patients, will be brought before the House of Commons, and that legislative measures, not only injudicious, but productive of many evils, to insane patients, may be among the results. The past condition of the insane, and the present state of lunatic asylums, ought to occupy the serious attention of our legislators, and the improvements which have taken place within the last twenty-five years ought on no account to be forgotten. The philanthropic labours of Dr. Charlesworth, at Lincoln, pursued for nearly twenty years, and which led the way to the total abolition of restraints in the Lincoln Asylum, now more than twenty years since, by Mr. Gardiner Hill; and the subsequent extension of this system, with all its accompanying amelierations, to the large Hanwell Asylum, in 1839, and since that time to every county asylum in England, save one, and almost to every public and private asylum in England and Scotland, must not be passed over. The diminished mortality, the smaller number of cases of suicide, and the increase in the number of recoveries, should be seriously considered; and, indeed, all the details of the management of public and private asylums should be well known to members of Parliament before hurrying into law-making, and thus perhaps deterring men of education and of respectability from taking charge of the insane. There is not one member of the Legislature, however high his rank, or great his fame, or proud his ambition, who may not live to regret that by enacting laws on the authority of wild counsellors, he has deprived his own brother, or sister, or wife, or child, of a suitable retreat under the affliction of insanity.

It is an easy walk from the House of Commons across Westminster-bridge to Bethlehem Hospital. Some of the Members, it is to be hoped, who are expected to form a Committee to summon a hundred useful superintendents from their duties, and to cross-examine and dishearten and affront them, will qualify themselves for a better performance of their grave duties by contrasting the present state of that noble Institution with what they may read in the journals of the House of its past condition. No description of mine could produce so strong an impression upon them as a full and fair inspection of this most admirable asylum, under the able, skilful, and paternal superintendence of Dr. Hood. St. Luke's, unfortunate in its locality, and gloomy in its appearance, will be found, under its able officers, a house of peace and comfort and cure. Happily, also, many of the County

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Members are too familiar with the state of the County asylums in their own neighbourhood, to be misled by declamation and by extravagant statements.

It is the duty of every Member of Parliament, before meddling with the laws of lunacy, to examine these things with his own eyes; to acquaint himself with the character of modern asylums, their exterior aspect, their interior comforts; the food of the patients, the beds they lie upon; their occupations; their amusements; their very appearance and physiognomy; and all the circumstances by which they are now surrounded. A man who rashly interferes with the state of the insane, without inquiring into these matters, abuses his privileges as a senator, and neglects the "power to do good," which his high position gives him, and which is, perhaps, the only "true and lawful end of ambition."

But one word more I am anxious to say. I have never been among those who regard with contempt the labours of the Society of Friends of Alleged Lunatics. Their proceedings may often have been injudicious, but their motives are above suspicion. At a very late meeting of this society, distinct and serious statements were made, which, taken with all due abatement, are warnings that a retrograde movement is not impossible even in the management of our best asylums. The enormous enlargement of some of them, and especially of Hanwell and of Colney Hatch, against which I and other Medical officers have vainly remonstrated, will make proper inspection and discipline impracticable; leave many of the inmates wholly at the mercy of common attendants; and have a detrimental influence on the healthiness of such institutions. Even within the last week, a lamentable proof of this has been afforded at Hanwell; and more proofs must follow. As respects this growing evil, the magistrates at present can securely despise all medical authority, and all sanitary evidence; secure, as it would seem, from the control of the Commissioners in Lunacy, or even of the Secretary of State. It remains to be seen whether or not the declaimers against abuses lingering in asylums, will venture to attack an abuse hedged in by so much magisterial authority. In the meantime, it would be unbecoming in any of us to throw ridicule on the efforts of persons who, if not absolutely restored to sound mind, have yet been liberated from asylums; and who, destitute of power and influence, and often deserted by their former friends, seek their only remedy by such appeals as their yet agitated minds are able to make, to the sympathies of the public.

ON CHLOROFORM.

By FRANCIS E. ANSTIE, M.D. Lond.

A pamphlet on the Safe Administration of Chloroform, by Mr. Coates of Salisbury, having recently appeared, which has excited much attention, I am induced to publish the results of my own practice, as it seems to me important that those who have had considerable practical experience of this anæsthetic, should communicate to the Profession the opinions they have formed as to the best methods of using it; and I am the more desirous of doing so, as I cannot agree with many of the rules as to the details of administration laid down by the author, though I fully acknowledge his ability and conscientiousness. He very properly insists on the fact that, as chloroform is a poisonous substance, we are bound to use every caution, in order that we may not introduce into the system a larger quantity than is absolutely required for the purposes of the surgical proceedings for which it is given; but I cannot agree with him in his apparent adhesion to the opinion of certain high authorities who have recently endeavoured to excite a feeling of terrorism in the Profession with regard to the supposed frequency of ill-results from its use. As this agitation appears to me unreasonable and without foundation in fact, it is my intention, in a future communication, to advance some considerations which seem to place the matter in a different light; at present my business is with the details of administration, the means of rightly appreciating the approach of danger, and the errors of practice by which danger is invited. It was ascertained by the late Dr. Snow that an atmosphere containing between 4 and 5 per cent. of chloroform vapour was that which was best suited and safest for the induction of surgical anæsthesia. The majority of administrators are agreed as to the correctness of this observation; and Mr. Coates acknowledges it, and also considers, as I think rightly, that Dr. Snow's inhaler is the only one at present known, by which an atmosphere of this description can be accurately and uniformly administered (a). Mr. Coates then goes on to state that the proper quantity of chloroform to be put into the instrument is fifteen minims, renewed at intervals of a minute, the patient being at first allowed to breathe a dose of five minims from the inhaler, to accustom the air-passages to the irritation of the vapour. By this method of administration, he considers that irritation of the air-passages, spasm of the glottis, muscular excitement, and noisy delirium are avoided, and that the risk of sudden syncope is greatly diminished or removed.

I must say that my own observation and experience give me very different results from these. I need hardly say that there never was a more safe or successful administrator of chloroform than Dr. Snow; and for several years before his death I had ample opportunities of closely watching the method used by him at King's College Hospital, at which institution a very large share of his experience of the anæsthetic was obtained. Dr. Snow almost always commenced by putting into the inhaler as much as 2 drachms (or 2½ drachms) in the case of adults, and 1 drachm in the case of young children, leaving the expiratory valve of the face-piece open to a considerable extent. In the vast majority of cases the irritation of the air-passages was trivial or nil; after a short time the valve was slowly closed, and, in about three or four minutes, anæsthesia was sufficiently complete to allow of the operation being commenced. If the operation lasted only five or six minutes this quantity would suffice for the whole business; if more were needed, 1 drachm was put into the inhaler, and repeated or not, according to the duration of the surgical proceeding. The inhaler was not kept constantly applied to the face, when once complete anæsthesia had been produced, but was removed for a short time after every five or six inspirations. In this way the most satisfactory results were obtained; and it is that which for a long time past I have invariably followed. Chloroform is very freely used at King's College Hospital; and both in the theatre and the wards of that institution, and in private practice, I have administered chloroform, and seen it administered, a very large number of times. In my early cases I followed, from timidity, a method very like that recommended by Mr. Coates, and the result was, that I came to believe that the administration of chloroform was tedious, difficult, and uncertain. I repeatedly noticed, both in my own practice and that of others who followed the same plan, the same result, viz. great prolongation of the periods of irritation of the bronchial tubes, of struggling, of loud or indecent talking; and, in particular, that hysterical females were rarely got under the full influence at all. As soon, however, as I adopted the method which I observed Dr. Snow to follow, I obtained the same satisfactory results as he did. I am in the habit of carrying inhalation to that exact point, and maintaining it there, at which touching the globe of the eye ceases to cause contraction of the lids. Touching the edge of the eyelid is, I fancy, a very clumsy test of anæsthesia, as it will often cause winking where the patient is quite insensible to the pain of the knife.

So much for the manner of administration. In the next place, I wish to make some remarks on the dangers attending the use of chloroform, and the true mode of appreciating an imminent catastrophe, and averting it, and also of avoiding disagreeable after-consequences of the inhalation.

Spasm of the glottis is an occurrence which is regarded with great dread, and believed to have been the cause of very

(a) Since writing the above, I have examined and used a new inhaler, made by Mr. Weiss, which appears to act almost, if not quite, as well as Dr. Snow's apparatus. It consists of a Sibson's mouth-piece, made of soft metal, attached by a short wide tube (in the middle of which is an universal joint) to the chloroform holder, which is a small chamber surrounded, as in Snow's machine, by an outer chamber containing water of temperature of sixty degrees Fahrenheit. Air is admitted by a very ingenious valvular apparatus, by which you can regulate, very exactly, the dilution. This is a very economic instrument, for with one drachm of chloroform I succeeded in keeping up full anæsthesia for a quarter of an hour. There is a glass reservoir, holding an ounce of chloroform, attached to the upper part of the instrument, which is graduated, and communicates with the evaporation chamber by a stop-cock. The whole is very portable, and can be managed almost entirely in the one hand: a great convenience. Moreover, anæsthesia is almost always induced in the same space of time, viz. four minutes; and it is highly desirable to obtain uniform results in the exhibition of anæsthetics.

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many fatal instances, by many persons, particularly by Dr. Black, the author of an able pamphlet on the administration of chloroform; and Mr. Coates appears to give at any rate a partial adherence to this view. In accordance with Dr. Snow, however, I believe it to be next to impossible for a Medical administrator, with his senses about him, to asphyxiate a patient accidentally with chloroform. I have never seen a patient in real danger from this cause; but I have over and over again seen a timid or clumsy operator withdraw the inhaler in a great fright because the patient held his breath for a minute or so. It is, however, advisable to allow a larger admixture of air with the next inspiration or two, because the chloroform accumulates in the instrument, and on the resumption of breathing too large a dose might be taken into the lungs, and the heart be paralysed. But if the pulse continues good no other precaution need be taken.

There is indeed one way in which a patient might get asphyxiated under chloroform. The tongue may fall back on the glottis, and thus quite stop it up; but in such a case the symptoms of distress are generally so marked as to be unmistakeable, and one of the first precautions that would be taken in any case of threatened danger would be to draw the tongue out of the mouth and fix it there.

Failing action of the heart is a much more serious symptom; and when it is sudden and complete is of most evil omen. I have never seen a death from chloroform, but I have several times seen patients in the most imminent danger, and with the greatest difficulty rescued from impending death; and in all these cases it was the heart that gave way first. I have several times seen an hysterical woman hold her breath for a minute or so, and then take a tremendous gulp of air highly charged with chloroform, owing to the temporary accumulation of the vapour, when the pulse has stopped as suddenly as if a violent blow had been received on the epigastrium. I can easily imagine that a careless administrator, at this juncture pushing on the inhalation with the valve closed, would soon have made the case a hopeless one. I need scarcely remark that such phenomena as these are easily to be explained on Dr. Snow's theory of the cause of sudden death from chloroform, and on no other. I cannot help thinking that the results as yet obtained from experiments on animals are quite insufficient to warrant us in judging from them of the exact cause of sudden death from chloroform in man; and under these circumstances I would rather rely on my own practical experience of the effect of chloroform in the human subject; which, indeed, tallies exactly with that of Dr. Snow on this point. Mr. Coates is well aware of the danger of syncope from paralysis of the heart, and apparently desires such small quantities of chloroform to be put into the inhaler in order to ensure a proper dilution of the vapour, among other reasons. But I do not think that by the method of Dr. Snow more than five per cent. need ever be breathed, and if a much weaker atmosphere be used the administration is tedious, and the patient apt to be very troublesome. Moreover, I believe that Snow's method is as economical as any; for I have succeeded in keeping up anæsthesia for half an-hour, using no more than four drachms of chloroform. As for the safety of the plan which I recommend, I may state that it is almost always employed in King's College Hospital, where chloroform is so very freely used; and yet the only death that ever occurred in that institution from chloroform (if indeed chloroform were really the cause of death, which I very much doubt), occurred where a much smaller quantity had been put into the inhaler than that above mentioned.

Apnœa is another cause of death, which is much blamed by some observers, particularly Dr. Chapman, who has brought forward some interesting experiments, by which he thinks he has proved that death occurs in consequence of the overloading of the lungs, which forms a mechanical obstacle to the continuance of the heart's action. As I hope on a future occasion to offer some detailed remarks on the theory of death from chloroform, while my present object is to give simply the results of my *practice*, I shall content myself with remarking here, that among the many cases of danger to life from chloroform which have come under my notice, I have never seen *bonâ fide* impairment of respiration occur, till the heart's action had been checked or much weakened. But, with a view to the avoidance of unpleasant after-consequences from this tendency, congestion of the lungs, we ought to be careful to use as small an aggregate amount of chloroform as possible.

So far as regards the danger of death directly resulting from chloroform, I cannot do less than express my firm conviction of the truth of Snow's doctrine, that there do not exist any persons to whom chloroform may not be safely administered. If due care be taken, and a fatal issue nevertheless result, I believe that the blame ought to be laid, not on the chloroform, but on the surgical measures, or on the independent action of existing disease, or on these two causes combined. I have myself administered chloroform in many cases of confirmed heart disease, such as are usually supposed to be the most unsuitable for the use of this anæsthetic.

With regard to the means to be employed in cases of threatened danger from chloroform very few words will suffice. Draw the tongue out of the mouth and fix it; and at once use artificial respiration by pressing the chest and abdomen with the hand. Dash cold water and direct a stream of cold air in the face, and, if possible, inject brandy into the rectum. A good test of how far the patient is gone, is to brush the lips with strong sal-volatile; if this causes contraction of the orbicularis muscle, or if the vapour applied to the nose causes any contraction of the face, there is yet very good hope.

On a future occasion I propose to make some remarks on the supposed influence of chloroform on the after-progress of operation cases.

15, Onslow-square, S.W.

CASE OF FRACTURED FEMUR IN A CHILD

AND POST-MORTEM EXAMINATION OF THE BONE EIGHT WEEKS AFTER THE OCCURRENCE OF THE INJURY.

By GEORGE LAWSON, F.R.C.S.

Surgeon to the Great Northern Hospital, and late Surgeon to the Western General Dispensary, Lecturer on Anatomy, Grosvenor School of Medicine.

Richard Davis, aged 9 months, was brought to the Western General Dispensary, last July, by the woman who had the charge of bringing up the child. She stated that she had noticed the right thigh to be very much bent and deformed, and that the child appeared to suffer great pain when moved. She could give no further information.

On examination, the right femur was found bent about its centre at a very obtuse angle, and about that point there was considerable thickening. It was quite evident that there had been a fracture at that spot, and that the present position of the limb was caused by the weight of the leg keeping the lower fragment at an obtuse angle to the upper. There was no absolute shortening of the thigh, although, by reason of the angle at which the femur was bent, the injured limb was shorter than the other.

This may be partly accounted for,

1st, By the imperfectly developed state of the muscles, the child not yet having been able to walk, and the small amount of action which was consequently exerted by them on the fractured bones.

2ndly, By the fact of the child having been always nursed, the weight of the lower limb kept up in a great degree an amount more or less constant of extension.

3rd, It is quite possible that the fracture might have been a green stick or reed fracture, although in the preparation there is no evidence of such having been the case.

On cross-questioning the woman, she acknowledged having let the child fall on to a fender about six weeks previously. The child, irrespective of the injury, was ill, and suffering from an attack of pneumonia. He was therefore for a time put under the care of Dr. Sanderson.

On the 10th of July, the child having greatly improved in health, I determined forcibly to replace the bone in a proper position. This I accordingly did, and without much trouble, as the callus was soft, and allowed the leg, with some moderate degree of force, to be bent into the normal position.

The thigh was then put up in splints, bandaged, and the bandage in the upper part of the thigh near the groin coated with plaster-of-Paris. This latter mode of putting up the

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limb was adopted, in consequence of the difficulty which is always experienced in keeping the bandages near the groin dry in young children. But if the upper part of the bandage on the thigh be enveloped in a thin layer of plaster-of-Paris, and this again be varnished with Japan gold size (a proceeding which occupies but little time and costs small trouble), the patient is secured against the repeated annoyances of having fresh bandages applied as often as those on become saturated with urine. The child progressed favourably for the first week, but unfortunately a recurrence of the pneumonic attack took place, and he died therefrom on the 27th July. A post-mortem examination was made twenty-four hours after death, and the entire thigh bone was removed.

At the seat of the injury the bone was considerably increased in size, the circumference being greatest at about the point of fracture, and the enlargement extending about half an-inch upwards and downwards, becoming gradually bevelled on to the shaft of the bone. On making a section of the bone the appearances represented in the diagram were exhibited. The diagram, drawn by Dr. Westmacott, is one-third less in size than the preparation from which it was copied. The periosteum was entire, but much thickened in the neighbourhood of the injury. The medullary canal was gradually contracted, and obliterated in each of the fragments close to the seat of fracture. The adjacent ends of the bones were held together by an ensheathing provisional callus, forming a ferrule around them, but by far the largest quantity was deposited on the concave surface of the bone, strengthening its weakest portion in a manner very similar to that which we see in bent rickety bones, where strong bony ribs support their concavities. The deposition of the callus was between the periosteum and the bone; this membrane, as before stated, being entire. Dr. Lionel Beale kindly examined a portion of the callus under the microscope. He found a number of arched fibres interlacing in every direction, and without difficulty he could trace the various transitional stages between the fibrous tissue and bone structure. He will shortly make a more careful examination of it, when he will publish with diagr ams an account of what he then finds.

Remarks.—Mr. Paget, in his lectures on pathology, remarks that the method of repair with an ensheathing or external provisional callus is rarely, if ever, observed in man, but appears to be frequent in the fractures of the long bones of animals; and he observes that he has met with but two instances, the first in the case of a clavicle, and the second in a humerus, which were united by an external provisional callus. "But in both these cases the more proper mode of repair had been disturbed by a constant movement of the parts, and in the humerus the process had manifest signs of exaggeration and disease."

In the patient from whom the present specimen was removed, no appliances had been used for the purpose of keeping the limb quiet during the process of repair, until after the lapse of nearly seven weeks, when the patient was brought to the dispensary, and the bone was bent into as near the normal position as possible.

This may, therefore, account for the occurrence of an external provisional callus in this child; unless, as it has been surmised by Mr. Paget, that the long bones in children are united by a process very similar to the bones of animals.

[illegible], Park Street, Grosvenor-square.

ARSENIC IN PRURITUS VULVÆ.—M. Imbert Goubeyre relates a case of obstinate pruritus occurring early in pregnancy, and which had resisted the most varied means, yielding rapidly to minute doses of Fowler's solution of arsenic.—*Gazette Hebd.* Jan. 28.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. THOMAS'S HOSPITAL.

A curious example of that rare affection, multiple fibro-cellular tumours, has recently been under Mr. Solly's care in St. Thomas's. The appended woodcut is from a photographic portrait, and exhibits, therefore, as far as outlines are concerned, a faithful counterpart of the original.

Two or three patients have come under our notice during the last few years in the different London Hospitals, whose condition more or less closely resembled that here illustrated. In one the subject of the case was an old woman under Mr. Paget's care in St. Bartholomew's; and it appeared that one of the cellular growths had become the seat of carcinoma. The malignant growth had induced her to apply at the Hospital, otherwise she suffered nothing from her curious affection. The innocent tumours had either been congenital, or had originated in very early life. A second case occurred in the person of a middle-aged man, an inmate of King's College Hospital; and a third patient was a woman under Mr. Startin's care at the Hospital for Skin Diseases.

By some writers these congenital fibro-cellular and cutaneous undergrowths have been described under the name of *molluscum simplex*. Great confusion, however, exists in the use of the generic term "*molluscum*" by dermatologists. Between the disease under notice, and the common *molluscum contagiosum* of children, there is probably not the slightest affinity; while, to make the confusion still worse, even this latter disease is by Mr. Erasmus Wilson, and some others, designated as *molluscum simplex*.

The subjoined are the notes of Mr. Solly's case as supplied to us by Mr. Woakes, the House-Surgeon in charge of the patient.

NUMEROUS FIBRO-CELLULAR TUMOURS.—REMOVAL OF A VERY LARGE ONE INVOLVING THE RIGHT BREAST.

(Under the care of Mr. SOLLY.)

Martha W., aged 48, a monthly nurse, married, with three children, none of whom possess the least trace of the mother's deformities, was admitted into St. Thomas's Hospital Oct. 4, 1858. The face and trunk were covered with a number of small tumours, altogether upwards of a hundred, for the most part varying from the size of a large marble to that of a pea. One on the shoulder, subsequently removed, was as large as a

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hen's egg, while that involving the right breast had attained an immense size, reaching when she sat upright nearly to the crest of the ilium. It was for the removal of the latter that she sought admission to the hospital, for though all were congenital this one alone had caused her any inconvenience, it having been gradually increasing, especially during the last twelve months. Owing to the weight of the tumour and the friction to which it was exposed, the integument covering its most depending portion had ulcerated. It was attached to the body by a broad and thin peduncle of healthy skin.

Being in a very feeble state of health from the effects of a recent attack of typhus fever, Mr. Solly kept her under preparatory treatment for nearly a month, before attempting the operation.

The patient being subject to palpitation of the heart, no chloroform was given. . . .

With the view to avoid bleeding, Mr. Solly carefully divided the integument alone at first, and having exposed three large arteries he secured them by ligature before cutting them through. He remarked afterwards that he had in his mind in adopting this precaution, the well-known case of Hoo Loo, who died on the table from hæmorrhage during a somewhat similar operation. In this instance only a few ounces of blood were lost, and the woman bore the operation remarkably well.

The weight of the tumour after removal was seven pounds three and three-quarter ounces. A microscopical examination proved it to consist simply of hypertrophied areolar tissue, in the growth of which the glandular substance of the breast had become involved.

The edges of the wound were brought together with sutures; a large portion of it healed by first intention, and she rapidly recovered without any bad symptom. Before leaving the hospital, a second but smaller tumour, of a similar nature, was removed from the shoulder; this likewise healed speedily.

KING'S COLLEGE HOSPITAL.

CASE OF ACUTE PNEUMONIA—STIMULANT TREATMENT—RECOVERY.

(Under the care of Dr. TODD.)

I. I., aged 11, admitted into King's College Hospital on December 29, 1858. From the statement of his friends, it appears, that on Christmas eve 1858, the boy amused himself by eating a large number of red holly-berries. Soon afterwards he began to vomit, and severe convulsions came on, which seemed to exhaust him very much. Indeed their violence was so great, and the consequent exhaustion was so alarming, that on Christmas day his friends believed he would certainly die. Once he lay so still that he appeared not to breathe, and on holding a mirror before his mouth there was no evidence that respiration was going on, and those about him thought all was over. As a last resource, they poured a little wine into his mouth, which he swallowed, and, after taking a considerable quantity he gradually began to revive. A day or two afterwards he was attacked with pneumonia, for which he was admitted into the Hospital (Dec. 29), and was placed under the care of Dr. Todd.

On admission, the chest is malformed, being what is vulgarly called "pigeon-breasted." On percussion there is dulness over the whole right lung behind, and for 4 or 5 inches beneath the clavicle in front. Over the region of dulness bronchial breathing and bronchophony are distinctly audible.

Skin hot and dry; tongue brown and parched; pulse (1st day of treatment) 116; respiration, 38.

Dec. 30 (2nd day of treatment).—He coughs occasionally, but swallows the expectoration. Has rather a drowsy, intoxicated appearance, and comprehends with difficulty what is said to him. Urine, sp. gr. 1·017. The quantity of chlorides greatly diminished. Pulse, 128; respiration, 48.

℞. Ammon. ses. carb. gr.iij. Liq. ammon. acet, ʒij. sp. æth. chlor. ♏. x. Mist. acaciæ ʒiss. 6ta quâq. hor sum.

Ordered turpentine stupes to the chest night and morning, and brandy ʒss. every two hours.

10 p.m.—Pulse, 120; respiration, 48.

31st (3rd day).—Pulse, 123; respiration, 46. Sputa very viscid, and of a brownish tint. Still very drowsy. Chlorides all but absent from urine.

Jan. 2 (5th day).—Pulse, 112; respiration, 44. Skin very hot and dry.

Adde sing. dos mist. Liq. ammon. acet. ʒj.

3rd (6th day).—Pulse, 104; respiration, 40. Bronchial breathing and bronchophony are persistent over the right lung behind, but in front loose crepitation, mixed with bronchial breathing, is audible. Quantity of chlorides in the urine is slightly increased.

5th (8th day).—Pulse, 90; respiration, 24. Is much better. His breathing is much quieter; cough still somewhat troublesome; sleeps badly; crepitation is now audible over the right lung behind.

6th (9th day).—Pulse, 90, respiration, 24. The quantity of chlorides in the urine is much increased.

10th (13th day).—Pulse, 70; respiration, 24. The dulness over the right lung, both back and front, has diminished. Loose crepitation remains, but bronchial breathing and bronchophony are disappearing.

12th (15th day).—Pulse, 72; respiration, 24. Dulness over the right lung is now very slight. There is increased vocal resonance on this side, with some rhonchus, sibilus, and loose crepitation. Normal quantity of chlorides in the urine again. Turpentine stupes discontinued.

14th (17th day).—Pulse, 88; respiration, 28. There is again considerable dulness over the right lung, with crepitation. Face somewhat flushed. Stupes to be again applied.

17th (20th day).—Pulse 72; respiration, 24. Dulness on percussion is now confined to the lower lobe of the right lung behind.

19th (22nd day).—Pulse, 100; respiration, 32. A small secondary abscess has formed on the left cheek, which was opened this morning. There is still some increased vocal resonance on the right side.

℞. F rri cit. gr. iij. aquæ ʒjss. ter die sum.

22nd.—The abscess has nearly healed, and the patient is now convalescent.

Tabular View of Pulse and Respiration.

Date.	Pulse.	Resp.	Date.	Pulse.	Resp.
Dec. 29	116	38	Jan. 6	90	24
„ 30	128	48	„ 10	70	24
„ 31	123	46	„ 12	72	24
Jan. 2	112	44	„ 14	88	28
„ 3	104	40	„ 17	72	24
„ 5	90	24	„ 19	100	32

ACUTE PNEUMONIA IN A CHILD—STIMULANT TREATMENT—RECOVERY.

(Under the care of Dr. BUDD.)

J. D. aged 6, was brought into King's College Hospital on December 2, 1858, in a state very closely resembling delirium tremens. She had been placed out to nurse for some time previously, and her mother could give no account of her illness, except that on November 29, she first complained of feeling unwell. She states too that her child had been fond of spirits, but, as far as she is aware, has never had more than two or three teaspoonfuls occasionally.

On admission: face slightly flushed, with anxious expression. She is in a constant tremor, occasionally delirious, moaning and crying out, and now and then asking for beer and gin; frightened by slight causes. When an attempt is made to raise her in the bed she cries out; sleeps ill; has frontal pain, and the forehead is very hot. Breathing rather laboured. Chest and heart sounds normal. Skin hot and feverish. Urine loaded with lithates; contains no albumen. Pulse 136; resp. 36.

℞. Tr. opii. ♏j. sp. æth. chlor. ♏.ij. aquæ ʒj. statim sum.

℞. Sp. ammon. arom. ♏.x. mist. camph. ʒj. ter die sum.

Dec. 6.—Pulse 136; resp. 52. She lies in a very drowsy state, but has lost the constant tremor which she had on admission. Has been wandering a good deal, and yesterday she was delirious. On examining the chest behind, there is dulness on the left side about the spine of the scapula, with bronchophony and bronchial breathing. Large and small crepitation are audible over the whole of the left lung behind. Tongue coated and dry. She passes her urine under her.

℞. Sp. ammon. arom. ♏.xx. sp. æth. chlor. ♏.v. mist. acaciæ ʒss. 4ta quâq. hor. sum.

Turpentine stupes to chest night and morning. Wine ʒij. every hour.

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8th.—Pulse 100; resp. 40. Breathing less laboured. Still lies in a drowsy state, and is with difficulty roused. No change is perceptible in the condition of the left lung. Tongue coated. Urine turbid, pale, of neutral reaction; contains no albumen, and the chlorides are entirely absent.

9th.—Pulse 100; resp. 40. Crepitation is now heard over the front of the chest on the left side. Bowels rather relaxed.

10th.—Pulse 100; resp. 36. Face rather flushed; looks more lively. Tongue clean and moist. Takes her food well. Bowels moved once. The physical signs are the same.

11th.—Pulse 88; resp. 28. The crepitation has disappeared from the front of the chest, but bronchial breathing and bronchophony are still audible behind. Urine of normal colour; the chlorides have returned, and are in the ordinary proportion.

13th.—Going on favourably. Omit wine. Pulse 80; resp. 26.

14th.—Resp. 24; pulse 76. Weak and intermittent, corresponding with the action of the heart. She looks bright and cheerful, and feels much better. Slight tubular breathing is still heard about the inferior angle of the left scapula. Appetite very good.

17th.—Pulse 64; resp. 24. Looks rather pale and weak.

20th.—Gets up a little every day. Looks much better, and is getting stronger.

23rd.—Convalescent.

31st.—Discharged cured.

Tabular View of Pulse and Respiration.

Date.	Pulse.	Resp.	Date.	Pulse.	Resp.
Dec. 2	136	36	Dec. 11	88	28
„ 6	136	52	„ 13	80	26
„ 8	100	40	„ 14	76	24
„ 9	100	40	„ 17	64	24
„ 10	100	36			

ACUTE PNEUMONIA—STIMULANT TREATMENT—RECOVERY.

(Under the care of Dr. JOHNSON.)

M. K. aged 36, a native of Ireland, residing in London for the last twenty-six years, was admitted into King's College Hospital on Jan. 13, with pneumonia. Has been a day-nurse in the Fever Hospital for the past two years. Says she never had a day's illness in her life before. The present attack came on about three weeks ago, with pains in all the limbs, and rigors. She answers questions in a very confused manner. Bowels constipated; tongue coated with a dark brown fur; sordes on the teeth. There is considerable engorgement of the right lung posteriorly and inferiorly. The expectoration is scanty, and very viscid. The abdomen is covered with a large number of rose-coloured spots, but there is no tenderness on pressure. Urine acid, contains no albumen. Pulse, 120; respiration, 36.

℞. Ammon. ses. carb. gr.v. sp. æth. chlor. ♏.x. mist. acaciæ ℥jss. 4ta. quaq. hor. sum. Turpentine stupes night and morning. Brandy, ℥ss. every two hours. 9.30 p.m. pulse 132; respiration, 40.

Jan. 14th.—Continues much the same. There is rhonchus and sibilus over both lungs posteriorly. Urine decidedly deficient in chlorides. Ordered—Brandy, ℥ss. every hour; adde sing. dos. mist. liq. ammon. acet. ℥iij. Pulse, 123; respiration, 32.

15th.—Pulse, 124; respiration, 32. Rhonchus and sibilus over both lungs, anteriorly and posteriorly; over the right back there is slight dulness on percussion. Bowels moved once yesterday.

17th.—Pulse, 104; respiration, 33. Bronchial breathing over the right lung posteriorly, and the dulness has increased. Tongue clean and red at the edges, and coated with a brown fur in the centre. Expectoration viscid, and of a rusty colour.

20th.—Pulse, 88; respiration, 36. Very much better. Dulness and bronchial breathing diminishing over right back, and loose crepitation is now audible there. Rhonchus and sibilus heard over both lungs anteriorly and posteriorly. Expectoration copious and rusty-coloured.

22nd.—Pulse, 88; respiration, 34. Loose crepitation alone is audible over the right lung behind. Cough, much less troublesome; expectoration free, copious, and losing its brown colour.

27th.—Nothing but rhonchus and sibilus heard over the chest; expectoration quite clear. Patient feels well, and complains of nothing but weakness.

℞. Quinæ disulph. gr. j. acid. sulph. dil. ♏.v. aquæ ℥jss. t. d. s.

Feb. 1.—Chest-sounds quite normal; and the patient is now convalescent.

Tabular View of Pulse and Respiration.

Date.	Pulse.	Resp.	Date.	Pulse.	Resp.
Jan. 13	120	36	Jan. 17	104	33
9.30 p.m.	132	40	„ 20	88	36
Jan. 14	123	22	„ 22	88	34
„ 15	124	32			

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Medical Times & Gazette.

SATURDAY, FEBRUARY 19.

THE QUARTERLY REVIEW ON SLOW POISONING AND ADULTERATION.

A writer in a recent number of the *Quarterly Review* (Jan. 1859) after indulging in some strong reflections on the credulity of the public in believing in the adulteration of bread, thus proceeds:—

"When a pestilence arose in the Middle Ages, the Jews were often accused of poisoning the wells, and were put to death in good faith for the imaginary crime. Many persons in our day are nearly as credulous. Mr. Campbell stated at the Society of Arts, that he had been consulted three times in six months by individuals who had been frightened by the assurance of their Medical attendants, that to live in rooms papered with green paper was to subject themselves to a slow poison, because the green contained arsenic, the fumes of which were perpetually given off. The notion was altogether fanciful, and Mr. Campbell found that even in a temperature of 140 degrees no fumes of arsenic were emitted. In fact, it does not require the aid of science to raise some scepticism in any reflecting mind. Fontenelle was told that coffee, like a green-papered room, was a slow poison. 'Very slow indeed,' he replied, 'for it has been sixty years in killing me.' So when a Medical man tells us that we have been all our lives swallowing poison at breakfast, dinner, and tea, we are apt to ask ourselves whether our experience is in accordance with his assertions."—Art. Bread, p. 236.

That a defender of the adulteration of bread should also advocate the use of poisoned paper-hangings, is not a matter to excite surprise. But in dealing with a question affecting public health, it would have been more satisfactory to have found the subject treated with greater candour and less flippancy. Mr. Campbell, the writer tells us, found that no "fumes" of arsenic were given off by the paper at a temperature of 140°. This is very probable, as it requires a temperature of about 400° to produce "fumes" of arsenic; but had the result been different, and arsenical fumes discovered, the experiment would have had no practical bearing on the question at issue, since there are few who could occupy a sitting-room of which the walls were heated to 140°. The writer is obviously leaning upon Mr. Campbell's *opinion* without taking the trouble to examine the *facts* upon which it is professedly based. It appears that this gentleman operated on

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KAULBACH. ORRIN SMITH.

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"about a *square foot*" of an arsenical paper, cut in strips and enclosed in a glass bottle (a). A current of air was sent through the bottle by a pair of bellows for *one hour*, the air being heated from 60° to 140°,—and arsenic was sought for in a solution of potash, through which the air ultimately passed. None was found, and it would have been contrary to all experience of the properties of arsenic had any been discovered under these circumstances.

The doctrine of "*Experimentum fallax*" was never more applicable than in this case. You may prove anything by experiment according to the mode in which you set to work. The quasi-scientific writer in the *Quarterly* thinks that one square foot of arsenical paper, with hot or cold air passed over it by bellows for an hour, represents the precise conditions of a green-papered room, inhabited by a person for months or years, and the walls of which may have an area of many hundred square feet! Either he must admit this, or, he has adopted an opinion as proof, without knowing anything of the facts. We have frequently to deplore the total want of scientific knowledge displayed by our public writers. They show an amount of ignorance when dealing with such subjects which would destroy their credit if displayed in the discussion of political or other public questions. The writer in the *Quarterly* thinks that if no "fumes of arsenic" (*i.e.* volatilized arsenious acid) are found in the air, and no one is "killed" outright by inhabiting one of these green-papered rooms, the allegation of danger is unfounded; and persons who believe in it are ignorant and credulous. The facts, as they are at present before us, however, show that the writer alone is credulous. He rests his case on an irrelevant experiment which proves nothing. It has been clearly established, and is susceptible of daily proof, that the green pigment frequently escapes from the walls of these rooms in the shape of a fine impalpable dust; it has been thus detected, covering all articles of furniture. Whether the "fumes of arsenic," or the dust of the green arsenical pigment is breathed, is of little moment in a medical point of view. The one is as dangerous to health as the other. Further, the effects of poisons are not manifested alone by "killing" those who breathe or swallow them; they derange and disturb health; and this is an evil of some magnitude where the cause is unknown or unsuspected. If the writer wishes to add to his experience on this phase of the question, he may consult the letters recently published in our journal by Mr. Kesteven, Mr. Gay, Dr. Rooke, and Dr. Wright. The last-named gentleman suffered from all the symptoms of chronic poisoning by arsenic (see our last number, p. 169), the course of which was wholly unsuspected by him until a recent investigation of the facts satisfied him that they were traceable to the habitation of a room lined by one of these papers.

An advocate of the use of alum and lime in the manufacture of bread would require stronger evidence for conversion than we could probably adduce on a subject on which evidence must be always more or less circumstantial. We must express our surprise, however, that a writer who can make "killing" the test of injury from noxious manufactures, should have been allowed to deal with the important question of adulteration in a journal which professes to guide public opinion for the public benefit.

(a) *Pharmaceutical Journal*, April, 1858, p. 520.

THE WEEK.

The following very important resolutions were on Wednesday last passed for the second time by the College of Physicians. We congratulate the College in its thus establishing itself on a wider basis; and are satisfied, that by thus opening its portals to worthy and honourable members of the Profession, it is securing for itself a firm and lasting position. It would be sad indeed to see an institution, which enrols in its archives all the illustrious Physicians who have figured during the past centuries in our metropolis, decay or fall away from its high position. We hope, sincerely, that it may flourish still more vigorously than heretofore. The College now rests on its own intrinsic merits. Those who join it do so because the connexion is an honour to them; and an entrance into the College of Physicians is truly a fair and honourable object of ambition to all those practising as Physicians in England. To be one of a body which contains within it all the leading Physicians of this metropolis is what every Physician must be desirous of becoming. We believe that these new regulations cannot fail to raise the College to a state of prosperity such as it has never yet attained."

On the Admission of Extra-Licentiates as Licentiates.

"Each of the present extra-Licentiates who shall have produced testimonials as to character satisfactory to the said censors, and shall have assured the said censors that he is not engaged in the practice of Pharmacy, and who shall comply with such other regulations as are required by the laws of the said corporation, may receive a licence from said corporation, and be admitted a Licentiate of the s on his paying to the said corporation a fee of five p five shillings, exclusive of the stamp duty."

On the Admission of Graduates and Licentiates of as Licentiates.

"Every person practising as a Physician in or Wales, and who shall, after regular examination, taken the degree of Doctor in Medicine at any Univers.y in the United Kingdom of Great Britain and Ireland, at least three calendar months previously to the first day of March, 1859, and also every person who shall have received a licence to practise Physic from any one of the Universities of Oxford or Cambridge, or Dublin, and also every person practising as a Physician in England or Wales who shall, after regular examination, have taken the degree of Doctor in Medicine at any foreign University approved by this College, at least three months previously to the said first day of March, 1859, and shall not be engaged in the practice of Pharmacy, may at any time within twelve calendar months from the said first day of March, 1859, be admitted a Licentiate of the said corporation, without any examination, on the production to the censors of the said corporation of his diploma, and of such testimonials of character and professional qualifications as shall be satisfactory to such censors, and on his assuring such censors that he is not engaged in pharmacy, and who shall comply with such other regulations as are required by the by-laws of the said corporation, and on his paying to the said corporation a fee of ten pounds, ten shillings, exclusive of the stamp duty."

On the Admission of Licentiates to the Fellowship.

"During the period of twelve months, to be computed from the first day of March, 1859, the Council of the said College shall have the power to nominate such Licentiates thereof, as in the opinion of the Council shall have distinguished themselves in the practice of Medicine, or in the pursuit of science and literature, provided the Licentiates so to be nominated shall have attained the age of thirty years, without any limitation as to the period during which such Licentiates shall have been previously Licentiates of the said corporation, to be proposed to the Fellows for election as Fellows at meetings of the Fellows to be holden, with due notice, for this purpose, at any time before the expiration of the said twelve months."

Mr. Secretary Walpole and Mr. Tite have given notice of Bills to be brought in by them touching the present state of the Lunacy laws. It would be premature to criticise these legislatorial efforts before the bills are printed. We do not gather, from the debate in the House on Tuesday night, that any very material changes are contemplated by Mr. Walpole; who justly deprecated the institution of a "rambling inquiry." This important subject will receive our vigilant attention. We could not, however, but regret to see no allu-

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sion made to the state of our larger county asylums; to the arbitrary power of committees; and to the limited authority, as well as limited number, of Medical officers. The means of affording Medical students more opportunity of acquiring a practical knowledge of insanity and its treatment, surely also requires consideration.

The murder of one lunatic by another at Hanwell, should certainly teach our magistrates to appoint a Medical Staff sufficiently numerous to our County Lunatic Asylums. At the inquest on this case Dr. Bagley, the Medical Superintendent, expressed an opinion that it would be a great improvement if the patients could be seen every morning, before going to work, by the Medical officers. At present, on account of the limited Medical Staff, this could not be done. He further thought that all lunatics with an impulse to homicide should be confined at Bethlehem, and wished to see an alteration of the law to that effect. It was suggested by a juryman that one man was insufficient to watch twenty-three patients, and to set them an example in working at the same time. It is to be regretted that these suggestions were not embodied in the verdict of the jury.

However far in advance the Military Officer may be, the Medical Officer is never far off. Witness the following account from the *Times'* correspondent, of a recent accident to Lord Clyde, our Commander-in-Chief in India:—

"The moment our cavalry turned in the village, the enemy, perceiving their line of retreat was endangered, dashed off in two bodies through the dall field. At this moment Lord Clyde, galloping at full speed to overtake an eager young officer who had gone off with the horse artillery guns, came into broken ground; his charger, a perfectly sure-footed animal, fell and threw him with great force. He sat up in a moment: his face was bleeding: he tried to move his right arm, it was powerless. His shoulder was dislocated. Fortunately, Mr. Mackinnon was close behind him. In a few moments, assisted by Dr. Gordon, who came up a moment after the accident, he had reduced the dislocation; but the gallant chief was much shaken by the fall, though he at once got up and walked towards the front, talking as if nothing had happened."

The Hunterian Oration was delivered on Monday by Mr. Bishop, one of the Council. It was well received by a large audience. The lecturer dwelt with just satisfaction on Lord Brougham's Newton speech at Grantham, placing Hunter as the foremost of those who preceded Cuvier in researches on fossil osteology. After alluding to the increase of the Museum, and the addition of 14,000 microscopic preparations, "including the matchless results of the dissections of the nervous system by Leuhopek," a kindly but brief notice of Keate and Travers, the departed leaders of the year, and a review of some recent advances in Anatomy and Physiology, the orator concluded by some remarks on the Medical Bill and the new position of Army Medical Officers.

Mr. Flower, of the Middlesex Hospital, formerly in the 63rd Regiment, gave a very useful lecture at the United Service Institution on the 11th inst. showing the importance of some knowledge of practical Surgery to Naval and Military officers—such as the means of stopping hæmorrhage; the mode of removal of persons whose bones have been fractured; the reduction of some common dislocations, the treatment of wounds, burns, frostbite, poisoned wounds by snakes, etc. and of persons apparently drowned. It was shown very properly that such knowledge was only necessary for emergencies when professional services cannot be obtained; and that a little sound elementary knowledge would lead to a more just idea of what may be accomplished by an educated Surgeon, than to any wish to dispense with his services when they can be obtained. The lecture was well meant and well received.

We have been requested to insert the following official notice:—

"At the recommendation of the Director-General Army Medical Department, the Minister for War has decided that candidates for Assistant-Surgeoncies may be admitted for examination who are not beyond twenty-six years of age."

We have great pleasure in complying with a request to draw especial attention to the dinner which is to take place next Wednesday, of the Society for the Relief of Widows and Orphans of Medical Men. It is likely to be one of unusual interest; and we trust that at the meeting of the Court of Directors, the week after the dinner, many new members may be added to this very useful society.

The case of the Medical Officers of the Navy has been brought before the House of Commons by Sir Erskine Perry, who asked whether it was in contemplation to extend to the Medical Officers of her Majesty's Navy the same advantages in rank, etc., as had been accorded to the Medical service of the army by the Royal warrant of the 1st of October, 1858. Sir J. Pakington said that the matter was at this moment under the consideration of the Admiralty. He was desirous of making some arrangements on the subject which should be satisfactory to the officers of the Navy generally; but several questions of a similar kind were just now under review, and he was unable, therefore, to give a precise answer with respect to the steps that might be adopted. We have little doubt that the eventual decision will be one placing Medical Officers of the Army and Navy on precisely the same footing as to "rank, pay, and designation." The "rank" is said to be a bitter pill to some of the old Admiralty officials; but if not granted very soon, it must be obtained by the force of public opinion.

In the discussion about Medical titles, we are desirous of referring to a point which does not appear to us to have received sufficient attention. If English Medical Practitioners assume titles to which they not only have no claim, but which they are expressly forbidden to use by the University which grants them their license to practise, we do not see how they can complain of the holders of sham foreign degrees calling themselves "Doctors." There are the M.D.'s and the Ph.D.'s by purchase of a German University,—the latter without any claim to Medical knowledge,—who assume the title of Doctors, and thereby acquire with the public a quasi-professional status. Then again, there are the M.B.'s of our own excellent University of London, who, although only Bachelors of Medicine, assume the title of Doctors, and, so far as the public are concerned, practically exercise all the rights and privileges of Doctors of Medicine. Now this is wholly wrong, and we believe that such an assumption of the higher title by the lower Graduates is viewed with displeasure by the Senate of the University of London. In the London University Calendar for 1859, we find, at page 76, the following notice in *italics*:—

"The Senate desire it to be understood that Bachelors of Medicine of the University of London have no right as such to assume the title of DOCTOR OF MEDICINE."

This notice is completely disregarded. A great number of

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Bachelors of Medicine style themselves "Doctors;" and thus in defiance of the order of the Senate, add to the confusion which is already sufficiently great respecting the Medical-title question. We find by the lists of 1859, that there are 153 Doctors of Medicine, and 159 Bachelors of Medicine of this University; but in a public and professional view the distinction is lost, and the University has no power to enforce its order. In the arrangement of Medical titles under the new Act, a proper distinction will no doubt be made; and after this is once fixed, the assumption of a title to which there is no legal claim will be considered as disgraceful as any other false pretence. The fortieth clause of the new Act, while very plain in reference to penalties to be inflicted on persons who falsely pretend to be registered, is obscure in reference to false pretences by persons actually registered. It is only just to those who are really M.D.'s of a University that this distinction of title should be strictly made. We have lately noticed with some apprehension that gentlemen entirely connected with Pharmacy have, by passing through the chrysalis state of Ph.D., recently emerged as "Doctors." The Medical Act does not deal with Philosophic or Pharmaceutical doctors; and so long as they do not attach to these titles the words "of Medicine," or pretend to be registered Practitioners, the fortieth clause of the Act leaves them as unscathed as doctors of divinity or laws. We must protest, however, against this diffusion of a title, the possessor of which will always be confounded by the public with a doctor of Medicine, even when there is no other connexion with the Profession than that arising from his attainments in Pharmacy or Physics.

On Wednesday, the 9th instant, the President of the Poor-Law Board was waited upon by a very numerously attended deputation of the Medical Officers of the City and Metropolitan Unions. The new scheme of the President was fully discussed, and was generally disapproved by the deputation. It was strongly insisted upon that the Poor-Law appointments should be permanent; and in respect of the other propositions involved in the new plan, it was shown that they would not operate beneficially for the Poor-Law Medical Officers. Mr. Sotheron Estcourt in his closing remarks to the deputation, observed that as he found that the preponderance of feeling was against his scheme he should not think of proposing it to the Legislature in its present form. We are happy to find that Mr. Estcourt has yielded to the suggestions made to him; for as we have always stated, his plan contains too many objectionable features to find favour with the Poor-Law Medical Service; but at the same time we must express our fear that he will not bring any measure at all before Parliament, owing to the difficulties which he will have to encounter.—Mr. Griffin, on behalf of the Poor-Law Medical Reform Association, has addressed another letter to the Medical Officers of Unions, informing them that the President of the Poor-Law Board has fixed upon Thursday, February 24, at one o'clock, for an interview with the Association, and a meeting of the Committee and those Poor-Law Medical Officers who wish to form part of the Deputation to the Poor-Law Board will take place at Hill's Ship Hotel, Charing Cross, on the same day, at twelve o'clock. Members of Parliament are requested to meet the Deputation at the Poor-Law Board at one o'clock. In Mr. Griffin's letter, that gentleman enters at considerable length into the various points involved in the new scheme proposed by the President of the Poor-Law Board; and while obviously inclined to forward Mr. Estcourt's views in the main, Mr. Griffin proposes a great number of important amendments in accordance with the views which we have ourselves expressed, and which are shared by the Poor-Law Medical Service in England and Wales. Among the most important amendments and suggestions proposed by Mr. Griffin are the permanency of the appointment of the Medical Officers, and the necessity of appointing a Medical Officer conversant with Union Practice, to a seat at the Poor-Law Board.

The Registrar-General, in an admirable summary of the births and deaths in London in 1858, to which we shall refer hereafter, gives the following epitome of what is needful in the sanitary reform of large towns:—

"Thus the cesspools of London, and collections of putrifying dirt, must be suppressed; the sewer air must be carried off or purified, so as not to poison people in the houses or streets; the method of burning coals must be adopted so as to consume the smoke, which is offensive to the senses and injurious to the lungs. Churches, chapels, theatres, and other public buildings, as well as crowded dwellings, where people drink each other's breath, and draw in disease, must be purified. The pumps having shallow wells saturated with impurities should, as Dr. Thomson, Dr. Lankester, and other health officers have proposed, be suppressed, and the water supply by the companies should be still further improved. The streets should be cleansed every day; for it is evident that the cleansing arrangements of the boards should keep pace with the increase of traffic and population."

Our readers may do much by urging all this upon the attention of the active men in their respective districts.

The Irish Medical Association have addressed a memorial to Lord Derby calling his attention to the necessity of Medical Representation in Parliament. It is urged by the Association that the Medical Profession have the strongest claims not only to exercise the electoral franchise, but also to be specially represented by the Colleges of Physicians and Surgeons of the United Kingdom. It is very justly insisted upon by the Irish Association that the welfare and prosperity of the United Kingdom are in great measure due to the observance of sanitary precautions, and that the increase of the population, and the lengthening of the average duration of human life, must always depend upon the application of hygienic principles carried out by the members of the Medical Profession. It is, therefore, important that Parliament should be enlightened on such points by competent authorities, and there can be no persons so well adapted to convey suitable information as those who are directly delegated by the constituted Medical Corporations of the Empire. We have so recently expressed our own views in favour of Medical Representation in Parliament, that we need now only repeat that the objects of the Irish Medical Association have our warmest concurrence.

The Committee for carrying on the proceedings in the legal question now at issue between the Senate and Graduates of the University of London, have issued a circular containing a short history of the movement. It is added that,—

"The Court and the opposing Counsel agree in admitting the weighty nature of the arguments on which our claims have been advanced. The question stands confessedly as a difficult one:—certainly less easy of decision than some of our fellow-Graduates appeared at first sight to consider it; certainly one raised in no factious spirit or on insufficient grounds, and one which every loyal member of our University must desire to see finally settled. Having so far established their position, the Committee which is carrying on the proceedings call upon their fellow-Graduates to contribute their share towards the unavoidable expenses of the suit. At present the expenditure has been borne by a comparatively small number of Graduates, and the postponement of the argument has added somewhat to the estimated outlay. As Secretaries to the Committee, we can only express our conviction that the gentlemen who have assumed the responsibility of providing funds for fees and court charges as they

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arise, will not have occasion given them to complain that they are unsupported by those on whose behalf they are acting, or be permitted to undergo a pecuniary loss in fighting the battle of the Members of the University at large."

We are informed that £61 have been received, and the cost is known to be limited within £100, as in the present state of affairs the coming steps are foreseen, and their expense known. However opposed the views of Graduates may be on this legal question, all must desire to have it decided; and we feel certain that so small a sum as £40 will not be applied for in vain by the Committee.

In a letter to Sir John Forbes by one who signs himself a "Naval Surgeon," the writer points out the hardship and injustice inflicted on the Naval service by the present regulations in respect to pay and rank; and he gives a tabular statement comparing the Army and Navy Medical services in these particulars. For instance, ths daily full pay of an Inspector-General in the army ranges from £2 to £2 5s. while the Medical Inspector receives only from £1 11s. 6d. to £2 2s.; the daily half-pay of an Inspector-General in the army ranges from £1 10s. to £1 17s. 6d.; while the naval Medical Inspector receives only from 17s. 6d. to £1 1s. Again, with respect to comparative rank, an Inspector-General in the Army ranks with a Brigadier and Major-General, while in the Navy a Medical Inspector ranks with a Lieutenant-Colonel; and while a Surgeon in the Army ranks with a Major and Lieutenant-Colonel, the Surgeon in the Navy ranks only with a Captain. In the distribution of prize money, the Medical officer in the Army shares equally with combatant officers of equal rank, the Surgeons of twenty years being on an equality with a Lieutenant-Colonel, and the Assistant-Surgeon, after five years' service, ranking with a Captain. Widows' pensions are also paid according to the same relative rank. The writer of the letter very justly complains that the Surgeons in the Navy should be allowed to remain in their present position at a time when the Profession generally is taking a higher stand in the country, and when the Army Medical Department has been exalted in rank and emoluments and well-merited decorations and promotions have been bestowed upon the Indian Medical Service. The wrongs of the Naval Medical Service are very temperately pointed out by the writer of the letter to which we refer, and it is to be hoped that his observations will attract attention in the proper quarters.

One of the prominent features of the new Poisons' Bill is that which relates to the labelling, in conspicuous capital letters, of bottles which contain the poisons enumerated in the schedule, as well as of all vessels or wrappers in which such bottles are sold to the public. The word POISON must appear, with the name, surname, and address of the vendor. Some respectable chemists have long adopted this regulation: others have neglected it, and many lives have been sacrificed owing to this neglect. The object of the Bill is to make that which is an optional an imperative duty, under a penalty. The recent death of the Hon. Mrs. Anson, furnishes a striking instance of the fatal consequences which may arise from a non-observance of so simple a rule. This lady swallowed an ounce and a half of laudanum, instead of an ordinary medicinal draught, and she died in consequence. The Editor of the *Pharmaceutical Journal* makes use of this fact to show that legislation can do nothing; that these are casualties like railway collisions, the falling of a staircase at the Polytechnic gallery, etc. We are told that "the medicine was procured from a competent chemist: *it was properly labelled*, the word *poison* being added on the bottle of laudanum." We have now before us a letter from one of the medical gentlemen who attended this unfortunate lady. His statement is—"The bottle of laudanum, quite full, *was similar in size and appearance* to the draught-bottles among which it stood, and *was not properly labelled*,—the words 'Laudanum, poison,' were very indistinctly *written* upon a small label." This case alone proves the necessity for the regulation proposed in the new Bill. We shall return to this subject after the Bill has passed its second reading, which is fixed for Friday next. In the meantime we are glad to see that Messrs. Savory and Moore have introduced bottles of a peculiar shape and make with the express purpose of preventing accidental poisoning. There always will be obstinate people to resist simple precautions, and we therefore trust Druggists and others will be compelled by Act of Parliament to keep and sell all poisons and poisonous medicines, in bottles of a peculiar construction. Those of Messrs. Savory and Moore are extremely well adapted to their intended purpose.

EXAMINATION FOR THE INDIA SERVICE.

JANUARY, 1859.

IN determining the relative merits of the candidates, so far as they can be ascertained from answers to printed questions, regard will be had both to the number of questions answered, and to the accuracy and completeness of each answer. But it is not expected that all the questions will be fully answered by every candidate. For they are not only intended for ascertaining whether each candidate is qualified for an appointment, but for testing, by both their number and their difficulty, the relative abilities of the best candidates—a design which is essential to a competitive examination, and which cannot be fulfilled unless some questions are asked to which only the best candidates can give good and complete answers.

NATURAL HISTORY, ETC.

Monday, January 10, 1859.—10 *to* 1 *o'clock.*

DR. HOOKER.

Answer five or more of the following Questions.

1. What natural orders of plants yield the most important articles of food to man? Enumerate under each, some of the esculent plants it contains.
2. What is meant by the albumen and duramen of wood? and how do these differ in an economic point of view?
3. Give examples of simple and compound edible fruits, and describe the organs which afford nutriment in each.
4. What is the cambium layer? Describe its position and function in endogenous and exogenous stems.
5. What are hydrocarbons? Enumerate some of vegetable origin, together with their uses, and the names of the plants that produce them.
6. What are dextrine, caseine, gluten, cellulose, albumen, and British gum?
7. Enumerate the raw or manufactured vegetable substances commonly used in surgical applications, together with the plants that produce them.
8. Describe in general terms the operations of brewing and baking, and give the rationale of these processes.
9. Give the class, order, and scientific name of the following domestic animals, together with their periods of gestation and number of young at a birth:—Horse, ass, camel, elephant, goat, sheep, pig.
10. Which of the above animals are supposed to have been most changed in habits and organisation under domestication, and in what respects have they been changed?
11. Define the articulate type of the animal kingdom, and contrast it with the molluscan.
12. Describe briefly some of the principal modifications of the feet of mammals.
13. What is the geological position of the carboniferous rocks? and what is the general nature of the animal and vegetable fossils they contain?
14. What noxious gases are most frequently met with in nature? and what are their effects on animal life?

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15. Define the terms endemic, sporadic, organic, test, assay, symmetry, viscous, glutinous, mucous, villous.

SURGERY.

Monday, January 10, 1859.—2 *to* 5 *o'clock.*

MR. PAGET.

1. Describe the process of healing by granulations, and some of the most frequent appearances of unhealthy granulations.

2. Name the chief diseases in which pus appears in the urine, and state the best signs for the diagnosis of each of them.

3. By what signs, irrespective of the histories of the cases, would you distinguish each of the following diseases of the testicle; namely, gonorrhœal inflammation, tertiary syphilitic disease, tuberculous disease, medullary cancer?

4. Describe the ordinary progress of a case of syphilis during the first three months after infection with the virus of an indurated chancre; supposing the case to be not modified by treatment.

5. Write Latin prescriptions for such compounds as are commonly used in hospitals under the following names:—Lotio plumbi; lotio zinci; lotio sodæ chlorinatæ; lotio nigra; pilula hydrargyri chloridi cum jalapa; pilula hydrargyri chloridi cum colocynthide—haust. Sennæ comp.—Haust. quinæ.

6. Write lists of the instruments and materials for dressing that you would require for each of the following operations: namely, tracheotomy, excision of the elbow-joint, ligature of the external iliac artery.

7. What are the diagnostic marks of the early stages of cataract in an elderly person?

8. "A young man was wounded by the point of a sword through the middle of the anterior wall of the axilla, and lost a good deal of blood at the time; but as the small wound became obstructed, the blood only oozed from it; a large effusion, however, took place into the axilla and into the cellular tissue of the chest, arm, and neck. No pulse could be felt at the wrist. A Surgeon tied the subclavian artery above the clavicle. On the twelfth day the ligature separated, but the tumour in and near the axilla became larger and more painful than before. Fluctuation being manifest, a puncture was made into the swelling, and an enormous quantity of chocolate-coloured matter was evacuated, together with black lumps of coagulated blood. The day after, another part of the swelling required another puncture, for the evacuation of a quantity of fœtid pus, with sloughing cellular tissue, etc. A third puncture was required, and was followed by similar results. The patient ultimately recovered."

Explain the principal events of this case. Would you have adopted the same practice? If not, state what you would have done, and your reasons for it.

ANATOMY AND PHYSIOLOGY.

Tuesday, January 11, 1859.—10 *to* 1 *o'clock.*

MR. BUSK.

1. Describe the abdominal aorta, its relations and branches, and their distribution.

2. Describe the hip-joint, enumerating the nerves, vessels, and muscles in immediate relation with it; stating the various actions of the latter in the natural movements of the joint, and in its dislocations.

3. Describe the anatomical structure of the spinal cord, and its physiological relations.

4. Describe the order of succession of the teeth at different periods of life, and the mode in which they are developed in the fœtus.

5. Describe the large intestine, and its relations to the surrounding parts.

6. Describe the structure of the retina.

MEDICINE.

Tuesday, January 11, 1859.—2 *to* 5 *o'clock.*

DR. PARKES.

1. Enumerate the various forms of Marsh Fever, and describe the symptoms and consequences, modes of prevention and cure.

2. What are the symptoms and post-mortem appearances of Acute Tuberculosis?

3. What are the physical signs of Aneurism springing from any part of the ascending and transverse portions of the aortic arch?

4. Describe the symptoms and treatment of chronic ulcer of the stomach.

5. What are the qualitative and quantitative tests for sugar in the urine? Under what circumstances is sugar found in the urine of men?

6. Describe the following diseases of the skin:—

a. Herpes zoster.
b. Lichen agrius.
c. Favus.
d. Scabies.

7. What are the symptoms and causes of Menorrhagia?

8. A man aged thirty-seven had aneurism of the left common carotid artery. The arteries of the body generally were more or less rigid and atheromatous, but there were no symptoms of either cardiac or cerebral disease. On the 8th of May, while the aneurism was being manipulated and pressed so as to lessen its bulk, the man was suddenly attacked with complete hemiplegia of the right side; there was at first no complete loss of consciousness, but apathy and heaviness. A day later there was delirium, followed by gradually increasing coma, and death on the 11th of May. There were twitchings of the left side (non-paralysed side) of the face, but no contraction or rigidity on the paralysed side. The pupils were unaltered; the condition of the other senses and of common sensibility was unnoticed.

What causes may be suggested to explain this attack of hemiplegia? Describe the anatomical appearances which you presume were found in the brain.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

REPORT ON THE CASES OF OVARIOTOMY THAT HAVE OCCURRED IN GERMANY.

By Dr. GUSTAVUS SIMON.

THE statistics of ovariotomy hitherto published in Germany have been mixed up with English and American cases; and the object of this paper is to give an account of those operations which have been performed in Germany alone. As the operation has only become at all frequent there during the last ten years, it is still possible to obtain an exact account of the great majority of the patients, both as regards the operation itself, and the ultimate fate of the individual. To make this as complete as possible, not only has the author referred to all the published cases, but has opened up a correspondence with the surgeons of all the chief towns of Germany. In this way he has collected sixty-one cases, twenty-three of which have not hitherto been published; and these must embrace the greatest part of these which have occurred, although it is still possible that some may have escaped notice. All foreign operations have been rigidly excluded, even when they have been performed by Germans in adjoining countries. The results of these researches are set forth in tables extending over from twenty to thirty pages. In these he gives not only the particulars of each operation as regards the mode of execution, the presence of adhesions, and the condition of the tumour; but also narrates the history of the patient both prior and subsequently to its performance, as also her later condition, whenever an account of this has been obtainable. Some of the cases, in spite of every care, remain defective in certain of these particulars.

The aim of the tables is to bring out as distinctly as possible the advantages or disadvantages of the operation; and the better to do this the cases of ovariotomy have been arranged under three divisions, viz. 1st, those in which the operation has been followed by a radical cure; 2nd, those in which death has been the result; and 3rd, those cases in which, although recovery has followed the operation, the advantage has proved transitory, doubtful, or non-existent. In this last category not only have been included those operations, which begun, have had to be abandoned on

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account either of the firmness of adhesions or the errors of diagnosis; but others in which, although the patient has recovered from a partially or completely executed ovariotomy, yet has died eventually from after-consequences of the same, or from the effects of the original disease. Thus, a case of Martin's has been so placed, in which the patient died eight months after a successful extirpation of a colloid cystoid, owing to cancerous formations in the pancreas, lymphatic glands, and the lungs, which the operator himself regarded as connected with the original malady. So, also with regard to a case of Küchenmeister's, wherein ovariotomy was left incomplete on account of the firmness of the adhesions, the patient recovering from the effects of the operation, but dying in three-quarters of a year from the rupture of a secondary cyst. Operations like these cannot be set down as radical cures, but must be regarded as of only transitory utility, if of any utility at all, for the prolongation of life. Although these patients felt themselves entirely well for some time after the operation (in Martin's case for four months), it is very questionable whether they would not have lived longer still had mere palliative punctures been resorted to. Under the same category must in future be placed those cases in which, after complete recovery from the operation, death still eventually takes place owing to the persistence or subsequent formation of abdominal fistula; those cases in which, very soon after the extirpation of medullary sarcoma of the ovary, cancerous formations appear in other organs; and finally, not only those cases in which secondary cysts spring up after incomplete extirpation, but also those where, after the extirpation of one diseased ovary, the cysts existing simultaneously in the other, forthwith increase and assume a similar threatening aspect. Each of these three primary divisions of the cases, derived from the issue of the operations, are formed into three subdivisions, dependent upon the nature of the operation and condition of the disease, viz. 1st, cases of ovariotomy completed; 2nd, cases in which ovariotomy was attempted, but only incompletely performed or entirely abandoned on account of the strength of the adhesions; and 3rd, cases in which, after the abdominal cavity had been opened, the diagnosis was found to be erroneous. This last subdivision, which does not strictly belong to the statistics of ovarian tumours, has nevertheless been retained, because, in judging of the danger of an operation, errors of diagnosis frequently cannot be avoided, and their consequences must not be lost sight of. It is not indeed likely, at the present period, that Dohlhoff's error, committed in 1838, of seeking to perform ovariotomy where no tumour of the abdomen existed, will be repeated; but it is continually happening that tumours of the uterus, retro-peritoneal tumours, etc. are confounded with ovarian tumours.

It is evident that the bearing of the statistical tables must be more exact upon German practice than those hitherto published in which English and American cases have played the chief part. In these we have only the results of the practice of German Surgeons (some of the most distinguished among these), whose capability of forming the diagnosis and executing the operations can be appreciated. But it is believed that these new statistics are not only of more measureable value to the German Practitioner than any that have preceded them, but may also serve even in other countries as a basis for forming a judgment concerning ovariotomy. If the tables already published comprise hundreds of cases, while these only related to sixty-one cases, yet the former were open to various important sources of error, which in these it has been sought, as far as possible, to avoid. Without referring to instances in which cases have been entered both under the names of the operator and the reporter, we may advert to two sources of error which must exert a good deal of influence on the conclusions to be drawn. The chief defect is that while cases which terminate favourably are made as public as possible, many cases having an unfortunate issue have been unrecorded. Of course it would be entirely unjustifiable for an operator to publish his successful and conceal his unsuccessful cases. But how many operators have only met with unsuccessful cases, and how many, after having published successful cases, have later met with only reverses! A great number of such cases would never be published at all; for while, on the one hand, we can scarcely blame an operator who has met with unsuccessful cases if he wait before publishing them until he has others of a more fortunate character to place by their side; so, on the other hand, ovariotomy has become so very common an operation, especially when unsuccessful, that an operator would incur the charge of tiresomeness if he published cases of failure of the operation, unless these exhibited special circumstances of great interest. How important these considerations are, however, in weighing the conclusions to be drawn from published cases, may be judged by examining R. Lee's statistical account, published in the thirty-fourth volume of the Medico-Chirurgical Transactions. With all his sources of information he was only able to indicate 51 operators, who had performed 162 operations; but in a country where practitioners are numbered by thousands, in which ovariotomy has been recognised as a permissible operation for twenty or thirty years, and where it has become so common that Clay has performed it 69 and Bird 31 times, can we believe that this operation, which neither requires dexterity acquired only by long practice, nor complicated instrumental apparatus, has only been performed by 51 persons? This is quite incredible; for in Germany, where the operation still has many and important opponents, there have been 34 operators for 61 operations. A second important source of error, vitiating the early statistics, consists in the enumeration among the cures, cases in which the operation had to be abandoned either on account of the adhesions, or the faulty diagnosis. Now, although these women recovered, inasmuch as the disease still remained, and the patient had incurred the great danger due to gastrotomy, these cases should be regarded not as recoveries from the, but failures of the operation. It is true that Lee has sought to avoid this error, and abstracts 60 such cases from the 162 operations; but he found it impossible to give an account of the latest condition of the cases set down as cured. These two sources of error Dr. Simon has taken every pains to avoid; and he believes his statistics claim much more confidence than Lee's, which neither comprised all the cases that had occurred, nor sufficiently controlled those they did comprise. These statistics also show that in Germany errors of diagnosis have not been of such frequent occurrence—operations not having been undertaken with the same rashness as in England and America. While in 60 of Lee's 162 cases the operation had to be abandoned, either on account of adhesions or errors in diagnosis, this was the case in only 17 of the 61 German cases.

The following is the summary of the results, as specified in the author's detailed tables. Of the 61 patients upon whom ovariotomy was either executed or attempted, 44 ($72\frac{8}{61}$ per cent.) died from the immediate effects of the operation; in 5 ($8\frac{2}{61}$ per cent.) it proved useless, or of only transitory benefit, although the patients recovered; and only in 12 patients ($19\frac{1}{3}\frac{1}{1}$ per cent.) was a radical cure obtained. (The operation may even have been more unfavourable in Germany than here represented, as notwithstanding the search made for them other unsuccessful cases may not have been brought to light.) The operation was completely executed in 44 instances. Of these 44 there died 32 ($72\frac{8}{11}$ per cent.) from the immediate effects of the operation; 1 died eight months after in consequence of cancer in other organs; and 11 (25 per cent.) were radically cured. The operation was attempted in 15 cases, but on account of the firmness of the adhesions had to be abandoned or only partially performed. Of these, in 1 a radical cure followed, in 3 no advantage, or very transitory advantage, resulted, and in 11 death ensued as the immediate consequence of the operation. In 2 cases the operation was attempted; but the diagnosis was at fault, one of the patients died and the other recovered.

These results are far less favourable than those which have been derived from statistics previously published; and while Fock and others place the danger of ovariotomy upon the same line as herniotomy and amputation of the thigh, it is according to the above figures more dangerous to life than the Cæsarean section, which is, according to Kaiser, attended with a mortality of 63 per cent. and, according to others, of about $\frac{2}{3}$ of those upon whom it is performed.

In a postscript, Dr. Simon brings the cases up to 64 in number. In these a radical cure was effected in 12, in 6 the operation was at most of transitory utility, and in 46 it was followed by death. — *Scanzoni Beitrage zur Geburtskunde*, Band 3, pp. 98—142.

EXCERPTA MINORA.

Application of Electricity in Hydrocele.—M. Petrequin relates a case in which this was attended with complete and rapid

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success, the hydrocele having disappeared the next day. One of the poles of a Bunsen's pile was applied to the base, and the other to the apex of the tumour, during about half-an-hour. The application was painful, and gave also rise to a peculiar vermicular sensation, as if the liquid contents were flowing towards the abdomen. A suspensory bandage was applied for some time after.—*Gaz. Méd.* Jan. 22.

Antidotes in Phosphorus Poisoning.—Poisoning by lucifer-matches has of late become frequent on the Continent. Drs. Antonelli and Borsarelli, as the results of numerous experiments, recommend the following mode of treating this form of poisoning:—1. We must especially avoid the use of fatty substances, which increase the energy of the poison, and facilitate its diffusion. 2. Calcined magnesia given in large quantities suspended in water that has been boiled forms the best antidote to, and the most convenient purgative for, the elimination of the poison. 3. When dysuria is present, acetate of potass is of great use. 4. All mucilaginous drinks which the patient employs should be made with boiled water, so that they may contain as little air as possible.—*Union Méd.* Jan. 25.

Administration of Essence of Turpentine.—The best means of masking the odour of this substance is found in the addition of essence of mint, in the proportion of 1 part to 15, which renders the turpentine very supportable. The following forms a good mixture: the yelk of 1 egg, essence of turpentine, 4 drachms, essence of mint, 16 minims, syrup, 8 drachms, and distilled mint water, 24 drachms.—*Union Méd.* No. 16.

Iodide of Potassium in Ulcers of the Legs.—M. Tratour has found obstinate cases of ulceration of the legs, even when quite unconnected with syphilis, yield in the course of one or two months to the iodide given in quantities of from 3ss. to 3iss. per diem. Under the use of this, accompanied by regular compression and simple dressings, the ulcers and varicose engorgements rapidly yield, without entailing the necessity of confinement to the house. Not only is the cure more rapid, but it is more solid than when brought about by other means. In the case of scorbutic, dartrous, and scrofulous ulcers, a more complex medication is required.—*Gaz. des Hop.* No. 7.

GENERAL CORRESPONDENCE.

MORTALITY AFTER OPERATIONS—LOCAL ANÆSTHESIA.

LETTER FROM DR. JAMES ARNOTT.

[To the Editor of the Medical Times and Gazette.]

SIR,—As I am anxious that the Profession will give me credit for care and accuracy in my investigation of the very important question, whether or not chloroform has an injurious effect on the result of operations, I feel myself under the necessity of replying to Dr. Fenwick's letter in your last Journal.

On undertaking the task which I have mentioned, I collected all the Hospital reports of the operations of amputation and lithotomy which had been published of late years, and applied for further information to the principal of those Hospitals which had not published reports. The data thus obtained amounted to upwards of two thousand, and constitute, I conceive, a sufficient stock for reliable inferences. From these facts it appeared, that since chloroform was introduced, the mortality from amputation had increased more than ten per cent. and from lithotomy more than twenty per cent. This statistical evidence, added to the universally admitted poisonous nature of chloroform, and its obvious dependent properties, appeared sufficient proof that the alleged innocuousness of the ulterior effects of chloroform was a great error, and one of a dangerous character.

Since the publication of my papers on the subject, only one additional report has been printed, namely, that by Dr. Fenwick. Mr. Smith, the senior Surgeon of the Leeds Hospital, has very recently made an important statement on the subject, but of too general a character to be termed a report. As it furnishes, however, a novel kind of evidence on the subject, it is proper to refer to it here. He mentions in a clinical lecture on lithotomy, that since the administration of chloroform in almost every operation has been discontinued at the Leeds Hospital, the mortality has much decreased.

Dr. Fenwick's report shows that there has been an increase of mortality, since chloroform, at the Newcastle Infirmary of two per cent. after amputation, and seventeen per cent. after lithotomy on the adult. Notwithstanding this great increase on the face of the general report, he endeavours, by minutely analysing the results of different operations, to show that the increase is only apparent, and that there has been really a decrease. In a letter which was printed in the *Medical Times and Gazette* the week after his report, I pointed out the fallacies in his reasoning, and animadverted on his having omitted to state in his report that there had been a great enlargement and improvement of the Newcastle Infirmary since the introduction of chloroform, which probably had prevented the increase of mortality from it being so great as would otherwise have appeared, and much less than the average of all the other Hospitals. In his letter of last week he asserts that I have misstated his opinion when I speak of his regarding chloroform as a means of saving life in operations, and offers an explanation of his not having mentioned the recent enlargement of the Hospital at Leeds. Although the first assertion has nothing to do with the point at issue, I think it proper to advert to it, and to say also why I consider his explanation respecting the enlargement of the Hospital unsatisfactory.

In reference to the first point, he states in his report, "that the danger from shock has been partly decreased since the use of chloroform." Has this assertion no bearing on the extraordinary inference that seventeen per cent. of those submitting to "traumatic" amputations of the thigh "have been restored to health, who would have perished" before the introduction of chloroform, because less than a dozen data show this proportion? Does the opinion expressed towards the end of the paper, that other circumstances may wholly "or in part" be the cause of this improvement, destroy the force of the previous assertion? Can any reader of the paper doubt from its general tenor what his own opinion was on the subject when he wrote it? If Dr. Fenwick means that I was wrong in supposing that he attributed the saving of life exclusively to chloroform, as had been done by Dr. Simpson, I would answer, that the mistake was not surprising, considering that he excluded the salutary influence of the purification of the air in the Hospital.

The principal reason assigned for his not having adverted to the enlargemeat and improved ventilation of the Hospital is, that the cases of compound fracture in it were as successfully treated when the wards were crowded as they were afterwards. Surely Dr. Fenwick cannot dissent from the common opinion that pure air is favourable to recovery after operations, and found this opinion upon a dozen or two of cases occurring in the Newcastle Infirmary. Those who oppose the ventilation of Hospitals and barracks (if there be any such opponents now in existence) would, probably, as highly value the reports of this dozen or two dozen cases, as those who oppose the idea that the ulterior effects of chloroform are injurious, value the eleven cases of amputation of the thigh from which it has been deduced that a saving of 17 per cent. has taken place. Dr. Fenwick says that the increase of the number of beds was from 179 to 230. It appears that I was misled by the "Medical Directory" in stating the last number to be 250; but surely an increase of space for 60 beds in a comparatively small Hospital was sufficient for my argument.

It would be unprofitable to proceed further in this matter: I shall add a few words, while the pen is in my hand, on another subject closely allied to it.

On the same page of the journal with the letter to which I have replied, there is an account of an operation at the Hôtel Dieu, in Paris, performed under congelation. It is no wonder that this substitute for chloroform is not yet universally adopted in the country of its birth, when it can be so mismanaged, after so much experience of its use, in France. The severe pain described as following the thawing of the part, might have been easily and completely prevented by taking care that the temperature should be only gradually restored. It is satisfactory to observe the attempts in so many quarters to supersede chloroform by various modes of producing local anæsthesia, inasmuch as it shows the general

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conviction of the danger of this agent: but I cannot help remarking, that if the pains bestowed on these attempts were expended in learning how to use extreme cold properly, there would be more profit to practical Medicine. It is not in the perfect and safe anæsthesia produced that congelation excels all other plans, but in the prevention of inflammation after the operation. Its antiphlogistic virtue is of more importance than any anæsthetic power possessed by itself or any other agent, whether of general or local operation. It is possible that other means may be discovered of equal anæsthetic power, and equal safety, but most improbable that any one will equal it as an antiphlogistic. What other plan, granting that it were equally anæsthetic, would enable us to heal the operation wound by the first intention in 92 out of 93 cases, as was done by the Surgeon who reported his use of congelation in the *Medical Times and Gazette* of December 5, 1857?

I am, &c.

London, February 5, 1859. JAMES ARNOTT.

TWO NEW MUSCLES—DIGASTRICO-MYLOIDEUS, AND STERNO-OMOIDEUS.

LETTER FROM MR. PITTARD.

[To the Editor of the Medical Times and Gazette.]

SIR,—I beg to enclose you descriptions of two anomalous and, it appears to me, interesting, muscles which have recently been met with in course of dissection at the Grosvenor-place School of Medicine by the gentlemen whose names are attached to the descriptions. Perhaps you may think them worthy of publication. The muscles have been named for the sake of facility of description from very obvious etymology. The subject with the "digastrico-myloideus" still lies in the dissecting-room.

"Sterno-omoideus arises from the middle of the front aspect of the first piece of the sternum, by a thin flat tendon about half an inch broad and an inch long, from which the muscle proceeds obliquely outwards and upwards, across the clavicle and the root of the neck, to be inserted into the fascia covering the trapezius, about four inches above the point of the shoulder. The insertion consists of a spreading out and being lost in the fascia. The fibres are parallel in their arrangement, and the fleshy part of the muscle is about as broad as the finger and thin—a little smaller than the muscular part of the omo-hyoideus. It lies under the platysma myoides and the superficial veins, but superficial to all the other parts situated in the region which it crosses. It exists on the left side alone. The subject is a large muscular man. "E. BUCKNILL.

"December 2nd, 1858."

"Digastrico-myloideus arises from the commencement (going from the chin) of the central tendon of the left digastricus, and immediately expanding in a fan-like form, its muscular fibres cross the mesial line obliquely upwards, and after proceeding a short distance become lost amongst those of the mylo-hyoideus of the right side. There is no mesial raphé in the course of its fibres. It lies immediately under the skin, and such fibres of the platysma as there are in that region. Its deep surface is in contact with the mylo-hyoideus. The direction of its fan-like fibres is crosswise of those of the subjacent mylo-hyoideus of the left side, but coincident, as nearly as their fan-like radiation admits, with those of the mylo-hyoid of the right; wherewith they ultimately intermingle. The subject is female, and very emaciated, the muscles of expression so faint as to be hardly discernible.

"February 1st, 1859." "JOHN LOVEGROVE.

With regard to the muscle at the root of the neck (sterno-omoideus), I am not aware that any muscle having the same direction of its fibres exists in the corresponding part of any animal. It cannot be an unusual development of a slip of the dermal muscle, platysma, for the direction of its fibres is exactly the contrary, and its being situated deeper than the superficial veins indicates it as not belonging to the dermal layer. One is tempted by morphological considerations to regard it as a slip from the outer edge of the sterno-mastoid, the upper end of which has been displaced from its usual attachment at the occiput, and carried down with the shoulder in its developmental descent from its primoidal connexion with the occipital bone; for, as was first pointed out by Mr. Owen, and as has been accepted by morphological anatomists generally, the upper limbs typically belong to the occipital bone (vertebra); and, indeed, they remain permanently attached to it in fishes. The heart and great blood-vessels participate in the descent, and invariably accompany the arms, whether these remain permanently attached to the occipital, as in fishes, or are removed three or four and twenty vertebræ off, as in the swan; and it is this developmental displacement which drags down those objectless loops of the recurrent laryngeal nerves. These nerves originally,—when the arms, heart, and great vessels were opposed to the occipital,—ran straight to their destination in the larynx, but as in doing so they passed under what subsequently became aortic arch and right subclavian, they were necessarily dragged down into loops by their descent. This has been sufficiently proved by the dissection of bicephalous monsters. A displacement which has effected this may well be considered capable of carrying down one end of a slip of muscle.

The other muscle (digastrico-myloideus) is interesting, because it is not only unsymmetrical, but absolutely defiant of symmetry, crossing the middle line obliquely. The fibres of the crura of the diaphragm seem to do this in front of the aorta; but the diaphragm has been much displaced. With the exception, apparently, of the diaphragm, I never saw or heard of the like before.

It is impossible to assign any usefulness to either of these muscles. That they often acted is manifested by the normal appearance of their fibre. The man must have often "tucked in" the flesh just at the hollow of his shoulder, and the poor woman must have often given a one-sided twitch of her dewlap; but that either of these actions could be useful, or even ornamental, the boldest teleologist, even if writing a Bridgwater Treatise with a thousand guineas in view, would not, I should think, venture to assert. Teleology, or usefulness, won't account for everything.

I am, &c.

Feb. 4th, 1859. S. R. PITTARD, Demonstrator.

DIPHTHERIA COMMITTEE OF THE EPIDEMIOLOGICAL SOCIETY.

LETTER FROM MR. RADCLIFFE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am directed by the Diphtheria Committee of the Epidemiological Society, to request that you will favour them by inserting the accompanying communication in the next number of the *Medical Times and Gazette*.

I am, &c.

J. N. RADCLIFFE, Secretary to the Committee.

32, Guildford-street, Russell-square, W.C.

February 14, 1859.

I enclose a copy of the circular which the Committee has distributed among the members of the Epidemiological Society.

Epidemiological Society.—Diphtheria Committee.

A Committee, consisting of Dr. Babington, F.R.S. (President of the Society), Dr. McWilliam, C.B., F.R.S., Dr. Milroy, Dr. James Bird, Dr. Seaton, Dr. Camps, Dr. Murchison, and Messrs. Ernest Hart, and J. N. Radcliffe, has been appointed by the Epidemiological Society to collect information and report upon the epidemic of diphtheria, which is prevalent at the present time in several districts of England. The Committee in carrying out the duties assigned to them, solicit the co-operation, not only of the different members of the Society throughout the kingdom, but also of those Professional gentlemen, not members of the Society, who may have had an opportunity of observing the disease, or who may be able otherwise to aid in carrying out the objects of the inquiry.

In order to secure uniformity of character in any reports upon the disease with which the Committee may be favoured, they make the following suggestions:—

"1. It is requisite that the term diphtheria should have attached to it one and the same signification by different reporters. Diphtheria is a synonyme of the word diphtherite, which was originally adopted by Bretonneau to designate a peculiar form of disease affecting the mucous membrane of the skin, and which is characterised by the formation of a false membrane. Among other examples of diphtheric affec-

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tion Bretonneau included cancrum oris, croup, and inflammation of the throat accompanied with the formation of a false membrane; but in this country the use of the term diphtheria has been restricted to the last affection, the chief characters of which are described by Dr. Copland in the following words:—'The tonsils, the velum palati, the pharynx, either successively or at the same time, present irregular patches of a yellowish, buff or greyish-coloured exudation on the inflamed surface. These patches enlarge, coalesce, and extend to the nasal fossæ, or to the larynx, with the usual symptoms of primary croup, and often also to the œsophagus. In adults, the disease often commences in the nasal fossæ, and extends to the pharynx' (Dict. of Practical Medicine—Art. Throat). The committee suggest that, unless the peculiar pseudo-membraneous formation be present, the term diphtheria should not be used; for if this restriction be not adopted the term will be deprived of all precision, and it will be impracticable either to collate reports from different districts, or to determine the relation of the disease to other forms of throat affection.'

"2.—The Committee, also, would suggest that the attention of Medical men should be directed to the existing state of throat affections in those districts where diphtheria has not yet appeared. It is most important, in endeavouring to elucidate the etiology of an epidemic disease, to watch the progress and character of cognate affections in districts where the epidemic has not become manifest, and to be on the look out for the first traces of it. Often the earliest (and scientifically, perhaps, the most important) manifestations of epidemic disease are lost sight of from the want of this anticipatory observation.

"3.—The Committee, further, suggest that a series of questions should be made the foundation of any report with which they may be favoured, and that they should be dealt with in the order given."

The questions will be circulated largely; and it is requested that reports and communications for the Diphtheria Committee be forwarded to the Secretary of the Committee, Mr. J. N. Radcliffe, 32, Guildford-street, Russell-square, W.C.

SULPHATE OF ZINC AS A CAUSTIC.

LETTER FROM MR. ARMSTRONG.

[To the Editor of the Medical Times and Gazette.]

SIR,—With reference to the use of sulphate of zinc as a caustic, recommended in Professor Simpson's last lecture in your Journal, I beg to forward you the notes of the case of another and very troublesome disease, in which I employed it with most beneficial results while on a voyage to Calcutta in 1857, in Medical charge of a detachment of H.M.'s 54th Regiment.

A.B., private 54th regiment, aged 27, healthy, florid-looking man, presented himself at Hospital with a chancre on the dorsum of the penis, about an inch from the root, as large as a sixpence, and raised above the surrounding skin, presenting a pale glassy surface, without any appearance of granulations—an appearance very common in that situation.

I covered the part with the pulverised dried sulphate of zinc: in five days the small slough separated, leaving a healthy granulating surface, which healed, under ordinary treatment, in a few days.

At no time did he complain of much pain, and he got no other medicine.

I would not trouble you with the notes of such a trifling case, were it not that these are often the cases by which Medical science is brought into disrepute; besides which chancres, in that situation, are so difficult to heal in a reasonable time, that the Medical attendant is often driven to the use of mercury—a circumstance generally to be deplored.

I am, &c. W. ARMSTRONG, Staff-Surgeon.

Manorhamilton, Ireland, Feb. 14, 1859.

WEIGHT OF THE LIVER.—"Bartholinus reckoned the weight of the liver in relation to the whole body as 1 to 36; Haller as 1 to 25; Haller set down the medium weight of it at 45 ounces; Cruveilhier at 3 pounds; Huschke at from 4 to 6 pounds. According to my observations, the relative weight of the organ in comparison with the whole body, varies in healthy persons from between 1 to 17 up to 1 to 50."—*Frerichs.*

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEB. 8, 1859.

Sir C. LOCOCK, M.D. Bart., President, in the Chair.

A paper, by Mr. SPENCER WELLS, was read entitled

FIVE CASES OF OVARIAN DISEASE,

IN THREE OF WHICH OVARIOTOMY WAS PERFORMED SUCCESSFULLY; WITH REMARKS ON THE MEANS OF DIMINISHING THE MORTALITY AFTER THIS OPERATION.

THE author commenced by stating that these were the only cases in which he had adopted any operative procedure in order to obtain a radical cure of ovarian disease. In the first case, a large cystic tumour, in a single woman twenty-eight years of age, had been situated behind the intestines. An exploratory incision only was made in December, 1857, nothing more being done on account of the situation of the intestines. The incision did not appear to have had any prejudicial influence, the patient dying four months afterwards from spontaneous rupture of a cyst into the peritoneal cavity. The interest of the case was chiefly in reference to diagnosis, showing that, though rarely, the intestines were occasionally observed in front of an ovarian tumour—a fact previously noticed by Piorry, Walshe and Ballard. The case was also the first in which it was proposed to use the écraseur for the division of the peduncle—a proposal since successfully adopted by Dr. Atlee, of Philadelphia. In the second case, a multilocular ovarian cyst, in a single woman twenty-nine years of age, was removed by ovariotomy by the author, in February, 1858. The principal cyst had been emptied seven times by tapping, and iodine had been injected twice. There were firm and extensive adhesions, and the peduncle had been left within the abdominal cavity. Recovery was perfect, the patient having since done a great deal of hard work as a general servant; and Dr. West, after examining her on January 25, 1859, reported the case as a "complete success." The cyst and contents weighed twenty-six pounds. The third case was that of a multilocular ovarian cyst, which had been tapped three times, in a married woman thirty-eight years of age, and was removed by the author in August, 1858. There were close adhesions of outgrowths from the principal cyst to the liver and gall-bladder; but these were separated, and the patient made a good recovery, leaving the Hospital three weeks after the operation. Mr. Ottaway, of Dover, saw the patient on February 2, 1859, and wrote that she was perfectly well, "in robust health, muscular, and strong." The cyst and contents weighed thirty-one pounds. The peduncle was secured by ligature, and fixed outside the wound. In the fourth case, a pseudo-colloid ovarian tumour, weighing twenty-one pounds, was removed, after the evacuation of fifty-seven pounds of ascitic fluid. The patient was a married woman, thirty-three years of age. The operation was performed in November 1858. The great point of interest in the case was, that a very large vein had been tied, which had given way during the separation of some adhesions, and no bad symptom had followed, the ligature separating on the ninth day. It had been placed laterally on the vein, in such a manner that the current of blood was not stopped. The peduncle was secured by a metal clamp, and fastened outside the wound. The patient made a good recovery, leaving the hospital four weeks after the operation; and when heard of through Mr. Jardine, of Capel, on the 3rd of February inst. was "getting stout, and in very good health." In the fifth case, a pseudo-colloid ovarian tumour, weighing ten pounds and a-half, was removed on the 21st of January last from a single woman thirty-nine years of age. She went on well for twenty-four hours, and then suddenly went off into collapse, and died thirty-two hours after operation. Post-mortem examination showed large effusion of acrid serum into the peritoneal cavity, and superficial exudation of lymph, but no blood. The peduncle was secured by a clamp

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outside the wound, but the clamp had slipped at one spot during the operation, and it had been also necessary to apply a ligature. The author entered at considerable length into an inquiry as to the exact cause of death in this patient. She had had two grains of morphia, in divided doses, within ten hours after the operation, and one grain in the succeeding twelve hours, but it was not till four hours after the last dose that any bad symptom appeared which could be attributed to opium. There had been no hæmorrhage of consequence; so that peritonitis, or the sudden collapse described by Dr. Simpson as sometimes occurring after any operation implicating the uterus and its appendages, were probably, one or both, the chief causes of death. The author thought that the danger of peritonitis would be lessened if the peritoneal edges of the wound were brought accurately together by passing the pins or sutures through them; for if any of the surface of the wound were unclosed internally, the pus secreted would pass into the peritoneal cavity. He thought also that the danger of collapse would be lessened by avoiding traction on the uterus; in cases of short peduncle cutting away a portion of the cyst so as to lengthen the peduncle, or even leaving the stump within the abdomen, rather than exert much traction on the uterus. He also thought it would be better to give morphia in the liquid than in the solid form, the surgeon then being less dependent on the accuracy of the druggist; and in cases of peritonitis with serous effusion, he would open the wound to permit of the escape of serum; as, if absorbed, it might poison the patient as readily as it would the surgeon who was inoculated with it, or the woman attended in labour by the surgeon who made the autopsy. The author then made some remarks on the means of diminishing the mortality after the operation. 1. By the selection of proper cases only for operation. 2. By the determination of the stage of the disease in which the operation is most likely to prove successful. 3. By careful preparations to avoid all unnecessary sources of danger. 4. By the use of anæsthetics to lessen the risk of shock. 5. By various precautions in the performance of the operation; and 6. By careful after-treatment. A number of remarks on matters of practical detail were made under each of these heads; and the author, before concluding, replied to the objections of those who consider ovariotomy to be an operation so dangerous to life that it never ought to be performed under any circumstances. He urged that lithotomy in the adult and ovariotomy are operations singularly analogous. The stone in the one case, the tumour in the other, may go on for years without causing death; but, setting aside rare exceptions, the existence is miserable and the end painful in both. If the stone or tumour be removed, a perfect cure may be obtained, or death hastened; and it was proved that the mortality after ovariotomy at all ages, and after lithotomy at ages after fourteen, are about the same. After showing that palliative treatment and tapping are of little avail, and that injection of iodine can only do good in the rare cases of unilocular cyst (its effects even then being uncertain, sometimes fatal), the author quoted an eloquent passage from Dr. West's Lectures, to prove that in most of the cases in which the disease is left to its natural termination, a life of hopeless suffering is ended by a miserable death. He then concluded by stating that some months ago he stood at one of these death-beds in consultation with one of our highest authorities on ovarian disease. This gentleman was half convinced by the arguments urged in favour of an operation; but he felt the responsibility deeply, and said, "How dare I advise an operation we both know to be so dangerous?" The author replied, "How dare you leave this poor woman to die without an effort to save her?" And after observing that these are the anxious doubts and grave responsibilities ever recurring in the life of practitioners of Medicine and Surgery, he expressed his earnest hope that, by bringing this subject forward for discussion at the Royal Medical and Chirurgical Society, something might be done to solve the doubts and lighten the responsibility of those who seek for the "influence of authority in matters of opinion."

Mr. I. B. Brown (a visitor,) said there were some points omitted from the paper which might have been inserted, as relating to the safety of the patient after the operation. The author had not laid sufficient stress upon one of the greatest improvements yet brought forward—that of Mr. Hutchinson in the use of the clamp. The use of a clamp was not merely to secure the pedicle and obviate the necessity of tying bleeding vessels, but it had a far greater practical import. By taking the precaution of passing the first suture close to the clamp, round the pedicle, so as to exclude the atmosphere, one of the most frequent causes of death would be avoided; namely, the admission of air within the peritoneum. The best sutures were silver-wire; all iron-wires, where there was any degree of tension, produced a certain amount of ulceration. He did not think the sutures should be passed through the peritoneum. In experimenting upon the lower animals he had found that the influence of metallic wires upon the peritoneum produced death in a few days. The sutures should be placed close to the peritoneum so as to catch the aponeurosis of the muscle, and bring the integuments together, but without piercing the peritoneum; just as in the operation for hare-lip, care was taken not to pass the needle through the mucous membrane of the lip, but just above it. The thanks of the Profession ought to be given to Mr. Hutchinson for his improvement in the clamp, and also to Mr. Duffin, who first suggested the propriety of keeping the pedicle without the walls of the abdomen. More stress, he thought, should be laid upon the importance of giving opium before the operation, and ice for several hours previously, for the purpose of preventing sickness, which was so detrimental to the patient. In one of the cases mentioned in the paper he did not think that the patient died from the effects of the opium administered after the operation, but either from a clot within the heart, or from the shock of the operation upon a low, nervous system. If there was any inclination to be sick from the opium, it should be given, as recommended in the paper, as a suppository; but his experience was that sickness would not follow the administration of a piece of solid, crude opium, in the form of a pill, before and after the operation, though the stomach would rebel if opium in a liquid form were employed. He laid great stress upon the preparation of the room and keeping up the temperature to 70 degrees during the whole process, including the after treatment. With regard to the case in which a large vein was opened in separating the adhesions, he was at a loss to understand how such a circumstance could have happened, and believed it to be an exceedingly rare occurrence. Allusion had been made to large adhesions running towards the liver and gall bladder. They were very deceptive, and he had one patient who died from that cause. At the post-mortem examination it was found that the adhesion, which ran from the liver to the upper part of the cyst, contained two large blood-vessels, from the division of which the patient bled to death. He agreed with the author in the belief that bands of adhesion should be torn, and never cut. No amount of adhesion should be considered as an obstacle to the operation, or as necessarily interfering with success. As in the case of herniotomy (which was formerly delayed to the last) the operation of ovariotomy should be performed promptly, as soon as the character of the disease had been ascertained, and common remedies had failed to effect a cure.

Mr. Hutchinson exhibited a very large trocar and a screw whipcord noose for use instead of the clamp in cases of short peduncle, and remarked that the clamp used by Mr. Wells was not that used by kimself.

Mr. Spencer Wells, in reply said that the only remarks he felt called upon to notice were those of Mr. Hutchinson upon the clamp employed in two of the cases—an instrument he (Mr. Wells) believed was inferior to that originally devised by Mr. Hutchinson.

The Society then adjourned.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, Feb. 2, 1859.

Dr. Rigby, President, in the Chair.

(Concluded from p. 174.)

Dr. Rigby congratulated the Society on the circumstance that, at its first meeting, a paper of so much interest and importance had been submitted for their consideration. The views propounded by Dr. Tyler Smith were deserving of the

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earnest consideration of all obstetricians. He alluded briefly to the statistics of the Dublin Lying-in Hospital, as showing that the mortality to the mother from craniotomy was much greater than when the forceps was employed. He agreed with the author of the paper in his opinion that the point insisted on by some authorities, of reaching the ear, in order to ascertain the position of the head, in forceps cases, was absurd. To bore the finger up to the ear before applying the forceps was a barbarous practice. The position could be easily ascertained in other ways. He should not like to see the use of the forceps pushed to the extreme advocated by Osiander, a learned but obstinate man, who used forceps with long handles and extra hooks, to enable more than one person to assist in the efforts to extract the child, and who did not publish the results of his cases. The forceps might be used, however, more extensively than was the case at present in this country. In vaginal contractions, producing impediment to delivered, craniotomy was to be condemned, as the author had very properly remarked.

Dr. GRANVILLE would remind the author of the paper that the statistics brought forward by him referred chiefly to the results of public practice, and he did not think craniotomy was an operation which was had recourse to with such frequency in private practice. He had not performed craniotomy more than a few times, and these were cases of distortion, in which the difficulty only presented itself at the last moment, and when consequently craniotomy was the only resource. The forceps of Asellini was, in his opinion, the best form of the instrument, and he believed that the comparatively infrequent use of the forceps in this country depended on our not having adopted the best form of that instrument.

Dr. MURPHY said, the paper which was before the Society was altogether so new, and contained material which was of so much importance, that the casual objections, which were all that could be made by him, were not likely to be of much weight. Agreeing with much that was brought forward by the author of the paper, he differed from him in several important points. There were, in his opinion, cases in which neither turning nor the use of the forceps could be had recourse to, craniotomy being in fact the only resource. Upon the Dublin Lying-in Hospital statistics, referred to by the author, he would make one remark. In that hospital, cases in which the pelvis was deep, conical, and masculine, and in which the head was firmly ossified, were very common, and this gave rise to the apparent frequent necessity for craniotomy. Such cases did not present themselves elsewhere, and he did not think the Dublin professors were then to perform such an operation unnecessarily. He agreed with the author that it was not necessary to feel the ear in order to apply the forceps.

Dr. WALLER would ask, is turning to be regarded as a substitute for craniotomy? Is it a fact that the head passes more easily through the pelvis when extracted last? He could not conceive that the dragging the head through a distorted pelvis would be favourable to the life of the child. He had known cases in which the head had been torn off in so doing.

Dr. ROGERS considered that the tendency of the paper would be to increase the use of the forceps to a mischievous extent.

Dr. TYLER SMITH, in reply, observed that in the cases of abnormal pelvis, which Dr. Murphy had described as being so frequent in the practice of the Dublin Lying-in Hospital, the proper treatment would be the induction of premature labour, and not craniotomy. The child might thus be saved in the majority of such cases, and the mother delivered from the danger of craniotomy. As regards the observations of Dr. Waller, he had no doubt whatever of the superiority of turning to craniotomy in all cases of moderate deformity. He referred to cases which he had treated with Fellows of the Society in support of this view. No doubt the alternative methods he had recommended, as sufficient to supersede craniotomy, would require increased care and forethought on the part of accoucheurs, but not more, he believed, than could reasonably be given. He felt that the subject was too large for discussion and settlement at a single meeting of the Society; but the questions raised in the paper would go forth to the Profession, and receive their due share of attention.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on the 10th instant, viz.:—

BATES, WILLIAM, Manchester.
BROWNING, CHARLES, Dorset-place, Regent's-park.
DU PAQUIER, CLAUDIUS FRANCIS, Pall-mall.
EBSWORTH, ALFRED, Trinity-street.
GAUSSEN, JOHN LAIRD, Royal Antrim Rifles.
JONES, JOHN DALSTON, Dalston.
KEDDELL, JOHN STAPLES, Sheerness.
MAPLETON, HENRY, Army Medical Department.
PAUL, JOHN HAYBALL, Camberwell.
ROBINSON, JOHN FREDERIC, Limehouse.
SHARP, HENRY LOCKER, Great Cumberland-street.
STEEL, CHARLES DEANE, Royal Marines.
STEVENS, JAMES, Bloomsbury-square.
WARWICK, RICHARD, Richmond.
WARD, JOHN, R.N. Sheerness.

The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 11th instant, viz:—

BARRATT, OGLETHORPE WAKELIN, Birmingham.
BRAMAH, THOMAS JOSEPH, London.
BINNS, HENRY WELDON, Covington, Kimbolton, Hants.
COWARD, WILLIAM; South Shields.
CHENHALLS, WILLIAM, Land's-end, Cornwall.
MALTBY, JOHN WESTBROOK, Durham.
MARTYN, RICHARD WESTCOTT, Martock, Somerset.
MAYOR, THOMAS ORLANDO, Bristol.
POWELL, ALFRED JOHN, Southwark.
RAMSDEN, WALTER HENRY, Royston, near Oldham.
STRONG, SEPTIMUS, Upper Tooting.
THOMAS, FREDERICK GEORGE, Philadelphia.
THORNHILL, JOHN, Gateshead.
WATTS, JOHN, Haverfordwest.

The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board on the 9th inst., viz.:—

BENSLEY, EDWIN CLEMENT, Calcutta.
BILDERBECK, JOHN, Madras.
GUTTERIDGE, EDWIN PARKES, Brighton.
GWYNNE, THOMAS, Brecon, South Wales.
HORTON, HENRY, Wednesbury, Staffordshire.
INCE, EUGENE LEYS, Wilton-street, Belgravia.
JONES, GEORGE, Newhall-street, Birmingham.
JONES, THOMAS, Colt-street, Limehouse.
LEACH, JAMES, Shaw, near Oldham.
SUTTON, WILLIAM, Smethwick, near Birmingham.
WATSON, JOHN, Southampton-street, Bloomsbury.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine and received certificates to practise, February 10, 1859:—

COLLINS, EDWIN STEPHENS, Stalbridge, Dorset.
COPESTAKE, WALTER, Kirk Langley, Derby.
DANDY, THOMAS, Rufford.
HILDITCH, JOHN, Sandbach.
OWEN, OWEN, Leamington.
PEARCE, CHARLES WORTHAM, Peterborough.

The following gentleman also on the same day passed his first examination:—

HARRISON, REGINALD, Stafford.

DEATHS.

ALLEN.—On the 23rd December last, in India, Paterson Allen, Surgeon F. Troop Horse Artillery (son of the late Dr. Allen, of High Beech), aged 30.

WOLSELEY.—On the 13th inst. at Edinburgh, William Augustus Wolseley, M.D. late Staff-Surgeon of the Turkish Contingent.

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THE BENNETT-COLSTON-WATTERS-SKINNER-NICHOLLS-BRANDON GANG OF ADVERTISING AURISTS.—We gave last week a report of some proceedings in the Westminster County Court, promoted by the London Medical Registration Association. The *Weekly Dispatch* of last week contains the following statement that "The persons fleecing the public under the names of 'Dr. Watters,' 'Surgeon Colston,' 'House-Surgeon, 32, Spring-gardens,' 'Surgeon Skinner,' 'Dr. Brandon,' 'Dr. Nicholls,' 'Dr. Luders,' and other *aliases*, are no other than the three brothers Bennett, whose nefarious practices we long since exposed. Verily, quacks are harder to kill than cats! Ninety-and-nine lives must they possess. Ten years ago the Bennetts set up in Stamford-street as aurists; but were soon compelled by repeated exposures to quit that locality. Liverpool, Edinburgh, Bristol, and many other large towns in turn received them, and in due course became too hot to hold them. Afterwards J. G. Bennett (the individual now in durance vile on a charge of perjury) appeared in the neighbourhood of Portland-place as 'Dr. Brown;' and shortly afterwards as an assistant to a Mr. Hoghton, of Suffolk-street, Pall-mall, once a member of the College of Surgeons; but whose name, we are given to understand, no longer appears on the books of the College. His next appearance was as Dr. Singleton and Dr. Luders, of Craven-street, Strand. About two years since one of the brothers, W. A. Bennett, started in Leicester-place, Leicester-square, as 'Surgeon Colston,' having, it is asserted, hired the diploma of an actual practitioner of that name, and by that means evaded detection for some time. We have been asked a thousand times whether the 'Surgeon' was properly qualified; and, finding the name in the list, have been compelled, though suspicious of some trickery, to content ourselves with a general caution. Meanwhile the other brother, James, obtained possesion of a respectable-looking house in Spring-gardens, announced himself as 'Dr. Watters, of the Free British and Foreign Ear Infirmary,' ready to cure deafness by the Chinese method, just as his brother professed a Turkish method. Of course, those specialities of disease, from which the quack reaps his richest harvest, were not overlooked, and the obscure corners of the London and provincial newspapers were crowded with advertisements emanating from Spring gardens and Leicester-place; and doubtless, the guineas flowed freely into the pockets of the disreputable swindlers. In due time, Surgeon Colston, finding, we presume, that certain of his dupes, whom he had fleeced of five guineas for a consultation fee and five guineas more for a 'curative instrument,' pressed him inconveniently, disappeared from Leicester-place and joined his brother in Spring-gardens. It so happened, however, that the love of being cheated is inherent in some people. No sooner were they convinced that Colston was a quack than they determined to try Watters; and a dilemma might have arisen had not a little ingenuity been exercised. A small looking-glass was fixed by which a person in-doors could see who was at the street-door. If it proved to be one of 'Colston's' victims, then J. G. Bennett appeared as Dr. Watters; if some person whom J. G. had already practised on, then the irate 'patient' was confronted by W. A. in the character of 'Surgeon Skinner,' acting for Dr. Watters, who was 'out of town.' To keep up the game, however, it was necessary to advertise; and as newspaper proprietors not unnaturally require to be paid for such announcements, or at least to receive them through a regular agent, a third brother adopted the latter character, issued bill-heads and circulars with the name of 'D. Brandon, advertising agent,' neatly printed therein, and forwarded the advertisements to the various journals. Being gifted, however, with the family instinct, he also dubbed himself a Doctor; and having previously attempted to carry on the business at Leicester-place as Dr. Nicholls, started on his own account at his advertising office, as Dr. Brandon. And so the game went on merrily enough at Spring-gardens, the schemers selling apparatuses to cure deafness, at prices varying from ten shillings to ten guineas, according to the greenness or wealth of the victims: and vending pills (innoxious enough, certainly, being composed of new bread and plums, dusted over with flour) for the cure of nervousness. We rejoice to say that one of the scoundrels is in a fair way of meeting his deserts; and we should be happy to know that the others, as well as the surgeons who have lent them diplomas, were in the same position."

THE FATE OF ERVALENTA AND REVALENTA IN FRANCE.—Two persons named Troistorff and Klung, representatives of the "house" of Barry and Co., London, and Miss Clara Warton, were recently summoned before the Paris Correctional Police, for selling the so-called ervalenta, revalesciere, or revalenta, at high prices, under pretence of its being an expensive substance, capable of curing many ailments. By the report of M. Payen these precious commodities were pronounced to be mere bean and haricot flour, sold at about fifteen times its value. The court prohibited such sale for the future, as also the issue of prospectuses and advertisements; and for the deceit practised condemned Troistorff and Klung to a fine of 50 francs and three months' imprisonment, and Miss Warton to the same fine and one month's imprisonment.

FRACTURE OF THE LOWER JAW produced by a feminine Dentist must be a rare case. M. Forget, however, relates one. A lady suffering sadly from a carious wisdom tooth, and objecting to the services of a skilful Dentist, places herself in the hands of a female drawer of teeth. This operator, while using immense efforts, heard something crack; and then her patient fainted away. Hereupon she sent her away to her home as soon as possible; and in about eight days more, when the poor lady had suffered all kinds of tortures from the fractured jaw and unremoved tooth, M. Forget was sent for, who discovered a fractured jaw and abscesses, etc. etc.—*Gaz. des Hôp.*

INDIAN DOCTORS.—The Doctors in India are of a class inferior to the Brahmins; and it is a mistake to suppose the Brahmins are also Physicians. These priests only interfere in the treatment of diseases as necromancers. Medicine, in fact, does not occupy a high grade among the castes; and is regarded as on a level with manual arts. Surgery holds a still lower position, and is practised only by the barbers. This low estate of Surgery is to be attributed to the reprobation pronounced by religion against the effusion of blood. Surgical instruments are rude and simple; the razor is the ordinary weapon of the Indian Surgeon.

VITAL STATISTICS OF LONDON.

Week ending Saturday, February 12, 1859.

BIRTHS.

Births of Boys, 898; Girls, 856; Total, 1754.
Average of 10 corresponding weeks, 1849-58, 1713.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	631	643	1274
Average of the ten years 1849-58	587·9	592·2	1180·1
Average corrected to increased population	..	..	1298
Deaths of people above 90	..	.	7
Deaths in 15 General Hospitals	41	27	68

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	2	..	10	8	2	4
North....	490,396	2	8	19	11	1	6
Central ..	393,256	10	6	9	24	3	6
East	485,522	14	10	14	6	3	15
South....	616,685	1	3	18	18	9	15
Total..	2,362,286	29	27	70	67	18	46

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·353 in.
Mean temperature	42·4
Highest point of thermometer	52·2
Lowest point of thermometer	20·8
Mean dew-point temperature	38·8
General direction of wind	S.W.
Whole amount of rain in the week	0·48 in.
Amount of horizontal movement of air in the week ...	750 miles

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TO CORRESPONDENTS.

Fides.—Next week.

Mr. Irving's letter arrived too late for notice this week.

L. S. A.—To the Registrar, Dr. Hawkins, 32, Soho-square.

A.S.C.—1. Not legally. 2. The Poor Law Board say No.

Student.—Dr. Snow had a small inhaler expressly made for infants.

A Subscriber will see some remarks on Medical Titles and the Doctorate by Courtesy in our leading columns.

S.B. can recover reasonable charges in such a case; and the charge he has made appears to us, and probably would to a jury, to be a very reasonable one.

A Friend, Newcastle.—The pretended commendation of the work on "Nervous Debility" is an impudent forgery. It has been referred to our solicitor.

We have received a number of letters in reference to a gentleman who is said to have obtained the Diploma of the Royal College of Surgeons in May of last year, without having undergone the necessary preliminary education; but the evidence in its present state is too contradictory to enable us to form an accurate judgment on the points at issue.

A.Z. Birmingham.—I am obliged to F.R.C.P. for his suggestion of the use of Phosphate of Ammonia, in the case of impotence. It shall be tried, and results reported. B.Y. is mistaken in his view of the case. Masturbation has never been practised, for the venereal appetite has from boyhood up been barely in existence. The case seems to be depending entirely upon want of stimulus to seminal secretion. The testes are natural in size, the penis moderately developed, but flaccid. With this local state of want of procreative powers, the general health and muscularity are very good. Any further suggestions from correspondents shall receive attention, and results be stated. *A. Z.*

Purchased Diplomas.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—To my great surprise I see that there are gentlemen advocating the registration of purchased Diplomas. To countenance such a proceeding would be in my opinion, and I think I may say in all those gentlemen that have legally obtained their diplomas, a most flagrant and gross injustice and insult to the whole body of the Medical Profession. I trust that you will not let this pass over without using your influence upon so important and serious an occasion. I am, &c. William Gray.

Lowestoft, Feb. 14, 1859.

Foreign Graduates.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your issue of last Saturday I perceive that the Medical Council have deferred registering the Diplomas of foreign Graduates, in order that the Registrar may ascertain that the persons so applying have obtained the same after regular examination. Now, Sir, this caution may be commendable in certain cases; but, as regards those gentlemen who have complied with the very letter of the Act, and sent, together with their Diplomas, documentary evidence from the deans or other officers of the several schools at which they were taken, that these were obtained after regular examination, surely no delay should take place in their registration. I sent in my British and foreign qualifications six weeks ago, and am as yet without a treasurer's receipt. The validity of my Foreign Diploma was duly attested by the Dean of the Medical Faculty of the University at which I graduated, after residence and examination. Whence, therefore, the necessity in my case for this vexatious delay?

Feb. 10, 1859. I am, &c. A Foreign Graduate.

Treatment of Tapeworm.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I beg to send you the particulars of a case of Tænia, cured by the Pulvis Kameela. The action of the drug was so satisfactory, that I think the cases of failure that have been published in the *Medical Times and Gazette* were caused more by the Kameela not having been given in doses repeated at short intervals of three or four hours.

Mrs. P. aged 50 years, states that she has been troubled with tapeworm for three years. She once took two doses of turpentine and castor oil without effect. I thought it a good case for trying the Kameela, first clearing her bowels by a brisk purgative. I gave her three doses of a drachm each every four hours; it purged her very much, and the next day she brought away a Tænia dead, 21 feet in length, with its head. This patient has suffered from headache during the time she was troubled with the worm. She has also a bald patch on her head as large as the top of a tea cup. A similar case was published a short time ago in the *Medical Times and Gazette*, which called my attention to it.

I am, &c. G. Hosher.

Brugess Hill, Feb. 10, 1859.

Abolition of Craniotomy.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The abolition of Craniotomy in the "case of the living and viable fœtus," formed the subject of the first paper of any importance read to the Obstetrical Society of London. The learned author expressed his conviction that as a rule of practice craniotomy, in the case of the living and viable fœtus, should be abolished, by turning, induction of premature labour, forceps, etc.; and professed himself to be a supporter to some extent of the treatment lately recommended in natural labour by Mr. Figg, a pupil and protegé of Dr. Simpson.

I have had some experience in the practice of midwifery, having performed most of the difficult operations many times, and that of craniotomy upwards of one hundred times; and few of the women thus delivered did not recover where the delivery had not been too long delayed.

It appears to me that it would be most desirable to have the operation of craniotomy utterly abolished from obstetrical practice; and I think the author of the paper would best accomplish his object by first abolishing all the varieties of distortion of the pelvis, ovarian and uterine tumours, cicatrices of the vagina, cancer, etc. If this could be done the practice of midwifery would become a very plain sailing business indeed, and the Obstetric Society's labours would be prodigiously lightened, if not entirely cut short. I am, &c. J. Turner, M.D.

February 15, 1859.

Voltaic Narcotism.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I shall be exceedingly glad if I am the first in print to congratulate Dr. Richardson upon his most ingenious method of producing local anæsthesia by "voltaic narcotism." At the same time I do not think he has acted quite fairly by me.

Some six months ago, at the time when the interrupted current was vaunted in the *Times* newspaper as an anæsthetic in dentistry, Dr. Richardson very properly wrote to the *Medical Times*, stating that, from numerous experiments he had made, he was persuaded that the interrupted current was not an anæsthetic. The week following I stated in the *Medical Times* that the interrupted current was decidedly not an anæsthetic, but that the continuous was—and I begged Dr. Richardson to try it. Since that time I have been engaged with Dr. Richardson, at the College of Dentists, in investigating the properties of the various galvanic currents in dentistry. At one of our meetings I produced slight numbness in the finger of the President, Mr. Matthews; I also operated upon Dr. Richardson himself; but, owing to reasons noted in the minutes of our proceedings, without success. Having since then been engaged in the further study of this interesting question, I was prepared at our next meeting, on Friday the 18th, to demonstrate the results of my experiments. I have, however, been forestalled by Dr. Richardson, and without acknowledgment by him.

I therefore feel that Dr. Richardson has not acted quite fairly by me; for I considered that being engaged with him upon the electrical committee of the College of Dentists, we were in honour bound to reserve the results of our labours for our report.

Dr. Richardson has not only made use of the current I recommend, but the very apparatus for its generation, namely, the Pulvermacher chain battery. I am, &c. Harry W. Lobb.

Gloucester-terrace, February 14, 1859.

COMMUNICATIONS have been received from—
Professor Simpson; Dr. Conolly; Dr. McWilliam; Registrar-General; Mr. Radcliffe; Mr. Griffin; Dr. R. Fowler; Mr. Hosher; Mr. Comins; Mr. Clowes; Mr. Milner; Mr. Hughes; Mr. Vincent; Dr. Rooke; An Old Subscriber; Dr. Robinson; Mr. McDermott; Mr. Irving; Registrar General, Edinburgh; Messrs. Savory and Moore. Dr. S. Smith, New York.

APPOINTMENTS FOR THE WEEK.

February 19. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's 2 p.m.; Charing-Cross, 1 p.m.

Royal Institution, 3 p.m. Dr. W. A. Miller "On Organic Chemistry."

21. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8 p.m. Mr. J. L. Milton "On the Way in which Syphilis acts, and the Nature of the Virus."

22. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Medical and Chirurgical Society, 7½ p.m. Mr. Thomas Bryant "On the Causes of Death after Amputation." Dr. Edward Smith "On the Cyclical Changes in the Human System connected with Season."

Royal Institution, 3 p.m. Professor Owen "On Fossil Mammals."

23. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

Geological Society, 8 p.m.

24. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

King's College Medical Society. Dr. Anstie "On Chloroform."

Royal Institution, 3 p.m. Professor Tyndall "On the Force of Gravity."

Royal Society, 8½ p.m.

25. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m.

Royal Institution, 8½ p.m. Professor Faraday "On Schönbein's Opposite Oxygens."

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HORSE CHESTNUTS)—the new French Remedy for Gout, Rheumatism, &c.—is receiving the general assent of the Profession as an external application. T. and E. ANDERSON beg respectfully to caution the Faculty against imitations, and would ask them to see it bears their name.

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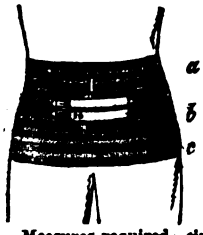

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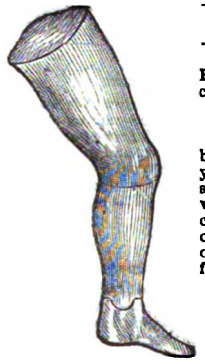

J. PRATT begs to call the attention of the Profession to the following Testimonial, just received:—

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I am, dear Sir, yours very truly,
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To Mr. J. Pratt,
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IODIDE OF IRON,

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"Of all the modes hitherto proposed of administering iodide of iron in the pure state, I think Mr. Blancard's the best."—Chemistry applied to Therapeutics, by M. Mialhe, Deputy-Professor to the Faculty of Medicine of Paris, Pharmacien to the Emperor, 1856, p. 319.

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N.B.—Impure or altered Iodide of Iron is an unsafe remedy, and may even prove dangerous. Only such bottles as bear an electro-plated seal fixed to the lower part of the cork, and the signature of the inventor placed on a green label, are to be considered as prepared by Mr. Blancard. The public should beware of spurious imitations.

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(a) Bulletin de l'Académie de Med. 1850, page 1015; Gazette Médicale Aug. 17, 1850; Union Médicale, Aug. 15 and 22, 1850; Gazette des Hôpitaux, March 15, 1853, and June 10, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31, 1855; Revue de Thérapeutique Médico-Chirurgicale, Feb. 15, 1855; Abeille Médicale, Revue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 190; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Brichoteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine, &c. &c.

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ORIGINAL LECTURES.

LECTURES
ON THE DEVELOPMENT OF THE GRAVID UTERUS,

DELIVERED AT THE

Grosvenor-Place School of Medicine,

By WILLIAM O. PRIESTLEY, M.D.

Fellow of the Royal College of Physicians, Edinburgh; one of the Lecturers on Midwifery at the School; Physician to the Samaritan Hospital; Physician-Accoucheur to the Marylebone Infirmary, etc. etc.

LECTURE VI.

THE *Umbilical Cord* or *Funis*, which may be regarded as an appendage of the placenta, is the means of connexion between that organ and the fœtus. As its name expresses, it is a cord-like process attached by one end to the navel of the embryo, and by the other to the after-birth. Generally it is united to the centre of the placenta, like the stem of an umbrella, but frequent deviations from this arrangement are noticed; the most common being that in which the cord is joined to the edge of that organ, and which I have before described as the battledore placenta. The length of the cord at the termination of gestation varies considerably; Dr. Churchill, who has written an excellent monograph on the umbilical cord, states that it averages from 18 to 24 inches. It has been known, however, to measure from 50 to 60 inches; and in Gardien's "Traité des Accouchements," it is mentioned that a M. Morlanne met with a case in which it reached the extraordinary length of 5 feet. On the other hand, it is occasionally preternaturally short, and has then been supposed by some obstetricians to be one of the causes of protracted labour, acting in direct opposition to the uterine expulsive efforts, and tying up, as it were, the fœtus to the fundus uteri, or wherever else the placenta may be situated. Mauriceau, Bandelocque, and others, have observed it six inches long, and Guillemeau under three inches.

No distinct funis exists during the first two or three weeks of embryonic life, the young fœtus lying close to the inner surface of the chorion. At the beginning of the second month, however, it appears as a very slender short cord, passing between the membranes and fœtus, and is then composed of a number of distinct parts. These consist, 1. of a double sheath, derived respectively from the chorion and amnion, each of the membranes affording a covering to the cord; this sheath envelopes all the following structures:—2. The vitellary duct or pedicle of the umbilical vesicle, which communicates at its fœtal end with the intestine of the embryo. 3. The omphalo-mesenteric vessels ramifying upon the vitellary duct. 4. The obliterated canal of the allantoid vesicle, which afterwards takes the name of "Urachus." 5. Two umbilical arteries, and two umbilical veins, which accompany the allantois to the chorion. 6. Large oval transparent cells, surrounding the umbilical vessels, and containing a viscid matter, known as the gelatin of Wharton.

Shortly after this period obliteration of the umbilical vesicle and its duct begins to take place, and progresses from the chorial extremity of the cord towards the abdomen of the fœtus; consentaneously with this the omphalo-mesenteric vessels become effaced, their function ceasing with that of the vesicle. As the vitellary duct is continuous at an early period with the intestine of the embryo, and indeed seems but a diverticulum of that canal, it is readily understood that a portion of the intestine forms then one of the constituents of the cord, and may be enumerated as the 7th element in its composition. With the progressive obliteration of the vitellary duct, however, the portion of intestine contained in the cord is more and more circumscribed, and at last shut entirely within the abdominal cavity of the embryo. Instances occasionally occur in which this closure at the umbilicus is imperfect; and in these cases we have a knuckle of intestine protruding through the ring, and constituting a congenital umbilical hernia,—the condition being simply a permanence of a previously existing stage of embryonic development. The umbilical vein which at an early period accompanies the right umbilical artery soon disappears, and although we have two umbilical arteries permanently in the cord, there is only one umbilical vein. The constituents of the funis in the later months thus become normally reduced to—1. Two umbilical arteries; 2. One umbilical vein; 3. Surrounding cellular tissue containing the gelatin of Wharton; 4. A double covering derived from both chorion and amnion,—the sheath afforded by the latter membrane being most external, and being continuous with the epidermis of the embryo at the umbilicus.

The vessels of the cord are originally straight; but as gestation advances they assume the spiral form, passing in the proportion of nine cases out of ten from left to right as they emerge from the umbilicus. The arteries are much longer than the vein, and wind round the latter in serpentine coils; on the other hand, the vein has a much wider calibre than either of the arteries, and its walls may be said to have undergone development in a lateral direction, while those of the arteries have become more and more elongated. The vein is not provided with valves, but its tortuous course, and the frequent presence along its canal of dilatations, resembling pouches or diverticula, answers in some measure the same purpose, and must moderate the flow of blood back from the placenta towards the right side of the fœtal heart. I do not propose here to enter into the anatomy and physiology of the fœtal circulation; it is sufficient in connexion with this subject to inform you, that every time the fœtal heart contracts, a portion of the blood contained in the aorta is projected into the umbilical arteries, passes then into the fœtal portion of the placenta, and returns purified, and charged with nutrient and respiratory matters for the purposes of the embryo by the umbilical vein. The latter vessel thus fulfils a function analogous to that of the pulmonary veins, which return the blood purified by aeration to the left side of the heart after birth. These, so far as we know, are the only instances in the body in which veins are made to contain a purer blood than the arteries corresponding with them in distribution—the converse being the general rule.

The arteries of the cord pulsate, therefore, if the cord be not divided, in unison with the fœtal heart; and this may be observed sometimes to continue fifteen or twenty minutes after birth; but the impulse ceases spontaneously after that time, the blood having betaken itself to other channels. From the evidence of several observers it seems pretty certain that the coats of the umbilical arteries possess a vital contractility of their own, independent of the fœtal heart. Osiander and Naegele saw the cord pulsate after the heart had ceased to beat; and Dr. Simpson has shown that by pinching or otherwise irritating the vessels, their calibre becomes so contracted as almost entirely to close the tube. The reason why these arteries, in the later months of pregnancy, have a spiral arrangement in the cord, and why they wind almost constantly from left to right is not yet very clearly ascertained. M. Velpeau accounts for it by supposing that the embryo turns round an imaginary axis in the amniotic cavity, and so twists them as to give a permanent spiral direction. Van der Kolk, on the other hand, believes this peculiarity to depend on a cause totally different. In the essay previously alluded to, he enunciates the hypothesis, that the spiral arrangement occurs from the resistance which the blood encounters when projected into the umbilical arteries, by which the side of the pelvis of the fœtus is made sensibly to recoil with each pulsation, and a movement of rotation is thus produced in the body of the embryo, by which the vessels become twisted into the form usually observed.

The coats of the arteries are much stronger than those of the veins, and when the cord is divided the arteries may be distinguished in the section by their greater thickness and contracted but yet patent orifices; the vein from its thinner walls, and less elastic structure, collapsing at once when emptied of its contents. You may observe what are called false knots frequently in the course of the arteries; these are simple loops or knuckles of the vessel, arising from the unequal and rapid development in its longitudinal axis. They are said to be more frequent in primiparæ, and midwives in Germany profess to calculate the future fecundity of a mother from the number of these loops. In addition to the false knots, it is not uncommon to meet with true knots on the funis. Bandelocque has figured several varieties, beginning with the simple knot, and increasing in complexity until the cord appears woven into a network. Probably many of these knots are formed early in pregnancy, when the fœtus is

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small, and the liquor amnii is large in proportionate quantity. A true knot may no doubt be formed late in gestation, or even during labour, if the cord be inordinately long, and the fœtus passes through a coil of it. The distinction pointed out between those formed early in pregnancy and those formed later or during labour is, that when untied the latter have no tendency to re-coil themselves into the knotted position, while in the former it is impossible, without tearing, to make the cord keep a straight form. M. Bandelocque asserts that in no instance have these knots been known so to interfere with the placental circulation as to cause death of the child, although an opposite opinion has been held by some authorities.

When the cord attains any considerable length, it is generally coiled once or twice round some portion of the body of the child, and thus provision is made against prolapse—a very fatal complication to the child during labour—in those very instances where we may readily conclude there is the greatest proclivity to it. Dr. Churchill states that this coiling of the funis occurs as often as once in every nine labours. In future practice you will frequently find it tightly encircling the neck of the child, when the head has emerged from the vulva of the mother, and it needs then to be slipped over the head or body of the child; for, although in all probability original shortness of the cord, or shortness produced by its being wrapped round the body of the child, have not the slightest influence in obstructing labour in the previous stages, yet when the head has emerged from the external parts, it may possibly hinder the completion of labour; may be torn and separated from the placenta, if we endeavour forcibly to extricate the child; or, lastly, when coiled tightly round the child's neck, it may so compress its trachea as to interfere with the first inspirations, and threaten death from asphyxia. In Dr. Montgomery's "Signs of Pregnancy," and in Dr. Simpson's works, may be found records of instances in which the cord was wrapped so tightly round the limbs of the fœtus as to lead to indentation, to atrophy, and it is supposed even to amputation *in utero*. Such cases are, however, extremely rare, and rank among the curiosities of Obstetric Science.

The thickness of the cord in the later months depends upon the quantity of albuminous material surrounding the vessels, which is called the "gelatin of Wharton." It consists of a viscid fluid contained in delicate meshes, and has been described as bearing a resemblance to the vitreous humor of the eye; the meshes are probably formed by the enlargement and coalescence of the oval cells which surround the vessels at an earlier period. Nerves have not been demonstrated anatomically, but their presence in the cord is inferred from several circumstances connected with its physiology and pathology. The irritability of the coats of the vessels, the alleged independent pulsations of the arteries, and moreover the growth and nutrition continuously going on, which in every other part of the body is intimately associated with nervous influence—all point to the same conclusion. The existence of lymphatics, although doubted by Hunter, seems to be proved by the experiments of Fohmann in Germany, and by those of Dr. Montgomery, in Dublin. The last author succeeding in injecting a fine network of them, and remarked that they follow for the most part the course of the umbilical arteries.

Anomalies in the structure and appearance of the funis occur chiefly from early division of the vessels; from persistence of earlier stages of development; from accident or disease. Instead of continuing undivided throughout the cord, the branching of the arteries has been known to take place near the body of the fœtus—the divisions entering the membranes at a point distant from the placenta, and running on beneath the amnion until they reached the substance of the after-birth. The vessels of the cord have been found separated from each other, and loosely enveloped in a sheath of the amnion, and lastly, the number of vessels may vary, two umbilical veins being found at the full time, as in the primitive structure of the cord, or one artery only may be present, some accident having obliterated its fellow.

When the uterus contains twins or triplets, there is usually a separate cord for each child, which connects it with its own placental mass. Rarely the two cords have been found united by a vessel passing between them, but generally the circulation of each fœtus is separate and distinct.

Some authors have described cases in which no umbilical cord was present in the gravid uterus at all, the fœtus being directly united to the placenta. It is difficult to conceive how such an anomaly could exist, and M. Velpeau is inclined to doubt the authenticity of the instances adduced; possibly some fallacious anatomical condition of parts may have led to a wrong conclusion in these cases. Examples every now and then occur of morbid adhesion of the cord to some part of the body of the fœtus; when this happens it is generally associated with some malformation of the latter, exactly as we saw distortion accompany growth of the placenta, to the body of the fœtus.

Normally, the cord swims about in the liquor amnii in the same manner as does the fœtus, or as we have seen, it may be wrapped round some part of the body of the child, and when labour supervenes, and the membranes are in due course ruptured, the head descends on the os uteri, and plugs the aperture, preventing the escape of a loop of the funis until the head has passed through the maternal passages. In the proportion of about 1 to every 200 labours, however, it is found that from some accident, such as the sudden escape of the waters before the presenting part of the fœtus accurately adapts itself to the genital passages, the cord becomes prolapsed and protrudes into the vagina before the child. In such circumstances the life of the offspring is placed in imminent jeopardy, and it is found that notwithstanding all the appliances which science and art can furnish to combat the effects of the accident, scarcely one half the children are born alive. When the funis thus presents itself, it is liable to become pressed between the advancing body of the child and the canal through which it has to pass, and thus the circulation between the fœtus and placenta is suspended, and speedy death ensues to the child. Many measures have been suggested for replacing the cord in the uterus above the presenting part; some have proposed slowly to return it with the fingers like a hernia, bit by bit, and retain it by a sponge in its replaced position; others have employed various mechanical expedients to effect the same end; and lastly, these means being impracticable, it has been recommended to shield the cord as much as possible from the injurious effects of pressure, by placing it in the opposite pelvic diameter to that in which the head was engaged. I fully believe that the method lately suggested by Dr. Thomas, of the United States, and which has I understand been taught for many years previously in this theatre by my colleague Mr. Bloxam, —that of placing the mother on her elbows and knees, by which the fundus uteri is allowed to gravitate, and so to become the most dependent portion of the organ, will, in many cases, prove to be the best. In this way the knuckle of prolapsed cord will in all likelihood slip back spontaneously into the uterine cavity, or it may possibly be assisted by gentle taxis, which without the advantage of the favourable position might be perfectly useless.

The umbilical vessels sometimes become obstructed from the effects of disease, and any such obstruction of course acts injuriously on the child in proportion to its amount. I have seen one artery so occluded as to be impermeable to injections, without sensibly affecting the welfare of the new being, the entire afferent circulation being carried on by the other pervious artery. If both arteries cease to transmit the blood current the fœtus perishes, and the same will happen if the vein is plugged or obliterated from any cause. The vessels are sometimes torn across both before and during labour; a violent concussion to the mother is said to have ruptured the cord before the supervention of labour, and rapid delivery or some accident may effect this during the process. If the hæmorrhage be considerable you will recollect that the child only suffers from it.

In the management of labour we divide the umbilical cord between two ligatures placed two or three inches distant from the navel. The ligature nearest the fœtus prevents hæmorrhage from the child, but that next the placenta is simply a provision against the possible presence of a second child *in utero*, which would otherwise suffer from loss of blood did any connexion exist between the circulation of the twins. The piece adherent to the umbilicus of the infant gradually shrivels, loses its vitality, and falls off about the fifth or sixth day. The shrinking progresses towards the navel, and when separation has occurred, a red spot, like a round ulcer, is visible; this usually causes no inconvenience, and becomes perfectly healed in a few days, and, indeed the healing process is often nearly completed before the decadence of the cord.

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ORIGINAL COMMUNICATIONS.

NEW TREATMENT OF HYDROCELE.

By JAMES YOUNG, M.D.
Surgeon, Edinburgh.

I am perfectly aware that more than two cases are necessary, ere we can arrive at a just conclusion regarding any new operation in Surgery; but from the cases which have come under my observation, I am of opinion that hydrocele is much more amenable to treatment by the method which I shall describe immediately, than by the ordinary operation of injecting tincture of iodine.

In the first case, we can guard against excessive action by the withdrawal of the seton at any time, according to the susceptibility of the patient; while in the latter, the action consequent on the injection of the iodine, is generally, if not always, very severe; and, indeed, deep suppuration sometimes follows that treatment.

It may be argued that a seton is generally used as a counter-irritant to excite suppuration, but in the treatment of hydrocele the great recommendation of the seton is, that it can be removed before the suppurative stage commences. In addition, the cure is often very tardy; I have seen four and six weeks elapse ere the swelling abated after the injection of iodine; while under the new operation eight days, or less, will suffice for a complete cure; and it is on this ground, principally, that my argument is based in favour of the new method of treatment.

Case I.

About the middle or end of June last, J. L. aged 40, received while in bed a kick upon the testes, from one of his children who was sleeping with him. The blow occasioned no pain at the time, but when he rose in the morning, he felt it somewhat painful, and the left testicle swollen, and during the succeeding eight weeks it continued to enlarge, without being accompanied with any great degree of pain.

About the end of August the patient describes the scrotum as getting "soft and doughy," and increasing gradually in size, until the beginning of October, it measured five or six inches in depth.

On October 1, the patient placed himself under my care, when, after examination, I recommended an operation which was eventually performed on the 26th of that month by the insertion of an iron wire seton.

This new treatment was adopted in consequence of Professor Simpson having become acquainted with the case.

We resolved to give this new method of curing hydrocele a fair trial, and accordingly the operation was performed by passing a large curved needle through the scrotum and tunica vaginalis, for about two inches; five fine iron wires were passed carefully through the eye of the needle, and then it was withdrawn, leaving ten threads as a metallic seton, which were allowed to remain, as in the case of a common seton. The fluid began to flow immediately, and continued to ooze out for some time after, soaking several towels, until the whole escaped. The patient complained of very little pain either during the operation or after it.

On October 27 the inflammation began (a little fluid continued to trickle), and on the 28th the swelling was considerable.

As the action was sufficiently powerful on the 29th, the seton was removed, with little pain to the patient. We observed, on removing the wire, a considerable quantity of lymph on it, the result of the inflammation. The swelling began to fall every day after the removal of the seton, and the patient rose on November 1.

At the present date, February 18, 1859, I may state, that he continues quite well, without the least return of the hydrocele, the scrotum having regained its usual healthy size.

This, so far as I am aware, is the first operation of the kind that has been performed in Edinburgh, and reflects the greatest credit on Professor Simpson, who proposed the operation. The complete success which attended this case, encouraged me to make further inquiries, and I have since operated on two other patients with perfect success; but I will merely mention one more here, as the operation is conducted on the same principles in every case.

Case II.

R. W. aged 17, by trade a blacksmith, states, that about two years ago, he observed his testicle begin to swell, and continue to enlarge from below upwards.

In August, 1858, the scrotum was about the size of two large turkey eggs. At that time he had been treated with blisters, etc. but without any permanent benefit; and at the beginning of this year he was advised to come to Edinburgh, and undergo some operation to obtain relief. I saw him for the first time on January 5, 1859, and proposed this new operation to him.

In this case the patient was not aware of having received any external injury.

On January 6 the operation was performed, along with Professor Simpson, in a similar way as described in the previous case, except that only four wires were used instead of five as before.

The fluid escaped rapidly, and in large quantity. The patient complained of very little pain, either during the operation, or the first twenty-four hours. On January 7, the scrotum was much reduced in size than before the operation, but on the 8th the inflammatory action commenced, and on the 9th the scrotum was considerably larger, and as the patient was complaining of great pain, we thought it advisable to remove the seton, On the 10th and 11th there was a slight discharge of pus from the upper wound, which was treated by the application of a poultice, and the lead and opium lotion. On January 12 the swelling began to fall, and the patient got rapidly well, and was soon able to go home.

ON THE ACTION OF THE ELECTRIC CURRENT UPON THE MOTOR NERVES AND MUSCLES.

By J. ALTHAUS, M.D.

(Continued from p. 111.)

Until now we have only considered the phenomena produced by the variations of the electric current in the nerves; we now proceed to take up the important question, if there be any physiological effect produced during the time that a closed continuous current traverses a nerve, and what will be the nature of the effect produced by it in a nerve?

The first who directed his attention to this subject, was Ritter (a), who observed that if a frog's leg be traversed for a certain time, say half an hour, by a *direct* continuous current, it will no longer exhibit any contractions, if the current be interrupted and afterwards established and broken again; but that it will suffer a commotion if an *inverse* current be applied to the nerve: this commotion is feeble on making the circuit, and strong on breaking it. If now an inverse current be made to act upon a leg its excitability will be increased. Hence Ritter concluded that the direct current exercises a paralysing action on the nerve, while the inverse current would augment its irritability.

Three years afterwards, Volta made some experiments to determine the effect of the closed circuit of the pile upon the motor nerves (b). While Ritter had operated with a single galvanic pair, Volta employed the pile, that is, a much stronger current, and therefore obtained different results, which may be described as follows: Both the direct and inverse current will exercise a paralysing action, when they have traversed the nerve for a certain time. Whan the nerve has been subjected to the action of a direct current, the frog's limb will no more respond to the excitation of the same; but it will be convulsed anew, if an inverse current be substituted to the direct, and *vice versâ*. These processes may be repeated several times, and we may thus annihilate and revive *ad libitum* the readiness of the muscles to respond to the galvanic current. The succession of phenomena just described has been designated by the name of *voltaic alternatives;* but to

(a) Beweis dass ein Selbstständiger Galvanismus, etc. Weimar: 1798 p. 119.

(b) Collezione dell' opere, etc. Vol. ii. p. 219, note (a).

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Ritter the merit is due of having first proved that the closed continuous current has a distinct action upon the motor nerve.

In 1834, Volta's researches upon the action of the closed circuit were repeated by Marianini (c), who operated with a pile consisting of sixty pairs of plates, and confirmed Volta's results. Nobili (d) tried to explain these phenomena in the following way: He assumed three different states in the nerve —*a*. The natural state; *b*. the state of direct alteration, brought about by a prolonged action of a direct continuous current upon a nerve; and *c*. the state of inverse alteration produced by the passage of the inverse current. In order that there should be a commotion in the muscles, there must be a sudden transition in the nerve from one state to the other; and by the prolonged action of a continuous current, whatever may be its direction, the nerve is rendered incapable of transmitting the action of a current moving in the same direction; it only gains back this property if it be allowed to rest for a certain time, or if it be acted upon by a current guided in a contrary direction. But although in general the frog may contract anew, yet its excitability will be found to be diminished, and by repeated applications the excitability of the nerve will at last be entirely destroyed.

Thus it appears that the excitability of the nerve is diminished by a prolonged action of a continuous current of a certain intensity upon the nerve. We may, therefore, ask: is a continuous current capable of paralysing the action of any stimulus applied to the nerve, or of any irritated state of a nerve produced by any means whatever; and is it indifferent in what direction the current is made to pass through the nerve in order to produce the said paralysing action?

That a continuous current may, under certain circumstances, quiet an irritated state of a nerve, had already been observed by Nobili (e), who remarked now and then in the course of his experiments, that prepared frogs became subjected to violent tetanus without any apparent cause; and that these frogs became quiet if a continuous current was sent through their limbs in a certain direction, while the tetanus remained undisturbed if the current moved in the contrary direction. (Nobili does not state in which direction.) Matteucci (f) afterwards observed that when frogs tetanised by strychnia were subjected to the action of a continuous galvanic current the tetanus disappeared very soon, and did not come back; the frogs died from the effects of strychnia, but without the convulsions which are otherwise the consequence of strychnia poisoning. As to the direction of the current he stated that tetanus would cease by the passage of an inverse current, while it would be increased by the direct current. Together with M. Farina he tested even the therapeutical effect of the continuous current in a patient who suffered from traumatic tetanus in consequence of having been shot through the leg. He caused a current of thirty to forty pairs of plates to pass along the spinal marrow in the direction from the sacrum to the nape of the neck, and introduced the patient gradually into the circuit in order to avoid muscular commotions. The patient opened his mouth, the circulation and transpiration were re-established, and the patient appeared generally comforted, but died nevertheless afterwards, the irritation having been kept up by foreign bodies in the wounded limb.

Another instance has been mentioned by Du Bois-Reymond (g) who remarked that in a tetanised limb of a frog the gastrocnemian muscle became quiet as soon as the sciatic nerve was laid upon the tendon of the muscle; that is, if the inverse current proper of the muscle was made to pass through the nerve; but that the tetanus continued unchanged, when the nerve touched the flesh of the muscle, that is, when the direct current proper of the muscle traversed the nerve.

The most important researches, however, bearing upon this question have recently been undertaken by Professor Eckhard, of Giessen (h), who was led to the conclusion that if a constant continuous current of a certain intensity and direction be made to pass through a nerve, the excitability of this nerve will be so much diminished that any mechanical, chemical, or electrical stimulus which would otherwise bring about a contraction of the muscle will no longer be able to induce such contractions so long as the galvanic current continues to traverse the nerve; but that as soon as the circuit has been opened again, contractions will be brought about if the nerve be excited anyhow.

In order to ascertain the difference in the action of a direct and of an inverse current, Professor Eckhard has made three series of experiments, with two pairs of Daniell's battery.

I. He placed the positive electrode at a certain point of the nerve, and the negative lower down; he then tetanised the muscles by applying some salt water to the nerve, at a point between the two electrodes; as soon as the electrodes had been connected with the poles of the battery, that is, a direct continuous current traversed the irritated nerve, the tetanus disappeared; when the circuit was opened again, the tetanic convulsions set in as before. The paralysing effect was more striking, if instead of the direct, the inverse current traversed the nerve; the inverse current of the same intensity being able to counterbalance a stronger stimulus, which was only slightly diminished by the direct current.

II. The continuous current was made to pass through a motor nerve, as above, and afterwards a stimulus applied, not between, but above the electrodes. The result was the same as in I.; both the direct and the inverse current exercised a paralysing action, but that of the inverse was more remarkable than that of the direct. If, instead of a mechanical or chemical stimulus, an induced current was used to excite the nerve, the paralysing effect was strongest, if both the continuous and the induced current moved upwards.

III. An inverse continuous current was sent through a nerve, and the stimulus no more applied between or above, but beneath the electrodes; the paralysing effect was again observed, whether salt water or the induced current were used as excitants. Then a direct continuous current was made to pass through the nerve, and the curious fact observed that in this instance the continuous current did not only exercise no paralysing effect at all, but that, on the contrary, the excitability of the nerve was increased by its passage. Tetanus brought about by the application of salt water to a nerve, became much stronger as soon as the electrodes of a direct continuous current were placed above the excited point. It was even observed that if a nerve had been immersed into salt water, and the tetanus had not yet made its appearance, it came on immediately after the circuit had been established in the way described. If two shocks of an induction apparatus were applied to the nerve, one before the commencement of the continuous current, and another one after the circuit had been established, the contraction produced by the second shock was stronger than that by the first. Hence it results that an inverse continuous current of a certain intensity, when traversing a motor nerve, will enfeeble its excitability altogether, whatever may be the point of the nerve to which the stimulus may have been applied, and whatever may be the nature of the stimulus itself; while a direct continuous current, when passing through a motor nerve, will diminish its excitability only at those points to which the electrodes themselves are applied, and in all points beyond the positive pole; but that it tends to increase the excitability of the nerve on all those points which are beneath the negative electrode. Thus, if the last case would not form an exception, the continuous current might be fairly termed the paralysing current. The following table may serve to illustrate the action of the continuous current:—

	I.	II.	III.	IV.	V.	VI.
	↓	↓	↓	↓	↑	↑
	Stimulus..	—	—	Stimulus..	+	+
	—	Stimulus..	+	+	Stimulus..	—
	+	+	Stimulus..	—	—	Stimulus
Effect	Paralysing	Paralysing	Paralysing	Paralysing	Paralysing	Exciting

In this table the tubes I.—VI. represent nerves; ↓ and ↑ the upward and downward direction of the current; stimulus, —, and +, those points of the nerves where the stimulus and the positive and negative electrodes have been applied. The effect of the continuous current will be paralysing in I.—V., but exciting in VI.

A few other instances of the paralysing action of the continuous current may be given. It is well known that the

(c) Annales de Chimie et de Physique. Vol. lvi. p. 387. Paris: 1834.
(d) Ibid. Vol. xliv. p. 60.
(e) Memorie, etc. p. 91.
(f) Comptes Rendus, etc. Mai, 1838. Vol. vi. p. 680.
(g) Untersuchungen, etc. vol. i. p. 384.
(h) Beiträge, etc. p. 25.

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vagi do not form the motor system of the heart, but that they regulate the movements of the heart which are caused by sympathetic fibres only; therefore, if the vagi be excited, the pulsations of the heart are retarded, and finally brought to a standstill. This is the case if an induced current be applied to the vagi. Very quick pulsations of the heart indicate a paralytic state of the vagi or a state approaching to paralysis; thus the pulsations of the heart become innumerable, if a section of the vagi have been made. Nearly the same is observed if the vagi be subjected to the action of a continuous current; namely, a great acceleration of the pulsations of the heart.

Similar phenomena are observed in the lymph-hearts of frogs and other reptiles, the pulsations of which depend upon the nerves which arise from the spinal cord, and thence go to the lymph-hearts. If a section of these nerves have been made, the movements of the lymph-hearts disappear. They may re-appear some time afterwards, but then they will present quite another type of contractions, since only some parts of the lymph-hearts will contract, or if, what is of rare occurrence, the whole heart be seen to contract, the rhythm is wanting which had been apparent before the section of the nerves had been made. On the other hand, a single shock from an induction apparatus produces systole of the lymph-hearts; and, if a succession of induced currents be applied to them, the maximum of contraction is produced, viz. a standstill of the lymph-hearts during systole, while, if a continuous current be made to pass through the nerves, a paralytic standstill of the lymph-hearts during diastole will be brought about.

The galvanic excitation of the motor nerves, when they are still in their normal connexion with the nervous centres, does not yield exactly the same results as we obtain by experimenting upon nerves which have been separated from the living animal, even if this should have been done only a very short time ago. Thus it was first pointed out by Bernard, that if a nerve was galvanised while still connected with the spinal cord of the living animal,—that is to say, in its normal physiological condition,—a contraction was produced only on establishing the circuit, whatever might be the direction of the current. But if the nerve was fatigued by any cause, as, for instance, by the prolonged and energetical action of a galvanic current, or by the action of heat during summer, or if the nerve was cut or tied above the point which was touched by the electrodes, two contractions were produced, one at the commencement and another at the cessation of the current; these two contractions are, therefore, an index of a fatigued state of the nerve. If the fatigue becomes greater, contractions are only produced on making the direct and breaking the inverse current; finally, we obtain only a single contraction on making the direct current. These four different periods succeed each other much more rapidly in summer than in winter, as cold weather is favourable to the continuance of the excitability of the nerve. Similar phenomena may be observed on man. It was pointed out by Drs. Todd, Fick, and Orelli, that the contraction produced at the commencement of the continuous current is always the strongest, whatever may be the direction of the current, and that at the cessation of the current there is either a very feeble contraction or no contraction at all. It is well to add, that the action of induction currents is the same on living nerves connected with the nervous centres, and on nerves which have been separated from the brain or spinal cord.

As the experiments of Professor Eckhard on the action of the closed continuous current upon the motor nerves have only been made on frogs' limbs separated from the body, I have been anxious to inquire if the same results would be obtained on a nerve still connected with the nervous centres. In order to ascertain this, the crural nerve of a living rabbit was laid bare, and the continuous current of three large plates of Daniell's battery applied to it. The contraction was obtained, as in Bernard's experiment, only on closing the circuit, whatever was the direction of the current. After the contraction produced by making the circuit had passed off, I applied a stimulus to the nerve which was traversed by the continuous current; viz. an induced current which had been made feeble by the interposition of a layer of water into the circuit. The result of this experiment was that the continuous current proved always to be paralysing, whether the stimulus was applied between, above, or below the electrodes, and whether the current was direct or inverse. The shock from the induction apparatus produced a most marked contraction, when the nerve was not traversed by the continuous current; but as soon as the circuit was closed, the induced current failed to bring about a contraction.

The action of the closed continuous current upon the motor nerves is, however, widely different according to the more or less considerable intensity of the current. We have been lately favoured with some interesting physiological researches on the action of a very powerful continuous current upon the motor nerves, by Dr. Remak (i), whose experiments would have attracted more notice than they have done, if they had not been propounded as the foundation of a most extravagant therapeutical system, which could not possibly command the attention of the Profession.

The following is the substance of Dr. Remak's experiments:—A current produced by thirty plates of Daniell's battery was sent through the trunks of nerves, and some time afterwards contractions were observed in the antagonistic muscles. Thus, for instance, when he acted upon his own median nerve, Dr. Remak felt a sort of tingling in all the parts animated by branches of the median nerve, and observed a contraction, which gradually increased, in the antagonistic muscles, viz. in the extensors of the wrist and of the fingers. The hand was elevated to an angle of about 45°, and the fingers were extended. This contraction was kept up so long as the current of the battery continued to circulate in the median nerve, but the hand immediately dropped on breaking the circuit. Dr. Remak states besides that he was able to resist the involuntary extension of the hand while the circuit was closed, as he preserved the full force of volition over the muscles animated by the median nerve, but as soon as he ceased to resist, the extension of the wrist and the fingers was again produced. He observed the same if he sent a continuous current through the trunk of the radial nerve, by placing one electrode to the point between biceps and triceps, where the radial nerve may be reached, and the other electrode on the back of the fore-arm, where the interosseous nerve is superficial. He then perceived, he says, tonic contractions of the muscles animated by the median and ulnar nerves, that is to say, flexion of the hand and the fingers. These contractions are termed by him, galvano-tonic contractions; that they may be produced, always a current of an enormous intensity is necessary. Usually this current is excessively painful to bear, and in some instances even the current may excite horrible pain without producing any galvano-tonic contractions at all, while in other instances less pain may be experienced, and the contraction will be well marked. If a certain length of the nervous trunk be traversed by the current, the contractions will be more easily produced than if only a small part of the nerve is acted upon. In some cases it is sufficient to employ twenty to thirty plates of Daniell's battery; in other instances, however, fifty are necessary. Besides, on the same individual the phenomena may be different on different days; viz. at first, contractions of the muscles animated by branches of the nerve which is traversed by the current, and at another time contraction of the antagonistic muscles; sometimes even a struggle may be observed between the different groups of muscles, so that at first a flexion may be produced, and some time afterwards extension, while the current continues to traverse the same nerve! In Dr. Remak's opinion, these contractions are not produced by the direct excitation of the nerves, but they are reflex movements, produced by the excitation of the nervous centres.

(To be continued.)

A MEDICAL Registration Committee has been established for Hastings and the neighbouring towns, in connexion with the East Sussex Medico-Chirurgical Society. In order to avoid the possibility of deception, each candidate for admission is obliged to produce his diplomas of qualification, or (if registered) his certificate of registration, and two members of the Committee are required to attest his personal identity and respectability. The Committee have already denounced to the Registrar one Medical practitioner, who was believed to be practising illegally, and who has since disappeared from the neighbourhood.

(i) Galvanotherapie der Nerven—und Muskelkrankheiten. Berlin: 1858, p. 49, seqq.

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CASE OF POISONING BY CORROSIVE SUBLIMATE.

By JAMES ROBERTS, M.R.C.S.

Sept. 7, 4 p.m.—J. A. aged 42, took by mistake ʒss. of corrosive sublimate, mixed with about ʒss. of tinct. ferri sesquichlor. Ten minutes afterwards white of egg was freely given, with milk-and-water at intervals. Copious vomiting ensued. This treatment was continued during the night, gradually diminishing the quantities of egg. Bland fluids were afterwards given very frequently. Great pain was felt in the stomach and up the œsophagus to the fauces; a burning sensation was complained of, as if the parts were on fire. There was no particular mark of the corrosive action of the poison about the lips or mouth.

4.30.—Streaks of blood seen in the matter vomited.

5.30.—The skin felt cold and clammy. The man was lying with his eyes half-shut, and had quite a choleraic aspect. Pulse very much depressed.

6.30.—After some warm applications, slight reaction took place. He complained of cramps in his hands and pain in his bladder. Bowels had acted three times. Stools quite liquid and dark.

7.30.—Blisters were applied to throat and epigastrium. Ice was given to suck, which was very grateful.

9.—Surface of body warm. Pulse 100—feeble. Man stated that his throat felt "grown up;" on examination it appeared very red and swollen, shreds of mucous membrane peeling off. Could swallow only a very little fluid. He had passed a little water. Had cramps in his legs.

Sept. 8.—Blister was dressed with a grain of muriate of morphia. Had no sleep last night. Pulse 100. Bowels acted twice in the morning, very much blood in the stools. On examining the mouth, all the mucous membrane looked very red. The uvula was much swollen and ulcerated. Deglutition very difficult. A little milk-and-water taken and ice sucked. In after part of day three dark-green stools were passed: vomiting had ceased. There was no salivation, no cramps, or cold sweats. He had tenderness over abdomen, and occasional hiccup. Took milk-and-water and beef-tea in the evening.

9th.—Pulse 108. Bowels acted four or five times during the night: no appearance of blood in stools. Had much pain in head. Very little sleep. Blister to epigastrium repeated: afterwards dressed with morphia. Considerable purging during the day.

10th.—Had much pain in bladder. Very little water passed. Spt. ætheris nitr. ordered, and turpentine stupes to abdomen: some relief was obtained. Bowels acted three or four times; stools bloody; much straining: ordered an opiate suppository. Pulse 108—full; a good deal of hiccup; seems generally worse.

11th.—Pulse rather slower. Tongue red with blackish coat. Bowels still much acted on; stools bloody; a little water passed, clear. Slept at intervals during the day. Pulse in evening, 90. Mouth looks very red; gums purple; teeth begin to feel loose. No ptyalism.

12th.—Pulse 80. Skin warm and moist. Gums were spongy, purple, ulcerated in several places; there was also ulceration of the mucous membrane of the cheeks opposite the ulcerated gums. Tongue very coated, moist; edges very red. Bowels acted four or five times, a little blood seen in stools. He takes barley-water, beef-tea, etc.

13th.—Pulse 80—weak. Very little pain felt anywhere. A "sinking feeling" principally complained of. Bowels still acting three or four times during day.

14th.—Great feeling of weakness. Mercurial fœtor of breath very perceptible. Much purging. Pulv. cretæ co. c. opio ordered, and some spt. ætheris co. to relieve hiccup.

15th.—Much purging, great loss of strength, mouth in very bad state. Ordered, pulv. cretæ co. c. opio, and a chlorate of potash wash for mouth.

16th.—Man lying on his back with his knees bent up, much purging during day, surface of body felt rather cold, pulse 100.

17th.—Pulse 92, rather feeble, much sordes about teeth, frequent stools, which have a yellowish appearance, pulse in evening thready, tongue dry, very little food taken.

18th.—Pulse hardly perceptible; he required to be roused to give an answer to questions: he died at 6 p.m. eleven days after taking the poison.

Post-mortem, twenty-two hours after death.—Rigidity well marked. Body, that of a man in good working condition, well formed, no particular appearance of skin. On opening abdomen the fat of omentum appears of a darker colour than natural: it is a dusky brown. The *liver* seems rather large; and scattered over its surface and in the interior, several small cysts are seen, containing a clear limpid fluid; the organ seems otherwise healthy; the gall bladder moderately full. The *stomach* is almost empty, containing only about ʒss. of dusky brown grumous fluid. The mucous membrane is intensely injected and softened, colour is of a dull dark red, the greatest redness is along the small curvature, the last few inches at the pyloric end are of a grey colour, pulpy and gangrenous. The mucous membrane can be scraped off with the nail in any part of the stomach. On examining the œsophagus it seems as if shreds of membrane had been stripped off through its whole course; the longitudinal folds of the stomach are very prominent. The *bowels* throughout present the appearence of intense inflammation passing into gangrene: no perforation. The *kidneys* are rather large, and on section their colour is dark red, the pyramidal masses and cortical substance can scarcely be distinguished. The *bladder* is empty. The *spleen* has a shrivelled appearance, and is very easily torn. *Heart* and *lungs* moderately healthy.

Hitchin, Herts.

ON THE TREATMENT OF HOOPING-COUGH BY DILUTED NITRIC ACID.

By JOHN ATCHERLEY, M.R.C.S. Eng.

Surgeon to the South Dispensary, Liverpool.

I wish to direct the attention of the Profession to the diluted nitric acid in the treatment of hooping-cough. It has already been employed in hooping-cough to some extent, and was first recommended some years ago by Dr. Arnold, of Montreal.

Having had abundant opportunities during the last two years of testing its efficacy, I may be permitted to speak with some degree of confidence as to its value. I have confined myself exclusively to its use in every case I have had to treat throughout that period, and I can affirm that as the ordinary duration of hooping-cough has been computed to average ten weeks, in defiance of every method of treatment that had hitherto been adopted, the diluted nitric acid effects its removal in less than three weeks, except in cases where its course has been interrupted by some serious complications.

Any medicine capable of abridging the duration of a disease whose fatality is in proportion to its continuance, must be of incalculable value; and I am convinced that when it becomes more generally used it will meet with the concurrence of the Profession, and will hold a high place and be the cardinal remedy, if not supersede all other medicines in hooping-cough.

In prescribing the diluted nitric acid I usually begin with five-minim doses every three hours, say for a child of six months old, and gradually increase the dose in proportion to the age, to fifteen minims every second hour, should the paroxysms become aggravated, or of more frequent recurrence. When the intervals become lengthened, which generally happens after the second day, the medicine may be given less frequently; but it is of importance that the acid should be continued ten days after all symptoms of the disease have subsided. From the neglect of this precaution I have seen the cough return with all its former violence, when the medicine has been abruptly discontinued, therefore it should be given in moderate doses three times a-day after all traces of the affection have passed away.

The form I generally use is the one originally suggested, viz. diluted nitric acid, compound tincture of cardamoms, syrup and water. This is always taken without the slightest reluctance, as it is agreeable to the taste—a great consideration in prescribing a medicine for children which requires to be continued for some length of time.

In conjunction with the above treatment I have invariably

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employed a stimulating embrocation to the back and chest night and morning, consisting of one ounce of camphor liniment, and two drachms of spirits of turpentine.

Of course, it is necessary, as in all diseases of the respiratory organs, that proper attention should be paid to the state of the bowels, regulation of temperature, clothing, and diet. I have also seen great benefit derived from the inhalation of the fumes of burning nitre-paper; two pieces of about four inches square are burnt in the bedroom on retiring to rest, and one piece burnt occasionally in the room occupied by the child in the daytime, appears to shorten the paroxysm, and to deprive it in a great measure of its spasmodic character, rendering it more like the cough of ordinary catarrh. Chloroform is the best anti-spasmodic that can be used during the fit, but parents have a great dread of its effects, unless administered by the Medical attendant; but from the apparent simplicity in the fumes of burning nitre-paper they are readily induced to give it a trial.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

FOUR CASES OF OVARIOTOMY.

In our first number of the present year (see page 9) we were able to present the following summary of ovariotomy practice in London for the preceding twelve months:—

"During the past year twelve cases, in which ovariotomy was either attempted or performed, have been put on record by London Surgeons. As far as the writer is aware, they comprise all that have occurred during that period to the following Surgeons: Mr. Brown, 2; Mr. Childs, 1; Mr. Erichsen, 1; Mr. Hutchinson, 4; Mr. Wells, 4. We may, therefore, fairly group them together. Of the twelve patients eight recovered and four died; seven are still living, and of the latter six are, as far as is known, in excellent health. In two of the fatal cases the tumour was not removed, one of the patients dying a fortnight afterwards, and the second within four months. *In eight cases the peduncle was brought out externally (the new mode of operating), and of these six recovered.*"

Since then, *i.e.* during the last six weeks, four other operations have been performed, and we regret to have to add that the whole of the four have ended fatally. Three of these were in the practice of London Hospitals, and the fourth under the care of Mr. Baker Brown, at an institution called the London Home for Surgical Diseases of Women. Thus, then, in December last the facts stood, 12 cases, 8 recoveries, and but 4 deaths, and at the present date are 16 cases, with still but 8 recoveries, and the startling proportion of 8 deaths. To those familiar with the fallacies to be always encountered in dealing with small numbers, neither would our original statement have caused undue elation nor will the present one induce too great discouragement. Very likely before the end of the year the proportion of recoveries to the whole may have more than equalled that of two months ago. If the operation was justifiable two months ago it is so still, despite the changed aspect of its statistics (a).

A feature of much importance and interest in the group of four fatal cases which it is our duty this week to record, is that they were all of them comparatively favourable ones for the operation. In several of those which did so well last year extensive adhesions had to be torn through, and the tumour was very large, necessitating a long incision. In two out of the four now before us the minor incision only was practised, and in none of them were adhesions of any importance present. In one of them death was from an accidental cause, which never need occur again; but in the remaining three it appeared to be from commencing peritonitis, and was therefore not preventible.

(a) Some may perhaps think that we put undue importance upon these recent cases, which are, of course, but a small addition to the gross total of recorded ovariotomies. We prefer to deal with the recent cases apart from the others, for two reasons—1. Because the operation now usually adopted is essentially different from the old one; and, 2nd, because we are certain, that of recent experience we have the whole before us, whereas it is very probable that a large number of unsuccessful cases in past years never found their way into print.

SAMARITAN HOSPITAL.

REMOVAL OF A PSEUDO-COLLOID OVARIAN TUMOUR — WEIGHING TEN POUNDS — DEATH THIRTY-TWO HOURS AFTERWARDS.

(Under the care of Mr. SPENCER WELLS.)

The tumour in this case was shown at the last meeting of the Pathological Society, and the case was recently related at the Medico-Chirurgical Society. We may, therefore, refer to our reports of those Societies for details, giving this notice simply to complete our series. The tumour was removed nearly entire, and the woman went on extremely well for twenty-four hours after the operation, which was completed without difficulty. Sudden collapse then came on, from which she never recovered.

GUY'S HOSPITAL.

OVARIOTOMY—DEATH FROM COMMENCING PERITONITIS—AUTOPSY.

(Under the care of Mr. COOPER FORSTER.)

A woman, aged about 30, had been in the hospital for several months, and had been repeatedly tapped. The tumour consisted of one large cyst, which, when full, occupied the whole abdomen, and behind which were several smaller ones. The refilling after paracentesis had always been very rapid, and the woman's strength was rapidly failing. She was exceedingly emaciated, but there were no evidences of other visceral disease. The dangers of the operation having been fully explained to her, she most readily consented to encounter them, as it was evident she could not live long if the drain upon her strength which the rapid filling of the cyst caused was allowed to continue.

On Saturday, February 5, Mr. Cooper Forster, assisted by Dr. Oldham, and in the presence of most of his surgical colleagues, proceeded to perform the operation. The patient was placed on a table in the centre of the ward near to her bed, the temperature of the ward (a large one) having previously been as much raised as practicable. A dose of opium had been given beforehand. Chloroform was administered. The abdomen was greatly distended by a freely fluctuating tumour, although the latter had been emptied by tapping only ten days before. An incision of about four inches long having been made through the abdominal parietes in the median line, a large trocar was introduced, and the cyst emptied. A few bands of adhesion near the umbilicus were next torn through, and the tumour was then drawn out. The omentum was found to be adherent to its upper surface, and it appeared very vascular at this part: a ligature was applied before separation. The ligature, which included a part of the free border of the omentum, was brought externally through the wound. The pedicle was secured in the clamp devised by Mr. Hutchinson for that purpose, and the tumour having been cut away, the abdominal wound was closed by hare-lip pins. The operation had been rapidly completed, and when returned to her bed the woman's condition appeared in every respect satisfactory and hopeful.

Throughout the afternoon of the day of operation the patient's pulse and general condition were good, and during the following night she had several hours of refreshing sleep. Opium and stimulants were employed as freely as seemed requisite. About ten o'clock in the morning of the next day a change for the worse was apparent, and from that time she sank rapidly, in spite of the freest use of wine and brandy. She died in collapse about 2 o'clock the same day, exactly twenty-four hours after the operation.

At the autopsy the pedicle was found well secured in the clamp, and no bleeding had occurred. In the abdomen was a small quantity of coffee-coloured fluid, part of the contents of the cyst which had escaped during the operation, after withdrawal of the canula. Commencing peritonitis was evident in most parts of the abdomen, more especially over the surface of the liver. All the viscera of the thorax and abdomen were healthy.

There was no probability in this case that had the operation not been performed, the patient would have survived more than a month or two. The cause of death must be assigned

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to the commencing peritonitis. She sank, as many do, in the first shock of the inflammation of that extensive and most important membrane, and before time had elapsed for any of its more advanced consequences to become apparent.

METROPOLITAN FREE HOSPITAL.

OVARIOTOMY—DEATH FROM HÆMORRHAGE INTO THE ABDOMEN.

(Under the care of Mr. BORLASE CHILDS.)

A woman, aged 50, in good health, the subject of an ovarian tumour of moderate size, which had existed for fifteen months. It was believed to be monocystic, and without adhesions, and the case seemed as favourable as any could possibly be for the radical operation.

On Monday, Feb. 14, the operation was performed. The room had been raised to a high temperature, and the patient had previously taken a dose of opium. An incision of not quite four inches long was sufficient, and the tumour having been emptied, was withdrawn without any difficulty. The intestines never came into view, scarcely any blood was lost, and no fluid escaped into the abdominal cavity. The clamp (Mr. Hutchinson's) was employed for the pedicle, which latter was unusually broad and vascular. The wound was closed with wire sutures, and the whole operation was finished in an unusually short space of time. The patient's pulse, when she recovered from chloroform, was only 80, and her aspect good. Within four hours of the operation, however, signs of collapse were apparent, and in the course of the evening some blood welled up from the wound. Fearing that the hæmorrhage was from the pedicle, Mr. Childs applied a ligature below the clamp for its restraint. During the night she remained in a state of extreme prostration, and several times appeared to be dying. Stimulants were of course given as freely as she would take them. Death, preceded by convulsions and all the signs of internal hæmorrhage, took place at 12 next day, about twenty-two hours after the operation.

At the autopsy several pints of blood, both coagulated and fluid, were found in the abdominal cavity. The source of this was apparent, for the thin external third of the divided pedicle had escaped from the grasp of the clamp (at its apex), and slipped back into the abdomen. The thicker part, including the Fallopian tube and the uterine half of the broad ligament, were still retained in the clamp. The whole length of the incision by which the tumour had been removed was, when the pedicle was unfolded, at least seven inches. The thinner end had been doubled on itself, the slippery layers of serous membrane being thus brought into apposition with each other, hence the cause of its escape from the grasp of the clamp. The cellular tissue of that part of the broad ligament which had passed back into the abdomen was distended by coagula.

In this unfortunate case there is no room for doubt as to the cause of death, and we have the satisfaction of knowing that it at any rate teaches us how to avoid such accidents in future. Whenever the pedicle is kept external a large mass of the cyst itself should be cut away with the pedicle, so as to give the latter a bulbous end. With this precaution, it is impossible that any part of the incision can again become free by the slipping back of the pedicle, but without it both ligatures and clamps, but the latter especially, are fraught with danger. It is fortunately a measure wholly exempt from any possible injurious influence, and needs but to have its importance illustrated in order to come into invariable use.

The fourth case to which we have to allude was operated on a fortnight ago by Mr. Baker Brown, in the so-called "London Home for the Surgical Diseases of Women." The operation was satisfactorily completed in the usual manner. The patient appeared nicely for the first twelve hours, and then rapidly sank, death taking place thirty-three hours after the operation. The autopsy showed commencing peritonitis.

WHEN IS A TISSUE DEAD?—Some interesting experiments of M. Brown-Séquard have brought him to this conclusion: That a tissue is not of necessity dead when it has lost its vital properties or its natural actions for a period of one or even several hours; and for the reason that its properties and its actions may be restored through the aid of blood charged with oxygen.

SEAMEN'S HOSPITAL, DREADNOUGHT.

PARALYSIS OF PORTIO-DURA OF LEFT SIDE.—DEATH.—NECROSIS OF PETROUS PORTION OF TEMPORAL BONE.—ABSCESS IN CEREBELLUM.

(Under the care of Dr. WARD.)

Robert F., an English sailor, aged 28, a stout healthy-looking man, with florid complexion, was admitted under Dr. Ward's care, on December 17, 1858. He had lately arrived from Cronstadt, and had had a cold, wet passage, his berth having frequently been wet. He came into the port of London on the 6th of December: has had a constant purulent discharge from the left ear for many years, in fact, ever since some attack of illness in childhood; does not hear so well with this ear as with the other. The face looks blank and expressionless on the left side; the mouth is drawn to the right, more especially when he speaks or smiles; the ala nasi of this side does not expand. He can close the eyelid, when he tries, with both eyes open, though even thus the left seems not to close completely. When he places the hand over the right eye, he has much more difficulty in closing the left; and when both are open, he cannot close it by itself. There is some lachrymation of the left eye. Sensation appears perfect everywhere. He has suffered from headache, chiefly occipital, since December 4. At first it was slight, and he attributed it to having taken cold; and, to cure this, as soon as he got ashore, he took some hot rum, and some gin-and-water: does not consider that he drank at all freely, but merely took enough to make him sweat and cure the cold; affirms positively that he has never had syphilis. As the paralysis appeared to have been of recent origin, and to be associated with some active local and general symptoms, such as headache, flushed face, rather frequent and full pulse, he was ordered to be freely purged, a blister to be applied to the nape of the neck, and a grain of calomel, with a quarter of a grain of tartar emetic, and a quarter of a grain of opium, every four hours; milk diet and beef-tea. On the 18th he had rested pretty well, and the headache was not quite so severe. For the next three or four days he remained much in the same state; complained of hunger, and said that milk was poor stuff for him. 23rd.—Headache continues, and he seems rather worse. 24th.—Pain in head unabated; gums slightly affected; to omit the mercury, and as his bowels had not acted, to have a full dose of castor-oil. 25th.—Pain very severe; repeat vesication to nape of neck. 26th.—Still has constant and violent pain in the head; says it is so severe that it will drive him mad; but cannot refer it to any particular part of the head; has now a discharge of fœtid, purulent matter from the ear; sleeps at intervals, but wanders a great deal; his pulse is weaker and more frequent. The pain increased in intensity towards the evening of this, and through the following day; and he became quite delirious, and very restless, tossing his arms about, and attempting to get out of bed. On the evening of the 27th he was heavy and listless, and could swallow with difficulty; and on the 28th was quite comatose, and remained so until he died on the 29th.

Inspection.—Membranes of brain much congested. On removing the brain from its connexion with the base of the cranium, a small quantity of matter escaped from a point in the anterior lobe of the cerebellum. There was caries of about one-third of the petrous portion of the left temporal bone, immediately around the meatus auditorius internus, and involving evidently to a great extent the internal ear. Corresponding with the diseased bone, the dura-mater seemed disorganised, and in the adjacent portion of the anterior lobe of cerebellum there was a small circumscribed superficial abscess, about the size of a hazel-nut; the surrounding nervous matter being soft and pulpy. The nerve from its origin at the internal auditory opening, and through its course external to the skull, was healthy.

For the record of the progress of the above case we are indebted to Mr. Hill, who was acting resident Medical officer at the time. The case is interesting as forming a companion to two cases reported in this Journal last year, in one of which there was paralysis of the auditory and portio-dura of both sides, and in the other of one side. Where both divisions of the seventh pair are affected, the internal ear (where they are in juxta-position) may almost certainly be fixed upon as the seat of lesion. In the present instance, the portio-dura

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would appear to have become implicated at a comparatively recent date; while the old-standing partial deafness indicated that the affection of the auditory nerve had been of long duration. There is of course no fatal result to be apprehended from paralysis of these nerves; but the disease would appear to have extended inwards, involving, first, the contiguous dura-mater, and then setting up irritation and suppurative inflammation in the cerebellum. In analogous cases, reported by different writers, the pain has varied in its site; being at one time occipital, at another frontal, and at times limited to the temporal region. In the present instance it was at first occipital, and afterwards general. The small and superficial character of the abscess may account for the absence of symptoms which have been recorded as usually attending any extensive implication of the cerebellum.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 297.—An Edinburgh Surgeon.

In July, 1563, "one Robert Henderson, a Surgeon in Edinburgh, attracted the favourable attention of the Town Council by sending wonderful cures which he performed—namely, healing a man whose hands had been cut off, a man and a woman who had been run through the body by the French, and a woman understood to have been suffocated, and she had lain two days in her grave. The Council ordered Robert twenty marks as a reward."—*Chambers' Domestic Annals of Scotland.*

No. 298.—The "New Acquaintance."

1562.—"There raged at this time in Edinburgh a disease called the *New Acquaintance*. The Queen and most of her courtiers had it; it spared neither lord nor lady, French nor English. 'It is a pain in their heads that have it, and a soreness in their stomachs, with a great cough; it remaineth with some longer, with others shorter time, as it findeth apt bodies for the nature of the disease.' Most probably, this disorder was the same as that now recognised as the influenza."—*Ibid.*

No. 299.—Transference of Pain.

"Strange as it may appear, it was a prevalent opinion at that age (1566) that the pains of parturition could be transferred by supernatural art, and not merely to another woman, but to a man, or one of the lower animals. Among the charges against an enchantress is one to the effect that for the relief of her pain at the time of the birth of her two sons, she had had a bored stone laid under her pillow, and enchanted powder rolled up in her hair—likewise 'your guidman's sark tane aff him, and laid womplit under your bed-feet; the whilk being practisit, your sickness was casten aff you naturally, upon ane dog, whilk ran away, and was never seen again!'"—*Ibid.*

No. 300.—Contagion and Infection.

Are not these terms synonymous and transposable—the one well representing the other? Surely all contagious diseases are infectious, and all infectious diseases contagious. It is quite time I think to get rid of the difficulties, which are continually excited by the use of these words, and to have a proper definition of them. The term contagious probably arose at the time when people thought actual contact absolutely necessary for the spread of any contagious disease; and if it is now superfluous, why should not we get rid of it? I should be very glad to learn what authority says on this subject.—*M. O. W.*

[Our correspondent seems to forget that there are such diseases as scabies and hydrophobia—contagious, but not infectious—and he probably does not participate in the old belief of the infectious nature of gonorrhœa and syphilis.—Ed.]

No. 301.—The Good of a Joke.

I may give an instance when a joke was more and better than itself. A comely young wife, the "cynosure" of her circle, was in bed, apparently dying from swelling and inflammation of the throat, an inaccessible abscess stopping the way: she could swallow nothing; everything had been tried. Her friends were standing round her bed in misery and helplessness. "Try her wi' a compliment," said her husband, in a not uncomic despair. She had genuine humour as well as he; and, as physiologists know, there is a sort of mental tickling which is beyond and above control, being under the reflex system, and instinctive as well as willing. She laughed with her whole body and soul, burst the abscess and was well.—*Locke and Sydenham.*

No. 302.—Chloroform in Puerperal Convulsions.

Having recently attended a case which died of puerperal convulsions (of the epileptic character) prior to delivery, in which the usual treatment was carried out, an idea has since come into my head that chloroform might in these cases be administered as an anæsthetic with advantage. Can any of your readers in Notes and Queries give me any experience on this point? F.C.

No. 303.—Adventures of a Royal Shoe-Buckle.

"At a very early stage, he, one morning while the nurses were dressing him, took to investigating one of his shoe-buckles; would, in spite of remonstrances, slobber it about in his mouth; and at length swallowed it down—beyond mistake; and the whole world cannot get it up! Whereupon, wild wail of nurses; and his 'mother came screaming;' poor mother. It is the same small shoe-buckle which is still shown, with a ticket and date to it, '31 December, 1692,' in the Berlin *Kunst-kammer:* for it turned out harmless, after all the screaming; and a few grains of rhubarb restored it safely to light of day; henceforth a thrice-memorable shoe-buckle."—*Carlyle's Frederick.*

No. 304.—Lines by Jenner.

Will you kindly insert the enclosed among your Notes and Queries. It was given to me some years ago, by a friend whose father lived in the next village to Berkeley, and to whom (if I remember rightly, my friend said) a copy was given by Jenner himself. It is not in the first volume of his life by Baron, and I don't think it is in the second. C. W.

Norwich Hospital, January 5, 1859.

THE COUNTRY SURGEON.

By Dr. E. Jenner.

Luckless is he whom hard fates urge on,
To practise as a country Surgeon,
To drag a heavy galling chain.
The slave of all for paltry gain;
To ride regardless of all weather,
Thro' frost and snow, and hail together;
Sometimes to walk, when dark as pitch,
And get a tumble in a ditch;
To smile and bow when sick and tired,
Considered as a servant hired.
At every quarter of the compass,
A surly patient makes a rumpass,
Because he is not seen the first—
For each man thinks his case the worst.
Here lies a man with broken limb,
A lady there with nervous whim,
Who at the acme of her fever
Calls him a savage if he leave her.
And oft at two points diametric,
Call'd to a business quite obstetric;
For days and nights in some lone cottage
Condemn'd to live on crusts and pottage;
To kick his heels, and spin his brains,
Waiting, forsooth, for labour pains;
And that job over, happy he
If he squeeze out the guinea fee.
Then, worn like culprit on the wheel,
He sits him down to hasty meal.
He sits, when lo! a patient comes,
With rotten tooth, and putrid gums.
The Doctor takes the dentist's tools,
Fixes the screw, tugs and pulls.
His dinner cold, his hands this mess in,
All for a shilling, or—a blessing.

No. 305.—Short Internal Lateral Ligament of the Temporo-Maxillary Joint.

"This ligament, which seems to have escaped the observation of anatomists, though it is a well-defined structure, stronger and more worthy of attention than the long internal ligament, arises by a broad base, a little external to and in front of it, from near the same point of the sphenoid bone, and is attached to the sharp ridge descending from the inner extremity of the condyle, immediately behind the insertion of the external pterygoid muscle. It is separated from the long internal lateral ligament by fat and cellular tissue. Like the

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external lateral ligament it passes over the condyle, so as not to interfere with its backward and forward movements; and it combines with that ligament in limiting the advance of the condyle forwards when the mouth is opened, and in preventing its too great retrocession when the mouth is closed. By fixing the neck of the bone, when the mouth is being opened, it also combines with the outer ligament in promoting the forward movement of the condyle. A line drawn through the neck of the jaw at the points of insertion of these two ligaments (*i. e.* the short internal and the external lateral ligaments) represents the axis upon which the jaw revolves during the opening and shutting of the mouth; and the condyle plays forwards and backwards between the two ligaments, both of which tend to prevent its displacement in a lateral direction as well as backwards or forwards."—*Humphry on the Human Skeleton*, p. 301.

No. 306.—Food of Man.

Mankind has been wonderfully ingenious from its infancy in the concoction of edible varieties. Apart from baked human thighs in Feejee, and broiled fingers in Sumatra, there are sundry culinary fashions, still extant, which must be marvellously unintelligible to a conventionalised appetite. Not that it appears strange to eat ducks' tongues in China, kangaroos' tails in Australia, or the loose covering of the great elks' nose in New Brunswick. Not even that it is startling to see an Esquimaux eating his daily rations—twenty pounds in weight, of flesh and oil—or a Yakut competing in voracity with a boa-constrictor: but who would relish a stew of red ants in Burmah, a half-hatched egg in China, monkey-cutlets and parrot-pies at Rio Janeiro, and bats in Malabar, or polecats and prairie-wolves in North America? Dr. Shaw enjoyed lion; Mr. Darwin had a passion for puma; Dr. Brooke makes affidavit that melted bear's grease is a most refreshing potion. And how can we disbelieve, after the testimony of Hippocrates, as to the flavour of boiled dog? If squirrels are edible in the East, and rats in the West Indies—if a sloth be good on the Amazon, and elephants' paws in South Africa, why should we compassionate such races as have little beef or mutton?—*Athenæum*.

No. 307.—Dislocation of the Proximal End of the Metacarpal Bone of the Thumb into the Palm of the Hand.

Allow me to ask whether, in the experience of others, this dislocation is found to be reducible? In a recent case, seen early after the accident, I and another Surgeon failed completely. It is, probably, a very uncommon accident. I have never before met with it in forty years of Hospital experience, and the notices in books give but little information. Sir A. Cooper (6th Edition, 1829,) speaks only of a dislocation inwards towards the radial edge of the metacarpal bone of the forefinger; and without expressly saying that it is irreducible, evidently contemplates that result. He gives no case. S. Cooper (First Series, 4th Edition, 1820,) describes only the dislocation backwards, and quotes Boyer to the same effect. Malgaigne (Vol. ii. p. 727) says that he is not acquainted with any case,—which is of itself sufficient proof of its being a very rare accident—and quotes the remarks of Sir A. Cooper given above. In the case seen by myself the proximal end of the metacarpal bone projected in a very marked way into the palm of the hand in front of the trapezium. It is now less prominent, and the patient will probably have a useful thumb.

I am, &c.

A Hospital Surgeon.

Feb. 14, 1859.

Action brought by a Medical Student against his Teacher.—Morris H. Henry, a student in the "office" of Prof. Carnachon, New York, brought an action against the Professor for services in assisting in making anatomical drawings, in acting as amanuensis, in writing Medical disquisitions, and in attending patients—claiming about 500 dollars. On the part of the defendant it was alleged that the plaintiff was taken as a student without any other consideration, that any services he might be able to render were to be set off as against the instruction and experience he might acquire under the practice of defendant. The jury returned a verdict of 400 dollars for the plaintiff.

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Medical Times & Gazette.

SATURDAY, FEBRUARY 26.

GRATUITOUS MEDICAL SERVICES.

The justice and force of the remarks we have frequently had occasion to make respecting the suicidal folly so universally committed in this country by Medical men in their gifts of gratuitous advice to the public, have of late met with some sort of response among the members of our Profession, if we may judge from the correspondence which has been passing upon this subject, and from the attempt which has been made to get rid of some of the worst evils of this system.

Gratuitous Medical services, on an immense scale, have unfortunately become one of the established customs of the country; they are now deeply interwoven with the best of its benevolent institutions. The public have become thoroughly inoculated with the idea that these services are a thing of course, always to be had whenever asked for. And the fact is that, at this moment, the rendering of these services is the stepping-stone on which men are forced to tread, if they would pass on to the attainment of renown and legitimate honour in their Profession. Now it certainly is not an uninteresting nor a useless question to ask, how it originally came to pass that one particular class of professional labourers should have been singled out from amongst all others, in this busy hive, to work without hire? Why the high skill, genius, and the fruits of the industry of Medical men should be thus placed so largely at the disposal of the public? What were the causes which brought about such an unnatural consummation, and when did Medical men first become so uncanonical as to labour without a labourer's hire? The answer, we fear, is but too readily given; and we could only wish that the knowledge of the origin of these morbid Medical ethics might lead us, if not to their removal, at all events to turn our thoughts and efforts in a direction which may eventually work out their alleviation.

We have a firm conviction that an injustice so glaringly gross cannot last for ever. But when we see the array of difficulties which start up before us; when we calculate the obstructions which must be surmounted before its end can come, we certainly almost despair of a successful issue.

However, in the meantime, let us not fear to speak the truth. And the truth in the matter seems to be this: that the self-interest of the individual originally inaugurated the custom, and the self-interest of the individual still fosters and keeps it alive. There is no mistake about the fact. These services were never *claimed* by the public in the first instance; they were voluntarily offered by the Professional aspirant, who thought thereby to arrive rapidly at some culminating dignity in his Profession—that, for him *sic itur ad astra*. Yes! and then, after a time, the honour of performing these unpaid duties was not only accepted, but was sought and petitioned for by the aspirant. The public had no occasion to look far for an honorary officer; the honorary office was

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begged for, entreated for, often paid for; they who sought it often went down, and go down, on their very knees to ask it. The public was, no doubt, at first astonished at this extraordinary phenomenon, but it soon began to understand the meaning of it, and soon, therefore, learnt to set down these services at what they considered to be their true, real, and legitimate worth.

Now, how comes it, that for all these immense services thus rendered gratuitously to the public, the Profession gets so little credit? Why, for years of labour in a public Hospital does the Medical man often barely get civil thanks? At the annual public dinners of these Institutions, the names of the Medical men are not infrequently passed over altogether as a toast of no account, while the President, Treasurer, and so on, receive flaming applause! The Governors of some institutions appear to take an actual pleasure in snubbing the officers, whose labours are the very heart and mainstay of their charities! There are charities of this sort, again, in which the Medical officers are expressly excluded from all voice in the government of them. The reason of all this lamentable state of things is clear enough. We have no *Esprit de corps;* we don't work together; we sacrifice our birth-right for the miserable mess of pottage. While we are disputing with each other, the public quietly drops in and robs us of our rights.

And thus stands the matter. We who are to combat the injustice, who are to cry aloud against it, are the very persons who are committing it! Custom, fashion, tradition, and competition have engrained the folly deeply into every portion of our corporate body; and then, again, the most generous impulse of our nature—(and let us hope that the sentiment plays no mean part here)—readiness to relieve present misery at any personal sacrifice—herein finds a mine of gratification. The *Bon Bourgeois* pays his three guineas a-year to his Hospital, and buttons up his purse with the satisfaction of a man who has done a great action; the Doctor pays his three guineas also, and in addition labours all the year round gratuitously at that Hospital; and yet the said *Bon Bourgeois* doesn't value the Doctor's services to the Institution as of greater worth than his own.

The whole of this system of voluntary services will be found on examination rotten to the core. We have no one but ourselves to thank for its existence, and there is no possible remedy for the enormous evil, except in a large combination and much self-sacrifice. In large towns the accepted path to respectable notoriety lies through Hospitals and Dispensaries. In the country districts the Union Surgeon submits to days and nights of unceasing drudgery, and submissively thanks his patrons, who so permit him to employ his time and energies, because he hopes thereby to insinuate himself into the private practice of the district, or to keep others from invading what he has already obtained. Other rising aspirants to Medical rewards, who are neither Hospital Medical Officers, nor Union Doctors, nor Public Vaccinators, and who are unable to obtain, authoritatively, permission thus to distribute the benefits of their knowledge to the public, generously offer by public announcement at their doors gratuitous services to the afflicted amongst the poorer brethren between the hours of 9 and 10 a.m. daily, Sundays excepted.

Such is the existing system inaugurated and accepted. Every one, to gain a livelihood or to attain to honours in his Profession, must pass through it. Our very means of existence, then, oppose us when we would bring reformation into such an outrageous condition of things—*a condition to which there is nothing parallel to be found in any civilised country of Europe.* The public by long custom considers it has a prescriptive right to our unpaid labour; the Legislature, taking its cue from such considerations, has brought down remuneration for Medical services to the most beggarly scale; doctors' bills are more canvassed and are cut down lower than the bills of any other persons; and yet it is a true and undeniable fact that there is no class of professional men who work so hard, and are paid so ill, as the General Practitioner. To place a large amount of highly-skilled labour at the service of the public, to anticipate their want of it, indeed, by proffering it "*manibus pedibusque,*" is now as much a condition of our Medical existence, as becoming members of Halls and Colleges. Medical officers of public charitable institutions who ventured to ask of authority a pecuniary acknowledgment of their services, would create as great a sensation as young Oliver Twist did, when he ventured to ask that functionary Mr. Bumble "for more!"

And the worst of it is, that so far from there being any visible prospects of an amendment in this position of Medical affairs, there are evident signs in all directions of attempts to extend it. New hospitals and dispensaries are continually springing up, and affix this prominent fact to their programme, to catch the public effusions of benevolence—as a special claim, indeed, why they should be recipients of that benevolence—viz. that they will give relief to every sick body that asks it; that they require no letters of recommendation, whatever others do. More than this, some of these institutions are continually parading before the public the numbers of hundreds and of thousands who weekly receive relief at their hands. Of course, the public relish this system amazingly, and have a kindly feeling to charities which offer such unrestricted and unstinted benevolence.

But the end of all this is just simply and plainly the cutting of its own throat by the Profession. The multiplication of all these gratuitous charities has no other end than that of throwing upon the shoulders of Medical men the gratuitous performance of duties, which ought to be paid for out of the pocket of the ratepayers. Why should the parish pauper be attended gratis by the doctor, when he is sick, any more than he should be fed gratis by the butcher when he is hungry?

Now is there, shall there never be, any remedy for this monster evil? It may justly be called *monster,* for if—to speak plain language—the sum of money, yearly subtracted by this means from the pockets of Medical men, was truly stated, it would amount to something enormous. We can see no hope but in one direction,—in a monster combination among ourselves, and a resolute determination to do ourselves justice. Could not such a combination be made a neutral plot of *terra firma,* on which all Medical men might stand together, and drop their many party feuds?—fighting together to arrest a system which is ruining and degrading us in the eyes of the world. The thing cannot go on for ever. It will at last bring its own cure. These gratuitous services do not now-a-days give the honour, and indirectly the wealth, which they once brought to him who tendered them. Gratuitous services are becoming the rule; and every one is fighting against his neighbour, that he may be permitted to render them. *Such a rotten system must one day break down.* But why should we not strive before that day comes to arrest the cruel misery it brings upon so many in our Profession? This is a subject which ought to be taken up by the heads of the Profession—by the lucky few who have arrived at that position of honour and wealth. Of this, we are thoroughly convinced, that he who would strike this system to the heart, would give a fresh birth of dignity and wealth to our Profession; and would leave a name highly honoured among the worthies who have distinguished themselves in it.

THE WEEK.

We give in another column the copy of a short bill which was read a second time in the House of Commons on Monday evening. It was introduced as the only means of meeting a

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difficulty felt especially by Poor-Law Medical Officers who could not be registered by the first of January, yet who were required to be registered Practitioners before that date. There will be no opposition to it. We have been requested by the Registrar to give notice that all gentlemen who desire their names to appear on the Register printed for 1859, should apply to be registered before the 1st of May next.

The Medico-Parliamentary business of the week has not been unimportant. First, the extension of the time for registration from January to July may be considered as accorded; then we have a bill for the better care and treatment of Lunatics, read a second time, and referred to the Committee on Lunacy,—as were the Lunatic Asylums' Bill and the Burial Places Bill. The Poisons' Bill has been read a second time, and will have been considered in Committee by the time this number is in the hands of most of our readers. Mr. Scholefield's Bill to prevent the adulteration of articles of food and drink has been read a first time; and the Lunatic Poor (Ireland) Bill a second time. So sanitary affairs are "looking up."

The proceedings at the Salop Infirmary, to which we alluded in our number of January 29, have resulted in the election of Dr. Styrap, on Friday week, at a very full Board. It will be remembered that there were two candidates in the field, namely, Dr. Styrap, who is a Licentiate of the King's and Queen's College of Physicians of Dublin, and Dr. Watts, who is a Doctor of Medicine of the University of Edinburgh. Both of these gentlemen, under ordinary circumstances, would probably be considered eligible for the appointment of Physician to a provincial Hospital; but unluckily for Dr. Styrap, there exists a rule of the Salop Infirmary which declares that no Physician shall be eligible who has not obtained a diploma from a University after study and examination at that University; and as Dr. Styrap is not a graduate of any University, but a Licentiate of a College of Physicians, it was held by some, that he was ineligible for the appointment. Now it is very clear, that the rule of the Infirmary was expressly made to exclude from the office of Physician to the charity those persons who had obtained degrees or diplomas by purchase, without examination; but it never could have been intended to exclude Licentiates of the Colleges of Physicians of London, Edinburgh, and Dublin, who, by law, are fully qualified to practise as Physicians. A resolution was passed by a majority of 24 (the numbers being 92 to 68), that Dr. Styrap was eligible for the appointment. The result of this resolution was that Dr. Styrap was proposed as well as Dr. Watts, and the former was elected.

The dinner of the Society for the Relief of Widows and Orphans of Medical Men, went off with great spirit on Wednesday, under the presidency of Mr. Stone. Last year £1775 was distributed among 39 widows and 29 orphans. Since the establishment of the Society 114 widows and 179 children have been relieved by upwards of £53,000. The object and scope of the Society cannot be better stated than by giving the following extract from the preface to the first printed copy of the laws of the Society, in the year 1789:—

"Young professional men, reflecting upon the uncertainty of life and success, will naturally find comfort in the consideration of its being in their power, at a small annual expense, to lessen the miseries to which their wives and children may be exposed after their decease. Such as are able to bequeath wealth to those whom they may leave behind them, will have an opportunity of testifying their gratitude to that profession in which it has been acquired, by contributing some part of it to the relief of the families of their less fortunate brethren. And others, not of the Profession, who are benevolently disposed will, by means of this establishment, have it in their power to exercise their humanity by contributing to the relief of those who were entitled to indulge in better expectations."

The facts we have stated are the best proofs of the manner in which these objects have been attained; and we trust that the Society may go on increasing in usefulness.

A correspondent writes as follows to the *Gazette Médicale de Paris*, in reference to a case lately mentioned in this Journal:—"I do not ask, although the question is worth asking, your opinion as to the *justifiability* of this application of castration to the human species in general, and to this case of epilepsy in particular. But you must admit that there is something original in it both on the part of the patient and of the operator. It is only the Anglo-Saxon race (and I do not say it to blame any one) who offer such types. Here is a son of Brother Jonathan, who not content with having been made in America to pass from the white to the black race through the internal use of nitrate of silver, comes to England, and requests his cousin John Bull to assist him in passing from the male to the neuter gender. And what he desires is done for him. He is made a Eunuch—and a black Eunuch. The misfortune is, that he will nevertheless remain epileptic just the same as ever; one may without being much of a prophet, safely predict this much."

Enthusiasts—and there are many in our own Profession—may learn something valuable as a lesson from a pamphlet by Mr. J. Stirling, on the Failure of the *Forbes Mackenzie Act*. He proves facts such as these:—That the Scotch restriction laws have been followed by a systematic evasion; that while in 1852 the spirit licences granted in Glasgow were 1930, and in 1857 had been reduced to 1673, the cases of conviction for selling unlicensed spirits had advanced from 24 in the former year to 223 in the latter. That is to say, a steady increase of illicit spirit-selling is the result of severity; or, in other words, drunkenness, the moral vice, is not diminished; but an actual crime—that is, a violation of the statute law—is added to it. He tells us also that a new class of street-walkers has sprung up in Glasgow—a variety of the social evil unknown to Mr. Acton's minute philosophy. "Men wander at night through our streets, and lurk in our closes, carrying on their persons whisky in cans, flasks, and bladders, with measures for its sale." He tells us also, that the suppression of public-houses has led to the establishment and notorious spread of Drinking-Clubs—places of nightly resort and systematic dissipation, where the occasional drinker sinks into an habitual sot. He points out, "as a well-ascertained fact, though statistical proof is wanting, that laudanum drinking in our large cities is largely increased." He also concludes that the actual consumption of spirits is not less now than it was formerly; and moreover the Scotch paid in 1857 one million sterling more per annum for their whisky than they did in 1852. Mr. Stirling's conclusion of course is that the Forbes Mackenzie Act is an utter failure. All this should be known by the Sanitary Reformers.

The case of Gardiner *v.* Godfrey, which has occupied the Court of Common Pleas for three days, is one of painful interest to the Profession. The blind father of a girl of fifteen charges the Medical attendant of the dead wife and mother with the seduction of the daughter. It would be impossible to overrate the atrocity of such a charge, if groundless, or the villany of the seducer, if the charge were proved. As the Lord Chief Justice said:—

"The father is stricken with blindness—the mother was

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on the bed of death; and you have a young girl, hardly emerging out of childhood into puberty, whose tender age and childlike beauty would have insured her, one would have believed, protection against outrage on the part of any man of feeling, and whose immature years, one would have thought, would have rendered her an object of desire only to the most debased and vitiated character; and if the defendant be the man who has committed this act, you have this additional circumstance, that he was admitted into the bosom of the plaintiff's family by virtue of that confidence which is placed, and worthily placed, in the members of a noble and generous profession, and which, I hope, it rarely happens is betrayed in this manner."

The members of "a noble and generous Profession" will learn with great satisfaction that the jury disbelieved the charge, and acquitted Dr. Godfrey of the foul crime attributed to him. Medical evidence had something to do with the verdict. It was proved that the girl had had syphilis, and that the child born was the subject of congenital syphilis, while Dr. Godfrey and a child born to him about the same time were healthy, and Mrs. Godfrey, who had constantly occupied the same bed with her husband, had also been quite free from disease. Had this strange revelation not been made it is impossible to say what might have been the result; for no one knows so well as Medical men how easy it is to trump up a charge of this kind, and how difficult it might be to disprove it. A constant visitor on the most intimate terms of privacy with families of all classes and all shades of reputation—every family in the kingdom has an interest in the assurance that the man so trusted should be of unsullied, unimpeachable integrity; and we feel certain that the revelations made in this case of the social realities of publican life in Whitechapel will not shake the confidence of the nation in the honour of our Profession.

A BILL TO AMEND THE MEDICAL ACT (1858).

Preamble.—21 & 22 *Vict. c.* 90.

WHEREAS by an Act passed in the last Session of Parliament chapter ninety, "The Medical Act," provision is made for the Registration of members of the Medical Profession, and certain disabilities are imposed, after the first day of January, One thousand eight hundred and fifty-nine, on members of that Profession who are not then registered: and whereas, by reason of the time required for the collection and examination of the proper evidence on the first formation of "The Medical Register," it is expedient to amend the said Act as hereinafter mentioned: be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords spiritual and temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

1 *July*, 1859, *to be substituted in ss.* 32, 34, 36, *and* 37, *for* 1 *January*, 1859.

I. The First Day of July One thousand eight hundred and fifty-nine shall be substituted, in Sections Thirty-two, Thirty-four, Thirty-six, and Thirty-seven respectively of the said Act, for the First Day of January, One thousand eight hundred and fifty-nine; and the said several Sections, and all Provisions of the said Act having reference thereto, shall be construed and take effect as if the Word July had been originally inserted in each of the said Sections instead of the Word January.

Section 33 *repealed.*

II. Section Thirty-three of the said Act shall be repealed, and no person shall by reason of the said Act be or be deemed to have been disqualified to hold such Office as mentioned in the said Section Thirty-three, or any Appointment mentioned in the said Section Thirty-six, unless he shall have failed to be registered on or before the First Day of July, One thousand eight hundred and fifty-nine.

MEDICAL DETAILS OF THE SIEGE OF LUCKNOW.

IN the Indian Annals of Medical Science for July last, Mr. Greenhow, of the Bengal Medical Service, gives us some interesting Medical details of the siege of Lucknow. He had in part the charge of the Native Hospital, and was therefore himself an actor in that great drama.

The siege commenced on June 30, 1857; and Mr. Greenhow's account of it chiefly relates to what occurred up to September 25—the date of the relief of the garrison by Generals Outram and Havelock. The entrenchment was in a forward state, though not completed, when the siege began; it embraced a raised plateau around the Residency of about two miles in circumference, the river flowing on its northern side.

The "total strength" of the garrison (including its weaknesses, the women and children) was at the beginning of the siege 2982. Of these 1467 were Europeans, and 1515 natives. The fighting men mustered 1538, but they also had their weakness in this, that many of them were wounded, and that the natives were suspected, because our star seemed waning. Many of these combatants, too, had never seen a shot fired. But it was felt by all to be a battle for life; and the memory of the bloody Cawnpore massacre was still vividly fresh in their thoughts. The women and children of the men of H.M. 32nd Regiment had been slaughtered there, and this regiment now formed the mainstay of the Lucknow garrison.

Thirty to fifty thousand bloodthirsty fanatics surrounded this handful of beings; and at last completely hemmed them in on all sides. Then first began to be felt the real privations of the siege. The servants quickly vanished from what they thought the doomed camp. Luxuries, tea, sugar, wine, and sago, etc., except for the sick, were not to be had. Meat and attah were the staple food of adults. No bread was seen during the siege; and chuppaties agreed ill with the ladies and the sick.

The air of the enclosure soon became polluted with the filth collected in it, and disease prevalent. Happily the season was dry. The thermometer generally ranged from 85° to 90°. All were sorely tried, but it was hard to say whether officers and soldiers, who slept in the damp trenches, suffered more than those who were shut up (as were the women and children) in houses. No building was shot-proof. The Hospitals were placed in chosen spots, but yet several men were wounded in them; and their upper stories were riddled with shot. Everything, however, was carried on in them in a systematic manner. The Medical Staff lived in the Hospital. Women nursed their husbands. Boys from the Martinière College acted as mates to the nurses; and certain benevolent ladies smoothed the pillows and dressed the wounds of the helpless soldiers. All luxuries procurable had been made over to the Hospitals at the beginning of the siege.

Under such a condition of things we need not be surprised to find that death sought his victims through other ways besides the cannon and the rifle's mouth. *Cholera* prevailed during the first two months. Mr. Greenhow tells us (and it must be remembered that his own practice was concerned chiefly with the native soldiers) that the natives recovered from it better than Europeans. He gave no stimulants. He found creosote and water an allayer of vomiting; turpentine frictions and ligatures on the legs relievers of cramps; and useful drinks were congee-water and dilute sulphuric acid. "Bleeding, *even during collapse*, seemed to answer well in several cases. The pulse returned, and though the effect often passed off, the bleeding was sometimes repeated after a few hours, and with apparent success."

Diarrhœa prevailed extensively among Europeans, but few of the natives were affected with it. There were causes enough to account for this diarrhœa, and chiefly the novel diet. As the siege advanced, however, diarrhœa diminished, men's stomachs becoming accustomed to the chuppaties, which formed the staple of their food. Rest in bed, as a curative, "did more than all medicine,"—that is, rest at night, for the flies prevented all sleep during the day.

From *dysentery* the natives suffered more than the Europeans, but the dysentery was mild and manageable. The same treatment was adopted as in diarrhœa.

Small-pox had long existed in the city of Lucknow; and at

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the commencement of the siege there occurred many cases of it among the children of the garrison; but after four or six weeks, when all communication with the city was cut off, it entirely disappeared. It was of a severe kind, and many cases were fatal.

Fever, curiously enough, was almost absent, notwithstanding so many exciting elements of it were then in existence. Moisture probably was wanting to bring them into action; and the weather was remarkably dry. Altogether, men were more healthy at the end than they were at the beginning of the siege, a fact which may be accounted for by supposing that death had weeded out all those who had not vigorous constitutions.

Many births took place during the siege, and of these several were premature. There was reason enough! Round shot continually crashing into houses; shells bursting in the roads and the verandahs; bullets whistling through the air, or "thudding" against the walls, and ever and anon mines shaking the earth. The confinement in houses told upon the children of every age. The weakly sunk at once; the strong alone survived; and the newly-born almost invariably pined and died. Suicides there were also, but only a few. "The thought of their sufferings was too much for the minds of one or two; but we must rejoice that these cases were rare; and while gently drawing a veil over them, can but feel proud that so much privation and so great a trial were endured with a cheerful spirit by the great mass of the garrison."

Towards the end of their trials scorbutic eruptions, swellings of the limbs and joints, and dysentery became frequent. But "I never observed the true scurvy—the bleeding gums and loosened teeth. These symptoms were explained by a total want of vegetables, and an absence of lime-juice and vinegar. When vegetables were procured the symptoms all rapidly disappeared."

The state of the garrison at the beginning of the siege, on June 30, and at the termination of the siege on September 25, may be seen by referring to the following tables, which we have here placed in juxtaposition.

Return of the Lucknow Garrison on June 30, 1857.

EUROPEANS.

Chaplains.	Officers.	Non-Com. Officers.	Drummers.	Privates.	Non-Military Combatants.	Total.	Women.	Children.	Grand Total.
2	130	63	20	567	147	929	257	281	1467

Return of killed and dead of the Lucknow Garrison from June 30 *to Sept.* 25, 1857.

EUROPEANS.

1	28	43	6	248	23	349	15	41	405

Strength of Natives in Garrison on June 30.

Fighting Men.	Public Camp Followers.	Private Camp Followers	Total.	Grand Total.
611	162	742	1515	2982

Return of Deaths of Natives to September 25.

133	19	Unknown.	152	557

Hence the total loss of the garrison was about one-fourth of its original number, during the three months; but many desertions of Native soldiers and camp-followers took place, so that their numbers before the end of the siege were reduced to about one-half from that cause alone; and this must be considered in noting the mortality among them as it appears in the above returns.

The deaths of the women and children seem very small under all the circumstances; that of the non-commissioned officers excessively great, viz. 43 out of 63, so much so, indeed, as to lead us to suspect there must be some mistake in these figures.

Mr. Greenhow had under observation 300 cases of injuries and wounds. Of these 260 were of Natives, and 60 of Europeans. Exactly 100, or one-third, were fatal injuries. 245 were bullet-wounds, of which 75 were lethal. Of 26 roundshot-wounds, 17 were fatal. Of 13 shell-wounds, 5 were fatal. Of bayonet-wounds there were only 2; for there was little of the *cominús* fighting.

Shell-wounds were rare, because the enemy had only a small supply, and were not up to the art of cutting their fuses aright. Shrapnell they sent in abundantly, but the cover was good in the encampment, and people being well on the look out were able to dodge this missile successfully. Of bullet-wounds, Mr. Greenhow says, he knew one instance "in which a bullet lodged in the brain of a patient, and he feels but the least possible inconvenience from it; the ball entered at the occiput."

Out of 27 cases of amputations 17 were fatal, and the success was greater in this respect among the Natives than the Europeans. The causes of death after these operations were, in 9 cases, shock; in 4, exhaustion; in 2, gangrene; and in 2, tetanus. He also adds, on this score, a remark worthy note: "that the shock of the operation, in many cases, was no doubt increased in consequence of there being little or no chloroform."

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, February 14, 1859.

IN a recent communication I made allusion to a case of strangulated inguinal hernia, in which, after the operation had been performed, it was found necessary, in consequence of the lacerated state of the mesentery, to remove about six inches of this membrane, together with a corresponding portion of the gut. Notwithstanding this almost unwarrantable interference with such delicate structures, and contrary to all expectation, the patient not only continues to live, but now begins to encourage the hope that his perfect recovery will ultimately take place. With the exception of a slight attack of erysipelas in the immediate vicinity of the external incision, no untoward circumstance occurred until about the tenth day after the operation, when delirium set in, accompanied with other symptoms indicative of nervous prostration. At this time the tongue was clean, and the appetite was tolerably good—the state of the pulse gave evidence of increasing weakness. The opinion which M. Robert, the surgeon, entertained was to the effect that the debility and increasing emaciation were owing to the interrupted continuity of the alimentary tube, rendering it impossible for the nutritious parts of the food taken into the stomach to be duly absorbed. A highly nutritious diet was ordered, and musk was administered to the extent of 50 centigrammes (10 grains) daily. Under this treatment the delirium disappeared, and the patient's general health seemed to improve. A false anus became fairly established, from which the contents of the bowels escaped. Ten days ago, M. Robert, seeing that the patient was still suffering from defective nutrition, believed that the proper time had arrived for making an effort to re-establish the interrupted continuity of the severed intestine. In accomplishing this he had recourse to the operation introduced by Dupuytren in cases of "anus contre nature," and which consists in the section of the éperon or spurlike promontory formed by the two extremities of the severed intestine as they run parallel to each other towards the wound in the parietes of the abdomen. From the name "enterotome" employed to designate the instrument used in this operation, one is naturally led to think of a cutting blade; but such it is not—it consists of two straight serrated branches (a male and a female, as they are termed), which articulate precisely like midwifery forceps. One of the blades was gently introduced into the inferior extremity of the intestine, while the remaining one was placed in the superior or stomachal end. They were then articulated, and the two branches brought cautiously and firmly together, by means of a small screw. During the operation M. Robert took occasion to remark that his manner of using the instrument in question differs so far from that of

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Dupuytren, that, while the latter compressed the blades gradually by giving an additional turn to the screw every second day, he (Robert) prefers the complete strangulation of the embraced tissues at once. In so acting he believes that gangrene of the tissues is produced almost immediately, and the patient is thus saved the dangers of the inflammatory process. Two days ago the enterotome having accomplished its end, was gently removed, and that union had taken place between the two severed ends of the bowel was proved by the occurrence of colicky pains below the seat of the operation, and by the passage of gas by the natural outlet. A compress was now applied over the opening in the groin, and shortly after this, the patient began to experience a desire to go to stool; and although the effort was not followed by any fecal discharge, there is good reason to hope that, as the large intestines become charged, a natural evacuation will take place.

In the Salle St. Jean, M. Robert is at this moment treating the stump of an amputated thigh, by a method which we believe is known under the name of "incubation." Although the practical application of the system is to us altogether novel, we learn from M. Robert that M. Guyot, its inventor, made it known some thirty years ago, and that he himself has been in the habit of employing it from time to time for the last twenty-five years. M. Robert further added that among the Surgeons of the French capital he is almost the only one who has adopted this system, and so favourably impressed is he with its value, that he regrets it is not appreciated by the Profession as it deserves. The apparatus consists of a wooden box some two feet square, which is carefully placed over the extremity of the amputated limb. Communicating with the box is a copper tube about four feet long and two and a-half inches in diameter, which is curved so as to hang over the side of the patient's bed. To the extremity of this tube is appended a small spirit lamp, the flame of which is directed towards the interior of the tube, and is the origin of the heated air intended to circulate around the stump. By increasing or diminishing the distance between the lamp and the free end of the tube, and by the opening or closing of a small valve, the temperature of the air contained in the box is regulated. Thirty-two degrees centigrade (91° Fahrenheit) is the temperature recommended. A thermometer is kept constantly in the apparatus, and the *Garde Malade* duly instructed to examine it from time to time, so that the heat may not exceed the assigned limit. We do not pretend to be able to judge of the system of incubation, as compared with the ordinary plans in use in the treatment of amputations, this being the only case we have seen, and the cure is for the present far from being complete. According to M. Robert, however, the hot air acts very beneficially in preventing the formation of the false membrane which so frequently forms on stumps, and in rapidly destroying it when it does appear; also the granulations once having commenced, their progress is far more rapid than under the ordinary system. Care must, however, be taken that the hot air do not exceed the given limit, as in that case the granulations are apt to become too exuberant, demanding the application of escharotics to keep them in check.

In the wards of M. Trousseau have occurred recently two striking illustrations of the extreme danger of the use of opium in diseases of the heart. One was that of a woman, the other that of a man; in both of whom death followed suddenly after the exhibition of a moderate dose of this drug. In the case of the latter there were evident symptoms of disease of the mitral valves accompanied by difficulty of breathing, ascites, and considerable œdema of the lower extremities. To relieve the breathing and the general feeling of uneasiness, the *Chef de Clinique*, at the urgent request of the patient, administered a dose of opium in combination with ether. Death almost immediately followed. This took place in the evening. On the following morning, M. Trousseau, finding the patient's bed empty, inquired into the circumstances of the death, and the simple relation of what had taken place called forth the following remarks from the learned professor. First addressing himself to the *Chef de Clinique*, he said, in the plainest possible terms, "Sir, you have killed that man;" then, turning to the students he said, "Gentlemen, let these two cases be a warning to you when in the course of your professional duties you may be called upon to treat patients labouring under diseases of the heart. Whatever you do, be exceedingly chary in the use of opium, more especially in advanced stages of these complaints, as by its exhibition paralysis of this organ is almost sure to follow." The same rule also applies to cases of pulmonary phthisis in their later stages. If the pulse be weak and the expectoration be accomplished with difficulty, the use of opium will produce but one effect, that of hastening death.

A certain amount of sensation exists among Medical circles in consequence of a case of supposed cure of cancer effected by a black son of Esculapius, who is at this moment practising the healing art here. The subject of the cancer was no less a person than Herr Sax, the inventor of the famous horn known by his name. The cancerous tumour was situated on the upper lip, and its malignancy vouched for by no meaner authorities than Velpeau and Ricord. Both these celebrated masters pronounced sentence of death on M. Sax, holding out to him a limited reprieve only on condition that he submitted to the extirpation of the tumour by the knife. Drowning men, it is said, will catch at a straw; but M. Sax, in making the effort, caught hold of something more substantial, to which for the present, at least, he seems to owe his life. The case having been pronounced hopeless by men whose judgment, in similar cases, is invested with something like infallibility, and M. Sax having heard of the miraculous cures performed by the *black doctor*, at once placed himself under his care. The treatment was duly commenced, and consisted of the internal administration of some anti-cancerous preparation, which M. Vriés, for such is the name of the mulatto, had discovered while residing among the savage tribes of South America, and on whom he had tested its efficacy. The patient soon began to improve, the pain in the diseased part ceased, and the malignant tumour gradually disappeared. M. Sax is now in the enjoyment of the most perfect health. A certain Doctor Déclat, who has been specially favoured with the friendship and confidence of M. Vriés, the black doctor in question, communicated this wonderful cure to the *Moniteur des Hôpitaux*, appealing through its columns to Velpeau and Ricord for an expression of their opinion in reference to it. The former of these gentlemen, whose "amour propre" seems to have been slightly piqued by the interrogation, forwarded a reply to the following effect, viz.: that the case of M. Sax being quite exceptional, proves nothing, and consequently the communication made by M. Déclat to the *Moniteur des Hôpitaux* is premature and inopportune; further, that in order to test the real merits of M. Vriés' system of treatment, he, M. Velpeau, has invited him to institute a series of experiments on cancerous patients in his wards at the "Hôpital La Charité." M. Vriés having accepted the invitation, is now regularly installed in this Hospital in the capacity of "specialiste," and has been at work for the last eight or ten days. He has, at this moment, under treatment some dozen cases of cancroid disease in different forms and stages of advancement, from the simple scirrhous tumour up to the open cancerous sore. He seems to shrink from no responsibility, accepting all cases, even the most desperate, with an amount of assurance, as to their favourable result, which is perfectly amusing. We accompanied him yesterday on his visit, and during his examination of his patients enjoyed a fair opportunity of observing his manner and mode of treatment. There are two questions which he addresses to all the patients separately. The first refers to the state of the bowels, the second to that of the tongue. Should the former be not quite satisfactory, he invariably orders a dose of ol. ricini, which must be followed in the space of five minutes by a cup of broth, in order to secure its efficient action. This point disposed of, he draws from his pocket a circular-shaped thermometer, which he winds up with a key precisely as one winds up a watch; he then applies it to the vicinity of the diseased part for the purpose, we presume, of ascertaining the temperature. Here ends the diagnosis. Naturally the treatment being a profound secret from all the world, it is not to be expected that I can enlighten you in reference to its nature; its effects on the different cases I shall, however, carefully observe, and take an opportunity of communicating when the proper time shall arrive. Dr. Vriés, unlike the other surgeons of the Hospital, has no need of a train of followers, as he combines in himself the several offices of surgeon, clerk, and apothecary. He takes no note of the case, nor does he require to prescribe—his physic is in his pocket. Not even a nurse is required to administer the drug. Fearful lest it should fall into the hands of some prying chemist, the pills and

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powders only quit his hand to be placed in the patient's mouth—in other words, he never loses sight of his medicine until he is perfectly convinced that it has disappeared in the patient's stomach.

On the 3rd of the present month, a death occurred from chloroform at the "Hôpital St. Eugenie." The subject was a little girl, 7½ years of age, affected with coxalgia. The chloroform was administered with a view to the sudden extension of the limb, on the principle recommended by Bonnet of Lyons. The child died suddenly after having inhaled only four grammes (about 1 drachm). As in the case of death which took place in the hands of M. Richet a few weeks ago, the lungs continued to act after the cardiac movements had entirely ceased. The cause of this deplorable accident remains unknown, as the autopsy revealed nothing. M. Marjolin, under whose care she was, suspected, however, that his little patient had been addicted to onanism, from a peculiar expression of the face, and from certain peculiarities of the genital organs. It is well known that children addicted to this habit have a tendency to syncope, in consequence of the extreme susceptibility of the nervous system which the act engenders, and the death may, therefore, be traced to this condition of the system as a predisposing cause in the present instance.

AMERICA.

New York, Jan. 25, 1859.

Our city has been in a state of intense excitement for the last two or three weeks, owing to the death of a prominent citizen, who had been subjected to the operation of injections of nitrate of silver into the lungs, through a tube, by Dr. Horace Green. On January 19, Dr. Green brought the case before the Academy of Medicine, for its consideration; and as the question of tubage of the air-passages is at present exciting considerable attention, the facts elicited may be of interest to your readers.

According to Dr. Green's account, Mr. Whitney placed himself in Dr. Green's hands on October 25, 1858, and Dr. Green on examination concluded that his patient was suffering from tubercular softening of the lung. His throat was granulated and inflamed; the left tonsil slightly enlarged and ulcerated; the epiglottis was thickened, and its border whitened with a line of erosions.

Treatment.—The enlarged and ulcerated portion of the left tonsil was removed, the pharynx, the sub-tonsillary fossæ, and the border of the eroded epiglottis were cauterised. A drachm of the following alterative mixture was advised night and morning:—℞. Iodid. potassæ 2 drachms, protoiodid. hydrarg. 2 grains, tinct. rhei. 1 ounce, syr. sarsæ. co. 3 ounces.

This same sort of treatment was continued for a few weeks, Dr. Green intending to employ tubage of the larynx whenever the sensibility of the glottis was sufficiently overcome to allow the introduction of the necessary instrument. On December 6 he made the attempt, at the patient's request; the tube was introduced, and a drachm of nitrate of silver solution—15 grains to the ounce—was injected into the left bronchus. No irritation followed the injection. The patient on the 9th inst. was so much relieved, as to request that the injection should be repeated; but it was not repeated, the throat only being cauterised.

It appears that the operation is always more readily performed when the opening of the glottis has been prepared by daily cauterisations a few days before the tube is passed through it; and as this had not been done, Dr. Green refused to introduce the tube when Mr. Whitney came "to his office" on December 14. He employed on this occasion the sponge-probang. "The same probang, the identical instrument which on some ten different occasions previously had been passed into the glottis and larynx of the patient, was employed, and in precisely the same way, except that when the sponge reached the glottis opening the patient partially closed the throat (a thing occurring every day with nervous or sensitive patients, and as every operator knows, without the occurrence of any harm to the patient) by which the progress of the instrument was suddenly arrested, so that it did not enter the wind-pipe at all. It was at once removed, no more force having been used than that which is constantly employed every day on operations on the air-passages. The operation was not renewed, and the patient, after talking a while with Dr. Foy and myself, and remarking that 'the operation hurt him more,' or that 'he felt it more than usual,' which arose, as I said to him, from the sudden arrestment of the instrument, he left with the arrangement that he should return the next day and have the tube employed. These are the precise steps, and the particulars of the last operation."

Mr. Whitney returned home, and was seized with violent symptoms. He thereupon sends for his family Physician, Dr. Beales, who thus describes his state:—

"Dec. 14, 1858.—About one in the afternoon I was called to see Samuel S. Whitney; I found him surrounded by several members of his family, in a state of the most intense excitement, suffering, and terror: in answer to my inquiries as to what had happened, he answered, 'Sit down, Beales, and I will tell you the truth; I was such a fool as to go to Dr. Green to be operated upon, and the d—d villain has killed me;' his countenance was pale and haggard, and had all the appearance of a man whose nervous system had received a severe shock; his breathing was occasionally irregular and almost spasmodic, coughing almost incessantly, and speaking with great difficulty and pain, in a hoarse unnatural tone of voice; his skin was cold and clammy, and covered with perspiration; the pulse was extremely frequent, feeble, irregular, and intermittent; he was excessively restless, not remaining in the same place more than a few minutes at a time, complaining of intense pain in the region of the larynx; shooting through to the cervical vertebræ, and down the course of the tracheæ to the chest: he kept grasping the larynx, and reiterating every few minutes that he was murdered. I endeavoured to calm the excitement of the patient, and tried to examine his fauces and throat, which appeared to be in a state of great inflammation. I discovered no lesion, as in fact, on account of the pain and terror of the patient, the examination was necessarily very imperfect, as he would scarcely allow the spoon to touch his tongue, and I concluded, therefore, to defer the examination till he should become more quiet. I gradually ascertained, partly from the family and partly from himself, that he had been several times to see Dr. Green; on the first occasion his tonsils had been amputated; at a subsequent occasion, ten or twelve days previously (the exact dates were not told to the relator), a hollow tube had been passed into his lungs, and about a teaspoonful of solution of nitrate of silver had been injected into them by touching a spring at the top of the tube; whether this was done more than once, the relator does not recollect to have been stated. On the 14th of December Mr. Whitney breakfasted with his family, appearing to be in his usual health; he afterwards went to Dr. Green's office; the Doctor passed an instrument into his throat, and, finding some obstruction, he pushed the instrument with some force; he (Mr. W.) felt something give way; immediately experienced severe pain about the top of the windpipe, and told the Doctor he had hurt him: he returned home, informed the family of what had occurred, and I was called, as before stated. 1 p.m.—I saw him with the symptoms and in the state previously described; it was evident that under these circumstances, the only indications that could be followed were to rally the patient's strength, to produce some reaction, and to moderate the local irritation in the fauce; to this effect, I ordered him to be immediately put in bed, bottles of hot water to the feet, with sinapisms to the extremities and chest, and flax-seed poultices to the throat, a teaspoonful of chloric ether or volatine tincture of valerian in water occasionally, till reaction should be established, and a mixture, composed as follows: Br. ol. amygd. dulc. syrup papav. alb, mucilag G. acac. liquor, potass. A dessert-spoonful to be slowly swallowed occasionally. For nourishment he was allowed arrowroot and flax-seed tea.

"7 p.m.—Is suffering severe pain, described to be in the larynx, down the course of the tracheæ to the chest, and round to the cervical vertebræ; pulse, 112, feeble and irregular; still excessively restless; other symptoms are about the same; insisted on my remaining with him all night. R. vin. antimonial, solut. S. morph., syrup gumni, ag. distill. A dessert spoonful every four hours. To inhale the vapour of infusion of flax-seed and poppy heads.

"On the following day, the 15th, emphysema appeared around the neck, and gradually extended over the neck and chest.

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"8 p.m.—Dr. Valentine Mott saw him, in consultation with me; is decidedly worse; emphysema very much increased; neck and chest enormously swollen—it has extended all over the chest, but lower down on the right side; breathing somewhat laboured; pulse very feeble, irregular, and 112; skin is again covered with clammy perspiration, and about the neck and chest is of a purplish erysipelatous appearance; does not particularly complain of pain, except on talking or swallowing. Dr. Mott gave a very unfavourable prognosis. Continue anodyne, and take alternately a teaspoonful of ammoniate tincture of valerian.

"16th.—6 a.m.—Upon the whole has passed a more comfortable night; symptoms are all a shade better; the emphysema rather less in the face, but the throat and chest are enormous, the mammæ resembling those of a stout nursing woman. Continue fine whey.

"1 p.m.—With Dr. Mott. The emphysema extends to Poupart's Ligament on the right side; but only as low as the umbilicus on the left; cough less frequent, except when he swallows; pulse 108 and rather firmer. Same remedies and nourishment.

"9 p.m.—With Dr. Mott. Is not so well; emphysematous swelling increasing; cannot open his eyes till the air is carefully pressed out of the lids; chest and abdomen still more swollen; pulse more feeble, 122, although he has taken nourishment more freely. Same remedies.

"17th.—6 a.m.—Has slept more during the night—sometimes for nearly an hour at a time; has taken more nourishment; but there begins to be considerable mucous secretion, which interrupts his respiration, and gives him great trouble to expectorate; pulse very irregular and feeble; the slightest movement increases its frequency; it averages about 108.

"1 p.m.—With Dr. Mott.—There is no observable change in the symptoms, although he says he feels more comfortable; several attempts have been made from time to time to examine the fauces and adjacent parts, but the excessive swelling rendered them useless.

"9 p.m.—With Dr. Mott.—There is again a lull in the slight symptoms, excepting the pulse, which is extremely irregular at 108. Same remedies.

"20th.—6 a.m.—Has passed a very bad night; breathing laboured, and all the difficulties of swallowing, etc. increasing; the emphysema rapidly disappearing from the face and throat; abdomen distended and tympanetic; injection did not operate; a tablespoonful of castor oil.

"1 p.m.—With Dr. Mott.—All the symptoms gradually becoming more serious.

"10 p.m.—Is very much worse in every respect; respiration excessively laboured; the slightest attempt to dose threatens suffocation from the accumulation of mucus; can with difficulty be induced to swallow; the oil operated twice, and he was excessively exhausted; pulse extremely feeble and irregular, 126; he is evidently sinking.

"21th.—7 a.m.—During the night he became rapidly worse; did not swallow after 2 a.m., and died rather suddenly at 8 a.m., partly from exhaustion and partly by asphyxia.

"Note.—A number of trifling circumstances, such as the varying appearance of the urine, the continual slight changes in the symptoms, etc. as not throwing additional light on the case, have been omitted, in order not to make the statement too tedious. "J. C. Beales, M.D.

"As far as relates to this case, from the time I was called in, it is a faithful narrative.

"Valentine Mott, M.D.

"I certify that this is a faithful copy of the original.

"J. C. Beales, M.D."

The following is the record of the post-mortem examination:—

"Thirty hours after death nothing peculiar in the appearance of the body. Rigor mortis quite moderate.

"On making an incision from under the chin in the mesial line of the sternum, it was remarked that the anterior projection of the thyroid cartilage was more than ordinary. Directly as the knife divided the deep cervical fascia on the left side of the thyroid cartilage, pus issued out; a little further division opened into a cavity, containing pus, about the size of a large hen's egg, and extending a little in front of the pharynx, and downward behind and below the thyroid cartilage. At the upper and posterior part of this abscess there was an opening into the pharynx, large enough to admit the end of the forefinger. This abscess was lined by a large quantity of destroyed filamentous tissue, hanging from different parts of it like wetted tow. The entrance into the œsophagus immediately below this was perfectly sound, internally and externally. The larynx was now laid open from behind, and at the first glimpse, a red point about the size and shape of a grain of wheat on the left side, a little below the left chorda vocalis, and running longitudinally, led us to exclaim, there is the point of laceration of the mucous membrane, by which the air has escaped into the cellular tissue to constitute the emphysema. On close inspection, and wiping the part with a sponge, no abrasion nor aperture could be discovered. Every other part of the larynx and trachea, as far as removed, presented on its internal surface a perfectly normal appearance. Indeed, we all remarked, that we had never seen a larynx and trachea more natural and healthy. We next concluded to have a look at the bronchi and lungs. Perhaps about an inch above the division of the trachea, the most beautiful vermilion redness that we ever saw on a mucous surface commenced and extended into each bronchus, but greatest in the left, and extended down to each lung. Over this peculiar redness there was a cloudy shade, which vanished after a short exposure to the air. On opening the pleura, the upper lobe of the left side, at first glance, seemed covered with white thick pus. But, on close examination, it proved to be soft strumous, like fibrin, easily rubbed off. This, on the side and posterior part, connected that lobe in patches to the pleura costalis. These imperfect adhesions were easily broken down with the fingers. The whole of the upper part of this lobe was very red, and very solid—hepatised. Just at the root, or at the commencement of the bronchial ramifications there was an open cavity, about the size of a small black walnut, of a reddish brown colour, and irregular billows surface, as though a slough had separated. At the upper and anterior part of this cavity there was a small opening through both pleura. This lobe was cut into in different directions, but no tubercles could be found. The lower lobe was perfectly healthy. The redness of the mucous membrane of the right bronchus extended to the lung of that side, but the three lobes were perfectly normal. There were no old adhesions on either side of the cavity of the chest. Some little appearance of the emphysema remained.

(Signed) Valentine Mott, M.D.
J. C. Beales, M.D.
Alex. B. Mott, M.D."

"In the discussion which followed the reading of these statements, Dr. Beales stated that he carefully examined Mr. Whitney's lungs by auscultation about November 1, but could detect no trace of tubercles, and believed him to be free of disease of his air-passages at that time. In regard to the cavity found, he remarked:—

"Was this a tuberculous cavity? It neither contained any kind of fluid, nor was it lined with lymph, nor the slightest appearance of false membrane, nor were there any remains of tuberculous deposit, and I at least have never seen a tuberculous cavity similar to it—in fact, although that word was used in the report as probably most readily occurring—it could scarcely be justly so called, it was rather a shallow depression or scooping out of the actual apex or superfices of the lung; its surface was not like that of a 'cavity,' but rough and irregular, and had that peculiar appearance that all present remarked it looked as though a slough had separated. Communicating with it was a perforation in the pleura sufficiently large to admit the little finger of the gentleman who had operated; all other appearances about the lung were of the most recent disease, the hepatisation was in its earliest stage, and the adhesions spoken of were so recent that the folds of the pleura were more properly speaking glued together than adhered. We did not discover the slightest sign of chronic disease in or about the lung; and so striking was this fact, that Dr. Mott told the family, after the post-mortem examination, that we had not seen any disease that might not have been produced within a week. But Dr. Mott is here to speak for himself. Dr. Green says that the epiglottis was thickened and its border whitened with a line of erosions. At the post-mortem, this part was very minutely and carefully examined, and found to be extraordinarily healthy and free from the slightest vestige of disease. Under all these circumstances, I am forced to believe that Dr. Green erred in his diagnosis, and that these various operations were unnecessary and uncalled for. I do not say that the operation of tu-

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caused the disease in the lung, because I confess myself ignorant of the effects of nitrate of silver on the substance of the lungs; but for the operation itself, I do not hesitate to express my conviction that it is at all times attended with extreme peril and risk of the patient's life. I have never heard of or seen a single case of phthisis where it has effected a cure, and therefore I believe it to be perfectly unjustifiable. I believe that a slough or eschar was formed at the apex of the lung, involving the pleura, and which, at the time of the unfortunate occurrence, became separated by the violent exertions and spasmodic coughing—the air percolated into the cellular substance, and produced the emphysema, which formed so prominent a symptom."

Dr. Beales then alluded to the abscess opening into the pharynx, and thus explained its probable causation:—

"To my mind, the evidence is irresistible, that in the last unfortunate operation, on the 14th of December, that the pharynx was accidentally lacerated by the probang; the first effects, as we have seen, were excessive irritation of the parts, and a severe shock, increased no doubt by the nervous temperament of the patient, and his conviction that the injury was fatal. Afterward, doubtless portions of the various foreign bodies he attempted to swallow, food and medicine, were forced into the wound. After three or four days a sloughy abscess began to be formed, which, gradually increasing in size, formed a mechanical obstruction to swallowing; by pressure on the adjoining parts, prevented the epiglottis from properly closing, and produced the strangulation and regurgitation which we have noticed, till at length the unfortunate patient sank from exhaustion and asphyxia."

In defence of his method of treatment, Dr. Green referred to the opinions of recent French writers, and also of Dr. Bennett, of Edinburgh, in favour of tubage of the air-passages, injections into the lungs, and cauterisation of the larynx and trachea. He believed the cavity in the lungs was tuberculous, and quoted Rokitansky in proof. The abscess in the region of the pharynx he thought was of a chronic nature, and should have been opened.

Dr. Valentine Mott stated that he was responsible for the record of the autopsy, as he himself drew it up. He denied with much emphasis that the abscess was chronic, and after describing its exact locality, affirmed that it could not have been opened by the fauces.

At this stage of the discussion an ineffectual effort was made to refer the subject to a committee, but a motion to lay it upon the table prevailed.

It should be stated that Dr. Green was not called in, either during the progress of the case, or to witness the autopsy, owing, as was alleged, to the excited feelings of the patient and family.

GENERAL CORRESPONDENCE.

MODE OF ADMINISTERING PHOSPHORUS.

Letter from Dr. Crawcour.

[To the Editor of the Medical Times and Gazette.]

Sir,—I find in a recent number of your journal, in answer to your correspondent, "General Practitioner," that it is difficult to frame an unobjectionable formula for the internal use of phosphorus. Probably the following mode will be of service to him. Phosphorus is very soluble in absolute alcohol, and I prepare a solution by pouring boiling absolute alcohol on phosphorus cut small, and placed in a bottle, corking immediately and shaking until cold. The alcohol dissolves about two grains to the ounce, and the solution, which should be decanted from the undissolved phosphorus, may be administered with perfect safety as an ordinary tincture. When poured into water it forms a milky emulsion, and may be thus given in doses of from 30 drops to a fluid drachm in one or two wine-glasses full of water with perfect safety. It is not disagreeable to the taste, and I have used it with great benefit for several years.

I am, &c.

J. L. Crawcour, M.D. M.R.C.S. Eng.
Professor of Chemistry and Medical Jurisprudence in the New Orleans School of Medicine.
New Orleans, Louisiana, U.S. A.

DIPHTHERIA.

Letter from Dr. Monckton.

[To the Editor of the Medical Times and Gazette.]

Sir,—With your permission I will now continue the remarks upon diphtheria, published in the *Medical Times and Gazette* for January 22.

One prominent object of the first letter was to disarm, by giving a definite direction to, the many vague terrors that have been pervading both the popular and professional mind on this subject. Nothing was more natural than that the lamentable accounts met with in the papers of diphtheria and its doings should send thousands, actuated by unnecessary alarm for themselves or their relatives, to the family Doctor; but it singularly happened in the present case, that, except their Medical adviser was one of the few across whose path the formidable foe had already passed, the Doctor himself could only in some degree allay, and in some degree participate in, the panic.

The two parishes of Brenchley and Horsmonden have been especially visited by this disease, as will appear from the fact, that out of 73 deaths registered for their joint population, of about 4400, from May 13, 1858, to January 27, 1859, no less than 18 are attributed to diphtheritic disease; and even this might be stated more strongly; for a very considerable portion of the larger parish presented no instance of the complaint at all; indeed it appears that in the smaller parish with much less than one-third of the above population (say 1300) 13 of the deaths occurred. It is worthy of remark, that during the some period five deaths from scarlatina took place in the two parishes, and a large number of non-fatal cases occurred. The scarlet fever did certainly infest very much the same spots as the diphtheria, and those, almost invariably, the lowest, poorest, and most insalubrious ones; it being understood, however, that the parish generally is far from being unhealthy or badly situated. The scarlet fever was of an asthenic and troublesome character; but at the same time, not very malignant in its type.

It is not shown by my own notes, or those of neighbours, that in any one instance the two diseases have coexisted in the same family, neither does it plainly appear that at any one time diphtheria was received from a scarlet fever patient, or *vice versâ*. Community of origin is suggested by the fact of their being so long coexistent and intermixed on a very small spot (*vide* my last letter), and the idea receives much point from an occurrence which has taken place since that letter was written. A lad suffered a smart attack of scarlet fever, and during his convalescence a little girl, one of six in a family across the courtyard, and the only one who had not previously suffered scarlet fever, was taken with diphtheria and died. Here we get the double suggestion of scarlet fever begetting diphtheria on the one hand, and of scarlet fever being protective against subsequent diphtheria on the other; however, that the latter does follow the former not infrequently has been placed during this epidemic beyond a doubt (a).

Dr. Harris, of the Children's Hospital, assures me that under his own eye a young woman suffered distinct diphtheria within eight weeks of scarlet fever. Again, is diphtheria itself a communicable disease? Our experience here seems to reply, that it pervades families, diffuses itself through a neighbourhood, and behaves in many respects like a contagious malady; and my neighbour, Mr. Whittle, who has been laboriously occupied with it as Union Medical Officer, thinks he has seen it carried from one house to another a mile off by the transfer of a nurse. No decisive instance of its communicability has come before me; on the contrary, I have seen it attack individuals only, in a family of liable persons, much more frequently than I think scarlet fever would have done. My own conviction is, that diphtheria is epidemic, endemic (*i.e.* largely affected by locality), and non-contagious, or if contagious at all, vastly less so than scarlet fever; that it is nearly enough allied to this latter disease to be, in an outbreak, alternative for it; but that they are still very distinct things, and but feebly, if at all, protective the one against the other.

A large majority of the cases in this neighbourhood have occurred in children: I only recollect one myself over 20; the 18 registered deaths comprise 12 females and 6 males,

(a) I can mention by name four cases of genuine diphtheria in which scarlet fever was suffered decisively from six to ten years ago.

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and were pretty evenly distributed as to age between 2 and 10; in more than 12 the fatal event seems to have occurred on the 8th day.

During the last 14 days, 3 more very well-marked cases have come under observation.

On Jan. 24th, I was called in almost accidentally to see Martha L. aged 7 years, the child of a poor family, said to have sore-throat: she was dressed, down stairs, and moving about with the rest; a few seconds sufficed to show, all over the fauces, a thick dirty white coat, especially thick (a quarter of an inch) and obtrusive across the roof of mouth, in a line corresponding with posterior edge of hard palate; tongue covered with dark fur, not injected, no headache or particular suffering, beyond a sense of debility and malaise; no great soreness of throat or difficulty of breathing or swallowing; distinct tenderness and swelling of glands near each angle of jaw; no eruption of any sort, and no history of preceding pyrexia. Although the proper and most hopeful period for so doing had evidently passed away, I applied forthwith, and vigorously, the nitrate of silver. This little operation, and the opposition made to it, elicited in a striking way the tendency to collapse which characterises this disease; in her mother's lap the child almost died away—fainted is not the fitting term. She was at once put to bed, buried in blankets, supplied with 5 grains of calomel, 10 grains of James's Powder, and warm gelatinous drinks, with a little sherry. On the 25th she appeared quite as well, very vivacious and full of talk, of good red colour, reasonably able and willing to swallow nutritious drinks; rather increasing tumefaction about sub-maxillary lymphatic glands; moist skin, open bowels, urine moderate in quantity, cloudy from lithates, and highly albuminous; no rash whatever on the skin (b). The chief feature about her on this day was quick pulse, 130, and restlessness; and here let me remark, that, a restlessness rather special in its character, as the prostration it accompanies is special also, often manifests itself in the later stages of these attacks; in the present instance, considering also the presumed state of the kidney, I determined to give four grains of Dover's Powder with tragacanth at once, and an ounce of liquid jelly and wine containing a little morphia also, every two hours.

On the 26th, pulse still rapid, urine still albuminous, but in other respects all going on well, the restlessness evidently checked by the remedies, and often replaced by sleep; everything was continued with perhaps as much regularity as you can expect or enforce among the lower orders; but in the course of that night almost without any change or warning the child was gone.

Three points must be noticed here: 1. Death occurred, as it not infrequently has done, at 4 a.m. when the energies of the nurse in giving nourishment, etc. would naturally be feeble and flagging. 2. Notwithstanding all that was said and done to enforce supplies, the stomach and intestines were found in this case absolutely empty from end to end. 3. Nothing like undue narcotism took place, as the child spoke rationally three times in the two hours preceding death. The caustic holder when used on the first visit to this case brought away with it a considerable mass of the false membrane, say 45 grains: this I examined immediately, and thought to consist entirely of pavement epithelium, with a fine or granular portion of immature cells; but the superior microscopy of Dr. George Johnson, to whom I sent half the specimen, seems to have resolved the granular part into fibrin, and to have discovered a very few indistinct pus globules: certainly the mass did bear more of an exudation character, and less that of a squamous epithelial cake, than I had been led to assign to a similar specimen some weeks before; no fungoid or parasitic growths discernible. A post-mortem, thirty-six hours after death, showed fauces, pharynx, posterior nares and trachea, down to fifth ring, covered with exudation membrane, differing from that removed during life in containing more fibrin, less of distinctly nucleated epithelium cells, and a considerable amount of hæmorrhagic tinge; the mucous surface, when the membrane was detached, manifested no breach whatever. The urine found in bladder was, like that previously passed, loaded with albumen, and exhibited under the microscope distinct fibrinous and coarsely granular tube-casts, indicating intratubular desquamation; the kidneys themselves were red, tumid, with a hazy opacity about the cut cortical substance, suggestive of sero-fibrinous effusion, and with some even large choked tubes up with epithelial cells. In fact, the case was one where the renal element stood out unmistakeably at the post-mortem, although, barring albuminuria, little disturbance of these organs, or their function, was obtruded upon our notice during life.

So completely was the condition that of acute nephritis, from whatever cause arising, that no doubt had the patient survived without rapid renal improvement, dropsy would have ensued; and no doubt also we may learn the wisdom of seeking early for albuminuria, and of endeavouring to counteract the same by dry cupping and diaphoretics, not excluding, in special cases, the hot bath. The general swelling at and below the angles of the jaw had a good deal subsided; but two deeply congested and swollen lymphatic glands, the size and colour of mulberries, were lying on each side between the submaxillary gland and body of the jaw, and one still larger between the ramus and mastoid process.

The other two cases are only a few days old, and yet under treatment: in one, seen very early, cauterisation appears to have arrested the throat changes, and the constitutional symptoms have attained but little severity; in the other the superficial deposit is moderate, checked I believe by caustic; but the gland swelling and systemic disturbance is dangerously considerable.

I am, &c.

Stephen Monckton, M.D.

Brenchley, Kent, Feb. 3, 1859.

P.S. During the conversion of the foregoing MS. into type the last case alluded to has died. The local manifestations of disease, accessible to caustic, were arrested, and did not return; but the same morbid action extended itself in a most determined manner to nares, glottis, larynx, and trachea down to the fifteenth ring; and a large amount of œdema took place, externally in the superficial fascia of neck and over sternum, where there was distinct pitting; and internally in the submucous areolar tissue of pharynx, glottis and larynx. On the subject of this œdema, and of the general debility and local paralysis, which we are beginning to find follow these attacks, I may perhaps trouble you with one more letter.

(b) It may be remarked, once for all, that in about 80 cases that have now passed before the eyes of myself and Mr. Whittle, no specific eruption has been ever observed.

THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

[To the Editor of the Medical Times and Gazette.]

Sir,—Heedless of the warning letters which have lately appeared in your Journal, and of the still more ominous warning that not a single new member has been added to our College since the close of last year, the Council have at their last meeting done, to say the least, a very ungracious act towards the private Medical schools of Dublin, by accepting the offer of the Dublin University to recognise the certificates of one Medical school (that of the College of Surgeons), provided the Council of the College of Surgeons would receive the Medical certificates of Trinity College. Now I am not prepared to discuss this question itself of mutual recognition, but I do think that time and notice should have been given to the private schools before a resolution was adopted so very materially affecting their interests, more particularly as the Council a few years ago refused to accept this very offer of the University on the ground that it would be invidious to accept it for one school to the exclusion of others, its equals at least as educating bodies. I am induced to draw public attention to this question as showing how much the interests of the College School are cared for in the Council beyond those of the others, which have an equal right to its protection.

When last this question of the conversion of our College into a purely licensing body was discussed in your Journal, it was argued that it exerted a prejudicial effect on Surgical education in Ireland to have the College teaching, and therefore in competition with the schools, who, under other circumstances, it should supervise. Now, however, no less a question is involved than the existence or extinction of the College of Surgeons, of which we in Ireland were once s

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proud; for in these busy times, while crowds of Irish members are being added to the London College, not one has been added to ours since the close of last year; and if this state of things should continue, as it seems likely to do, the Dublin College must close its doors for want of funds.

Many causes have operated to produce this state of things. Any advantages which may have belonged to the Dublin diploma have under the new Bill been transferred to all registered Surgeons. Most of our students look for the public services, for which the London diploma is no doubt the best. Lastly, and above all, our College (where the greater part of the diploma fee is swallowed up by expenses more or less connected with the Medical School) cannot compete in prestige with London, when (a large part of the fee being devoted to the purpose) the great men of the Profession find it worth while to be examiners, and practical knowledge is the sure passport to a diploma. With the Council, then, it rests to change the present state of things, and restore to pristine vigour the College whose diploma was once the highest Surgical qualification that could be obtained. First let them conciliate (by ceasing to compete with) those who alone can influence the Dublin students, the lecturers in the private Medical Schools; and instead of devoting the miserable sum of five shillings an hour (the present payment) to the remuneration of each examiner, let the present arrangement of the examinations be changed, let five or ten guineas an hour be the remuneration; and it will be worth the while of such men as Cusack, and Hutton, and Adams, to sit upon the Court, and by the prestige of their names restore its former value to the Dublin diploma. I am, &c.

A Lecturer in a Private School.

Dublin, Feb. 19, 1859.

JOHN HUNTER'S COFFIN.

Letter from Frank T. Buckland, M.A.

[To the Editor of the Medical Times and Gazette.]

Sir,—It will, doubtless, be interesting to the members of the Profession to know that the remains of the immortal John Hunter have been discovered in the vaults of the Church of St. Martin-in-the-fields, London. Some three weeks ago, I saw in the *Times* newspaper an advertisement that by an order in Council, all coffins were to be removed from under the church; and remembering that John Hunter was buried in this church, with permission, I searched the Parish Registry, and found therein the following entry:—

October 22nd, 1793.
Apoplexy, M. John Hunter, Esqr. £6 10s. 2d.
Leicester-square. No candles, ¼ past 4 o'clock.
V. N. 3. Duty 3d.

This entry therefore signified that he was buried in vault No. 3 (under the church), and this vault I found to be quite full of coffins from the ground to the roof.

The authorities of the church kindly gave myself and my friend, Mr. Quekett, Curator of the College Museum, leave to be present during the removal of the coffins from this vault—a work requiring immense labour and much time.

On the afternoon of Tuesday last, February 22, I was rewarded by finding the coffin of John Hunter at the bottom of many others, and towards the back of the vault, being, in fact, almost one of the last to be removed. It is in excellent preservation, the cloth only upon it having decayed in places.

The handsome brass plate upon it is as perfect as when originally engraved. The coat of arms is uninjured, and the inscription clear and distinct. It runs as follows:—

JOHN HUNTER,
Esq.
Died, Oct. 16th.
1793,
Aged 64 years.

I must take this opportunity of expressing my sincere thanks to the churchwardens, and most especially to Mr. Burstall, the vestry surveyor, for their great kindness in every way facilitating me in this most interesting research; and I cannot but compliment them for the care and decency they cause to be observed in the prosecution of their laborious task. I am, &c. Frank T. Buckland, M.A.

Assistant-Surgeon, 2nd Life Guards.

Athenæum Club, Pall Mall, Feb. 24, 1859.

COLLEGE OF PHYSICIANS.—THE WORTH OF THE YEAR OF GRACE CONSIDERED.

Letter from Dr. Savage.

[To the Editor of the Medical Times and Gazette.]

Sir,—It is formally announced in the last number of your journal, that the College of Physicians will make any M.D.—British or Foreign—a licentiate on payment of £10 10s. exclusive of stamp duty, conditionally that his degree was obtained by personal examination. It engages also, that every licentiate shall be eligible for the fellowship from the moment of his admission.

The first duty of those who pretend to the capacity of giving a right tone and direction to Medical affairs, especially at the present crisis, ought to be to put themselves fairly before the Profession. What keeps the College of Physicians from doing this, or is it still under the suicidal delusion that it can offer the registered Practitioner some available quality or advantage he does not acquire through the Register?

In thus attempting now, when too late, to give effect to the long promised "year of grace," the movers of the measure do not say—

1. That the license so obtained will not ensure the registration of the respective M.D. qualification of the licentiate. It does not follow that a diploma satisfactory to the College would be equally so to the Medical Council; so

2. The Medical Council will still have to decide on the individual claims of every foreign graduate, if not also on the worth of this very *post factum* License.

3. That the Registration Association keeps a watchful and jealous eye on this particular function of the Council, determined that it shall be fully exercised.

4. That the new licence, even if recognised by the Council, will not confer the exclusive right to the title of Physician.

5. That the stamp costs 15*l.*; total for Licence, 25*l.* 10s. The Fellowship stamp is 25*l.*; where is the guarantee that the latter dignity shall not amount to more than the extravagant sum it costs now?

6. That the present pecuniary difficulties of the College are such that it exists at this moment on contributions from the Fellows and Licentiates. This is notorious.

7. That in default of candidates during this "year of grace," it must go on existing on contributions of the same sort.

The College is candid certainly in this one particular. It avows that the new Licentiate will have to subscribe, the same as ever, to those "laws, by-laws, and ordinances," which have brought it down to its present emergency, but it offers not a word of hope, that in regard to the choice of Fellows it can succeed in dispensing with those covert influences which are so sadly characteristic of the actual state of medical ethics.

I am, &c. Henry Savage, M.D.

ARE UNIVERSITY GRADUATES PHYSICIANS AND SURGEONS?

[To the Editor of the Medical Times and Gazette.]

Sir,—Having perused with attention your leading article of the 29th ult. on Physicians' privileges, which you state that you wish to be regarded "rather as that of a lawyer who has given great attention to the subject, than as our own," permit me, as a Medical magistrate who has often in an out-of-the-way place to sit in judgment and interpret Acts of Parliament, sometimes to the advantage of the community, and sometimes to the advantage of the too privileged, to make a few observations on the leading article referred to. I would, in the first place, draw your attention to the fact that the claim of Graduates in Medicine to be considered Physicians is established by the 30th Geo. III. c. 45, which enacts or declares that every person prescribing Medicine shall prescribe his prescription with his name or surname, etc. "and, if a Physician, with the name or the initial letter of the University or Universities of which he is a Doctor or other Graduate in Physic." From the above quotation it must appear as evident that every M.D. is a Physician, as it is evident that one merely licentiate of a College or Corporation of Physicians, is not a Doctor. The leading article of January 29 dwells most particularly on exclusive privileges,

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granted in the days gone by to particular corporations, but now happily abrogated. With regard to the University of Glasgow you state that "while in Glasgow no Graduate, even of the Western University, could lawfully occupy himself in physic without possessing a licence from the faculty of Physicians and Surgeons." Now, Sir, your legal friend, when he wrote the above quotation, must have paid little attention to the case which was finally decided in the Supreme Court of Scotland, March 3, 1837, when it was laid down as law that "The art of Surgery, as a branch of the general science of Medicine which it is perfectly competent for any royal university to teach, and which upon examination, they may grant degrees which will be equally effectual as licences to practise generally as any other degree which it is in their power to grant." Your legal friend has allowed himself to be carried off so far as to believe that because the faculty of Physicians and Surgeons had by charter the exclusive monopoly of Surgery within Glasgow, the degree of Master in Surgery did not entitle its possessor to practise Surgery; nay, he goes farther, for he says, "lawfully occupy himself in Physick." With all due deference I would remark to him that the University degree of M.D. qualifies the possessor to practise wherever there is not an exclusive right reserved to a particular corporation; and, although previous to the late act the Faculty could have prevented a Surgical graduate bleeding a patient, it could not have interfered with an M.D. ordering one of its licentiates to bleed the patient, dictating to him the quantity to be taken, and charging the patient for the advice given. However, considering how seldom we can charge for a case of pure Surgery compared with a Medical case, the sooner the Universities put an end to all dispute on the matter the better, so far as regards their graduates, by granting to every M.D. a separate diploma in Surgery, which they are empowered to do by their charters—at least all the old Universities are so without a doubt. The Queen's University in Ireland at one time passed a resolution to the following effect:—

"That, considering the courses of study and examination in Surgery required by the ordinances of the Queen's University for the attainment of the degree of M.D. every student who has obtained that degree shall be entitled to have a separate diploma in Surgery also granted to him from the University without any further course of study or examination for that purpose."

But it was found that there was a defect in the College charter; and the College of Surgeons, it was said, interfered to prevent the resolution being acted on. However, there is no excuse for other Universities which have the power not exercising the power. They do not scruple to reject their candidates for their deficiencies in Surgical knowledge, and when they find them qualified in that branch it is not just to withhold from them a diploma.

To conclude, may I ask the questions: Are Graduates in Medicine Surgeons? Does the major proposition include the minor? Is there an Act of Mary settling this point?

I am, &c. M.D. and J.P.

Prolix Point, Feb. 14, 1859.

THE MEDICAL SCHOOL AT CAIRO IN 1858.—M. Clot-Bey has lately published a flaming account of the excellent condition and advantages of this establishment: but a recent visitor, M. Delatre, who examined it in 1858 in presence of M. Clot-Bey himself, draws a very different picture of its present state. He represents it as destitute of every appliance necessary for carrying on the business of education; and even when collections of objects, instruments, etc. have been purchased they have lain for years unarranged and unemployed. Considerable outlays have from time to time been made, but the unconquerable apathy of the Oriental officials have prevented these being utilised. Even the museum of natural history, amassed by Clot-Bey himself at great pains and cost, was during his absence let go to ruin. Inquiring for a previous specimen of the ornithorhyncus, he learnt it had been cast into the Nile, a receptacle to which numerous specimens are confided every year; and some of the Professors were tickled to uproarious laughter when he began lamenting the fate of those dried carcases.—*Moniteur des Hôpitaux*, No. 14.

REPORTS OF SOCIETIES.

ROYAL SOCIETY.

THURSDAY, FEBRUARY 10, 1859.

SIR B. C. BRODIE, Bart., President, in the chair.

A Paper by Dr. E. SMITH was read on

EXPERIMENTS ON THE ACTION OF FOOD UPON THE RESPIRATION.

He gave a *vivâ voce* description of numerous diagrams with which the paper was illustrated. The apparatus employed by the author was described in his former paper, and the method adopted by him in this part of his researches was as follows:—1st. To take the food under examination apar from the influence of other food, and, therefore, before any meal had been taken. 2nd. To take about the quantity usually taken by mankind. 3rd. To ascertain the amount of carbonic acid expired and of air inspired, with the rate of respiration and pulsation in a state of perfect rest, and in the sitting posture immediately before the food for examination was taken, and to compare all results obtained during the action of the food with this basis quantity. 4th. To make an inquiry in from three to ten minutes after taking the food, and to repeat it every twelve or fifteen minutes, until the maximum influence was obtained; the conditions as to posture and quietude remaining unbroken. He showed from the hourly variations of these phenomena of respiration that such an inquiry could not be made correctly between the meals, on account of the incessant variations then occurring from the meals (a source of error in the results obtained by Böker and other observers); nor in the evening, since, at that period, all the phenomena declined; and that only in the morning before breakfast, and before the usual breakfast hour, could trustworthy results be obtained. He also showed that the influence of food is evident soon after its introduction into the system, and attains its maximum within about two hours. The persons experimented upon were chiefly himself and Mr. Moul; but Professor Frankland, F.R.S., Mr. Hoffman, of Margate, and Mr. Reid, of Canterbury, had also submitted themselves to the inquiry. The substances investigated were very numerous, and the experiments exceeded two thousand. The following is a list of the foods described in this communication: 1. Starch series:—arrowroot, arrowroot and butter, arrowroot and sugar, commercial starch, wheat starch, gluten, bread, oatmeal, rice, rice and butter, potatoes and gum. 2. Fats:—butter, olive oil, cod-liver oil. 3. Sugars:—cane sugar, grape and milk sugars, cane sugar with acids and alkalies. 4. The milk series (cow's):—new milk, skimmed milk, casein, casein and lactic acid, lactic acid, cream, sugar of milk and lactic acid. 5. Alcohols:—spirits of wine, brandy, whisky, gin, rum, sherry and port wine, stout, ale. 6. The tea series:—tea, green and black; hot and cold, in different quantities, and with acids and alkalies; coffee, coffee leaves; chickory and cocoa. 7. Other nitrogenous substances:—gelatin, albumen, fibrin, almond emulsion. It is impossible to give an abstract of all the results obtained, although the author, in this communication, limited himself entirely to a statement of facts, leaving all theories and practical application of the facts for another occasion; but the following are a few of the principal results: 1. Pure starch and fats do not increase the quantity of carbonic acid evolved; but, on the contrary, the latter somewhat lessen it. 2. These substances are either not found alone in nature, or they are not used alone as food, but are associated with other substances, which tend to call them into action, and which constitute a class which the author has termed "respiratory excitants." 3. The cereals, viz. wheat-flour, oatmeal, and rice, containing besides starch, albuminous products, gluten and sugar, have a great and enduring power in increasing the production of carbonic acid—an increase equal to, or exceeding, two grains per minute, and continuing upwards of two hours. 4. Milk, in its natural combination and in each of its elements, excites the respiration to an extent, from new milk, of nearly two grains of carbonic acid per minute. Lactic acid had the least influence,

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and then cream; but cream had more influence than butter. No artificial combination of the elements of milk produced the effect of the natural milk. Milk produces its effects in different degrees in those who like and who do not like it. 5. Sugars are most rapid and powerful respiratory excitants, so that 1½oz. of cane sugar gave an increase of about two grains of carbonic acid per minute, in less than half-an-hour. The addition of acid usually increased the maximum, while that of alkalies increased the duration of its influence. Milk sugar had less influence than cane sugar, and grape sugar less than either; but the latter still produced an increase of more than one grain of carbonic acid per minute. Thus of the hydro-carbons sugar must be classed apart from starch and fat. 6. Tea and coffee are powerful respiratory excitants, producing an increase of from 1½ to 3 grains of carbonic acid per minute, and an effect which endured upwards of one hour. Acid, added to tea, made it more stimulating; and alkalies rendered it more soothing; but a fixed alkali destroyed its influence. Chickory and cocoa have a similar but less powerful action; while coffee-leaves caused a diminution in the exhalation of carbonic acid of 1 grain per minute. 7. Alcohols differ in effect both in the different members of the class, and in different specimens of the same kind. Alcohol always increased the evolution of carbonic acid to the extent of less than 1 grain per minute. Rum, also, commonly had the same result, and good malt liquors produced an increase sometimes exceeding 1 grain per minute, and enduring more than two hours. Sherry wine commonly gave a small and sustained increase. Brandy and gin, and particularly the latter, lessened the quantity of carbonic acid evolved, while whisky varied with the different specimens. The inhalation of the volatile elements of alcohol, and spirits and wine, caused a diminution in the quantity of carbonic acid, and an increase in the vapour exhaled by the lungs. These various members of this heterogeneous class differ greatly in the amount of alcohol which they contain, as well as in their other elements; as sugar, gluten, acids, salts, and volatile oils, and ethers, and, in the author's opinion, should not be classed together. 8. Gelatin, albumen, and fibrin also increase the production of carbonic acid to a maximum quantity less than 1 grain per minute. 9. Thus nearly all nitrogenous foods are "respiratory excitants." 10. Foods may be thus classed in reference to this latter quality:—Non-excitants: starch, fat, some alcohols, coffee-leaves. Excitants: sugar, milk, cereals, potatoe, gluten, casein, gelatin, fibrin, albumen, tea, coffee, cocoa, chicory, alcohol, rum, ales, and some wines. As above stated the author did not discuss the mode in which they produce these effects, but he adduced several facts which may aid in forming an opinion upon the subject. The author also stated that wherever there was an increase in the quantity of carbonic acid evolved there was also an increase in the quantity of air inspired; but that these were not due to increased rate, but to increased depth of respiration. He also found that the same food produced effects differing in degree in different persons, and in the same person at different periods, and such was also the case with the action of acids and alkalies upon the human system.

An interesting discussion followed, and the subject appeared to interest the Fellows.

Professor Frankland, of St. Bartholomew's Hospital, again bore testimony to the efficiency of the apparatus and the method employed by the author, and stated the great exactitude with which an observer could make inquiries after a little practice. He thought that the time had not arrived when we could determine with certainty the mode of action of foods; but he was of opinion that the author, by his very extensive and laborious inquiries, had greatly facilitated the efforts of future observers, and had done good service to physiological chemistry.

Dr. Carpenter commended the inquiry, and referred to the valuable testimony of Professor Frankland as to the efficiency of the method and apparatus employed. He expressed an opinion as to the cause of the inaction of starch when taken alone, in accordance with the results obtained by the author on the action of gluten; and referring to the large amount of hydrogen and oxygen contained in fats, stated that when the author had used the term "respiratory phenomena" in describing the results, he meant to limit himself to the carbonic acid, and not to include the formation of water.

Professor Sharpey gave explanations and answers to Dr. Carpenter's remarks, and stated that the author intended to determine the whole amount of oxygen consumed, but had not at present decided upon the most suitable kind of apparatus for that purpose. He also referred to the corroboration which this paper affords, of the results obtained two years ago on the quantity of air inspired in reference to the different action of brandy and rum, which were read before the Royal Society, and showed that we are all conscious of difference in the effects of alcohols, while the chemical differences had not been hitherto well ascertained by chemists. He also showed the great importance of attending to minute differences, and illustrated his remarks by a reference to the recent brilliant experiments in electricity by Mr. Gassiot. He thought that as physiologists they were under obligation to the author for having given his results to the Society, and in answer to Dr. Carpenter's observation that experiments were required upon a larger number of persons, stated that the Society would be glad to learn in a future communication that that learned physiologist had submitted himself for experiment.

After a few observations by the President, and the thanks of the meeting given to the author, the Society adjourned.

Thursday, Feb. 17, 1859.

Sir Benjamin C. Brodie, President, in the Chair.

A Paper by Dr. Scott Alison was read on the

INTENSIFICATION OF SOUND THROUGH SOLID BODIES

BY THE INTERPOSITION OF WATER BETWEEN THEM AND THE DISTAL EXTREMITY OF HEARING-TUBES.

The intensification is very great. Water experimented was in all amounts and in different forms, including a mere ring round the edge of the tube, and a large body, such as the Serpentine River. In general the deeper the tube was sunk in water, the more intensification was obtained. All kinds of tubes were employed, wood, metal, wire, glass, and India-rubber. Water might be employed when contained in a membrane; and this instrument was designated a hydrophone. This could be used alone, applied to the external part of the hearing-tube with which nature had provided us. The augmentation of sound by water might be applied to telegraphic purposes, and might be made available for persons partially deaf, as well as in auscultation.

NEW MEDICAL GALVANIC APPARATUS.

Mr. Matthews, of Portugal-street, has submitted a machine to us designed to render galvanism far easier of management and application than it has yet been. The advantages of this

machine over older ones are, that it does not require any acid to produce a current, and is always ready for immediate use. 2. No crank requires turning: thus the operator's hands are both left at perfect liberty. 3. The current is more even and uniform, the strength being very easily regulated; and 4. It is not liable to get out of order. It is a portable and not inelegant instrument.

Dr. Mercier has just received the Order of Leopold "for services rendered to humanity during thirty years of Medical practice."

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MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having passed the necessary examination for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 18th inst. viz.:—

ARDEN, SEPTIMUS, Sheffield.
CÆSAR, JOHN AUGUSTUS, Cork.
COOKE, ALEXANDER HALDANE, Belfast.
COPELAND, JOHN, Lindfield, Sussex.
JACKSON, THOMAS, Eltham-park, Kent.
KISCH, JOSEPH, Finsbury-circus.
KNILL, JAMES, Bristol.
MAINGAY, ALEXANDER CARRALL, Great Ayton, Yorkshire.
TIMMINS, DANIEL, Worcestershire.
TROTTER, CHARLES HARDY, Coleford, Gloucestershire.
WEISE, EDWIN, Coathupe, Bristol.
WOTTON, HENRY, Cavendish-square.

At the same meeting of the Court Mr. James Crawder Eastcott, of her Majesty's ship *Sea Lark*, Portsmouth, passed his examination for naval surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date October 15, 1852.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine and received certificates to practise, on Thursday, Feb. 17, 1859:—

GROSE, SAMUEL, Boston, Lincolnshire.
RENTZSCH, GEORGE HENRY.
RIX, WILLIAM HOWELLS, Tunbridge, Kent.
STONEY, ROBERT, Ashby-de-la-Zouch.

As an Assistant, R. W. JONES, Broadway, Westminster.

APPOINTMENTS.

BRITISH LYING-IN HOSPITAL.—Dr. Graily Hewitt has been appointed Physician to this charity, in the place of Dr. Robert Lee, resigned.

KING'S COUNTY INFIRMARY.—At a meeting of the Governors of the King's County Infirmary, held at Tullamoore, on Tuesday, the 22nd inst. Dr. John Ridley, F.R.C.S.I. was appointed Surgeon to the Infirmary, in the room of the late George Peirce, Esq. There was no other candidate.

DEATHS.

HICKMAN.—On the 14th instant, at Euston-road, Euston-square, Edward Hickman, F.R.S. Eng. 1852; aged 63.

KEMP.—On May 11, 1858, at sea, James George Kemp, M.D. 3rd Regiment Irregular Cavalry, Bengal Army; aged 42.

LEE.—On November 30, 1858, on the voyage from Hong Kong, Thomas Masson Lee, M.D. 47th Bengal Native Infantry.

"THIS age," says M. Michelet, in his L'Amour, "will be called the age of diseases of the womb."

TREATMENT OF ANEURISMS.—M. Bouillaud, in a Clinical Lecture, details several cases of aneurisms which rapidly diminished under the use of iodide of potassium internally—one to two grammes being taken per diem.

THE next Meeting of the Pathological Society will be held on Wednesday, March 2, instead of Tuesday; as the annual meeting of the Medico-Chirurgical Society will be held on Tuesday evening, March 1.

HYSTERICAL ANÆSTHESIA, it has often been noticed, almost invariably occurs in the left side of the body. M. Voison has lately had occasion to verify the correctness of the observation. He noticed in ten patients only one exception to the rule.

THE physiological action of strychnine and the wourara is asserted to be the same in all impertant particulars by MM. Martin-Magrow and Buisson. The antagonism which has been said to exist between these poisons, they tell us, is imaginary.

SUIT AT LAW FOR PATENT RIGHTS IN SULPHURIC ETHER.—The *Boston Journal* states that Dr. Morton has excited much indignation by bringing an action against Dr. Daviss, Surgeon to the Maine Hospital, for infringing the rights of his patent for the use of sulphuric ether, laying the damages at 5000 dollars. It was at first believed that Dr. Daviss was in collusion with him, as he had already proposed to another Physician to allow him to bring a "friendly action," for the purpose of favouring certain claims Morton is seeking at the hands of Congress. Dr. Daviss has, however, positively denied the imputation, and states that it is his intention to defend the action to the last.

COMPOSITION of a pulmonary calculus analysed by M. Vée. It was taken from a cavity in the lungs of a phthisical patient, and weighed 527 milligrammes:—

Water	2·8
Fatty matters and cholesterin ..	4·3
Other organic matters	9·6
Soluble salts	0·7
Phosphate of lime with a little phosphate of magnesia ..	74·1
Carbonate of lime..	8·5
	100·0

THE ECRASEUR appears to be a very favourite Surgical instrument in France at the present moment. At the Surgical Society of Paris on January 19, in three of the cases spoken of, the operations had been performed by the écraseur. One was the case of a man suffering from severe contraction of the anus, consequent upon the removal of hæmorrhoids by this instrument. M. Verneuil presented a neck of the womb thus removed; and M. Chassaignac introduced a fibro-plastic tumour weighing thirty-three ounces, likewise removed by the écraseur. This tumour was of the recurrent sort, M. Robin having three years before taken a tumour from the same part. M. Chassaignac also removes tumours of the female breast, when their bases are not too extensive; if the skin does not readily yield to the "crusher," he cuts it close to the chain with a knife.

CONVICTION FOR ATTEMPTED RAPE WHILE UNDER THE INFLUENCE OF CHLOROFORM.—A dentist has recently been tried at Montreal for attempting to commit a rape upon a patient while under the influence of chloroform; and the jury returned the inconsistent verdict of "Guilty, with a recommendation to mercy." The editor of the *Boston Journal* commenting on this verdict, declares it to be contrary to evidence, and states that council has moved an arrest of judgment. He goes on to observe:—"It cannot be too strongly impressed upon all who are in the habit of administering anæsthetics that the operator runs no small risk to his reputation, if not to his life, in rendering a woman insensible without the presence of witnesses. At the trial at Montreal, a witness testified that his wife was under the strongest impression that she had been violated by the prisoner, while under the influence of chloroform, although her husband was present during the whole period of her unconsciousness. Had he been absent, it might have been difficult to persuade a jury that her evidence was untrue. . . . . The fact is, that the plaintiff in this case, as happened in the celebrated case of Dr. Beale, of Philadelphia, was menstruating at the time. The sexual functions were consequently in a state of excitement, and the administration of any stimulant, even a couple of glasses of champagne, would have been likely to create erotic ideas, and to vividly impress the patient with a belief in their reality. The instances of such effects of chloroform are perfectly well authenticated, and one was testified to by a Medical gentleman on the trial. We take this opportunity of again protesting against the injustice of allowing the testimony of a person concerning facts which took place while he or she was in a state of complete or partial insensibility, unless corroborated by other evidence, to have any great weight in a case like this. It was not even established that any rape had been committed at all."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—The Annual General Meeting for the election of officers and other members of the Council for the ensuing year, to receive the Auditors' Report, the Report of the Council, etc., will be held at the Society's House, 53, Berners-street, on Tuesday, March 1, at 8 o'clock precisely. Balloting lists will be laid

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upon the table of the Society seven days previous to the day of election. The following is the list of officers and other members of council nominated for 1859—60:—*President.*—*Frederic Carpenter Skey, F.R.S. *Vice-Presidents.*—James Arthur Wilson, M.D.; Alexander John Sutherland, M.D. F.R.S.; * Thomas Blizard Curling, F.R.S.; * Spencer Smith. *Treasurers.*—* William Baly, M.D. F.R.S.; Alexder Shaw. *Secretaries.*—Andrew Whyte Barclay, M.D.; * Charles Hewitt Moore. *Librarians.*—* Edward Meryon, M.D.; * George David Pollock. *Other Members of Council.*—* Cornelius Metcalfe Stuart Babington, F.R.C.P.; * George Hilaro Barlow, M.D.; George Burrows, M.D. F.R.S.; Charles Hutton, M.D.; * Edward Henry Sieveking, M.D.; William White Cooper, John Fosse Harding, * Prescott Gardner Hewett, William Augustus Hillman, * Luther Holden. Those gentlemen, to whose names an asterisk is prefixed, were not on the Council, or did not fill the same office, last year. Considerable opposition is expected to the election of Mr. Skey as President, on the alleged ground that his practice of late has been as much that of a Physician as of a Surgeon. At the Council meeting on Tuesday a formal written charge was preferred and a reply by Mr. Skey was put in, the result being that the Council resolve to support the nomination of Mr. Skey. It is not probable that the affair will pass over next Tuesday without discussion.

Testimonial from the Medical Officers of the Royal Navy to Dr. Frederick James Brown, of Chatham.—On Friday week a meeting was held at the residence of Dr. Andrew Clark, in Montague-place, for the purpose of presenting a magnificent silver tea-service and salver from the Medical Officers of the Navy, to Dr. Brown, of Chatham, in acknowledgment of his long, able, and successful services in the cause of Naval Medical Reform. Professor Huxley, F.R.S. presided; and, in an eloquent and otherwise admirable speech, depicted with graphic power the degraded condition of Naval Assistant-Surgeons in 1846; and then detailed the history of that long and laborious struggle for its amelioration which we and the Medical Press generally took so active a part until it was carried to a successful termination in 1855 by a resolution of the House of Commons. Dr. Brown laboured alone in the cause till he secured the help of Dr. McWilliam, who threw himself into the work with that rare combination of energy, ability and judgment which have so often distinguished the events of his past career. When by means of letters, articles, pamphlets, and petitions the agitation acquired an importance which the Admiralty could no longer ignore, Dr. Brown was requested to refrain or resign. He resigned; and sacrificed his prospects, which were great, to the dictates of duty, which to him were supreme. When Dr. Brown left the service and engaged in practice, he might well have been pardoned leaving the conduct of the struggle to other and more interested hands. But he did not. With a zeal and industry greater even than before, he worked till the object of his work was achieved; and the Assistant-Surgeons were placed in the position due to their rank in the Service, to the importance of their functions, to the interests of the State, and their education, intelligence, and worth. This testimonial, like that formerly presented to Dr. McWilliam, reflects honour upon the liberality and good feeling of the Medical Officers of the Navy. We trust Dr. Brown may long live to enjoy the consciousness of that respect and regard entertained for him by his former colleagues, of which the testimonial is a very sincere, though inadequate expression.

Is there Perception of Light after Destruction of the Eyes?—Some of the worst and most hopeless cases of blindness arise from the effects of accidents, and a curious question has arisen whether, after eyes have been so destroyed, there is any sensation of light through the medium of the skin of the face. In a report presented by the administration of the Institute of Blind of Zurich, the results of experiments on this subject are given by the Director, M. Schibel. This gentleman states that he guarded against the possibility of the perception of light even by the most blind, by covering up the eyes, leaving the forehead and lower part of the face bare. Then, having darkened all save one of the windows of a large hall, the blindfolded blind were led through the room, and desired to say which was the open window. They all, said he, distinguished with the greatest confidence this window. With some the transition from darkness to bright light created a sensation of fear; but all appreciated a difference in warmth when before the window through which the light was admitted. To some the light appeared red, to others yellow; while others again distinguished many vivid colours. Some said that the light appeared to fall on their faces like needle-points. Some, too, distinguished when the eyes were covered, if an object, a hand, for instance, approached the face, and the direction in which it moved. Struck by these results, M. Hirzel, Director of Blind Asylum at Lausanne, determined to verify them, and having repeated the experiment on nineteen blind persons of both sexes, the result proved to be negative. Again did he repeat the experiments carefully, and finally arrived at an opposite conclusion to that of M. Schibel. He considered that one source of error was the defective adjustment of the apparatus applied to eyes in which the perception was not absolutely extinct. Another source of error was the liability in the blind to confound the impressions of one sense with those of another. In the blind, the hearing and the touch are comparatively more developed than in those who possess sight, and thus they are able to appreciate delicate shades of temperature and of sound which we should not distinguish; so they could discriminate between the difference of the sounds, the song of the birds, etc., the difference of temperature, as influenced by the closed-up and open windows. "Another source of error," says M. Hirzel, "is to be found in the lingering hope of recovering sight, which often accompanies even absolute blindness." He mentions, for instance, an old man, totally blind from amaurosis, and who had lost his reason, who repeated frequently every day that he saw a little better. Amongst those exposed to the test was a totally blind, deaf and dumb boy, named Edward Meystre, who is endowed with a degree of intelligence, mainly through the instruction of M. Hirzel, far beyond what could have been conceived possible. Meystre was well adapted for the purpose; for, having had sight till he was seven years of age, he knew what light was; and in his present condition, both eyes being completely destroyed, he had no longer the slightest perception of it through their medium. Accustomed to judge of the hours of the day and the change of the seasons by the warmth of the sun, he acquired great sagacity in appreciating its minutest variations. His deafness, too, was in favour of the experiments being performed satisfactorily. Without being told what was required of him, Meystre was placed in a room having a single window, which could be closed by blinds; and he was submitted to a variety of experiments, the result of which proved most conclusively that light was only to be appreciated by the organs of vision, he not having the faintest perception of it, whilst heat was readily perceived by the delicate sensitiveness of the skin of this poor lad.—(*From a Correspondent.*)

Probable Origin of Dr. Fell's Puccoon Treatment.—The *Boston Journal* publishes a letter, a copy of which was found among the papers of the late Dr. Warren. It is dated in 1811, and was written by a gentleman in Philadelphia to a friend in Portland, containing the recipe of a Dr. Weatherley of Philadelphia for the cure of cancer by the local application of powdered bloodroot or puccoon (the *sanguinaria Canadensis*). The Editor remarks:—"We printed in this Journal for July, 1857, some remarks on the nature of this 'discovery,' and expressed our opinion of Dr. Fell. Both the author and his method have since been consigned to oblivion, and we only allude to the subject to show that the local application of powdered bloodroot had been frequently employed in Philadelphia in the early part of this century; and that it is much more probable that Dr. Fell had heard of its use in this way by Medical men, than that he had derived his idea, as he says, from North American Indians."

The Parisian Hospitals from an American Point of View.—"A visit to Paris does good in several ways; it teaches that the great professional lights of continental cities are but human after all. It shows us that men whose *ipse dixit* is taken for law and gospel by such outside barbarians as ourselves, are but merely the leaders of cliques in their own cities, whose statements have but little weight except among their own particular sets. . . . . Read Malgaigne's work on fractures,—vast, erudite and profound! Go into the fracture wards of that distinguished surgeon, and witness deformity, bungling, and imbecility! Let us ask the most rabid pro-Gallic student, whether in case he should fracture his femur, he would commit its treatment to the tender

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mercies of French surgery, even with Malgaigne at the helm. What would his answer be? Probably in this wise: 'Get an American or an Englishman to attend to me, the French do not treat fractures well.' And now let us ask, what do they treat well? Do the French physicians treat typhus well? or erysipelas, phthisis, cardiac or urinary diseases? Can they amputate better than we do? Can they tie an artery better, or cure a diseased joint? Wherein lies their excellence? A few brief words will answer. The French excel in certain microscopic minutiæ, in small details and fanciful profoundness of investigation; but as bedside practitioners we do not find that, outside of a few specialities, their success equals our expectations."—*New York Journal of Medicine.*

BOOKS RECEIVED.

Galvanotherapie der Nerven—und Muskelkrankheiten. von Dr. R. Remak. Berlin: 1858.

On Poisons. By A. S. Taylor, M.D. F.R.S. Second Edition. London: 1859.

An Essay on Classification. By L. Agassiz. London: 1859.

Transactions of the American Medical Association. Vol. XI. Philadelphia: 1858.

Third Report of the Clinical Hospital, Manchester. By J. Whitehead, M.D London: 1859.

The Causation and Prevention of Disease. By J. Parkin, M.D. London: 1859.

General Debility and Defective Nutrition. By A. Smee, F.R.S. London: 1859.

Ricord's Lectures on Chancre. Translated by C. F. Maunder, F.R.C.S. London: 1859.

Diseases of the Air-Passages. By Horace Green, M.D. Second Edition. New York: 1858.

Veterinary Medicines. By Finlay Dun, V S. Second Edition. Edinburgh: 1859.

Animal Physiology. By W. B. Carpenter, M.D. F.R.S. New Edition. London: 1859.

The Cyclopædia of Anatomy and Physiology. Parts LI. and LII. London: 1859.

The Irritable Bladder. By. F. J. Gant, M.R.C.S. London: 1859.

The Diseases of the Stomach. By W. Brinton, M.D. London: 1859.

On an improved Treatment of Stricture of the Urethra. By James Arnott, M.D. London: 1859.

The Deaf and Dumb. By Joseph Toynbee, F.R.S. London: 1858.

On the Treatment of Anchylosis. By B. E. Brodhurst. Second Edition. London: 1859.

A Manual of Photographic Chemistry. By I. F. Hardwick. Fifth Edition. London: 1859.

On the Prevention and Treatment of Mental Disorders. By George Robinson, M.D. London: 1859.

Miscellaneous Papers on Mechanical Subjects. By J. Whitworth, F.R.S. London: 1858.

The Mortality after Amputation. By A. E. Sansom. London: 1859.

Extirpation of an Indurated Uterus by Ecrasement. By A. H. M'Clintock, M.D. Dublin: 1859. (A Reprint of an interesting Paper from the Dublin Quarterly Journal of Medical Science.)

On Hospital Instruction. By J. M. O'Ferrall, Esq. Dublin: 1859. (A Reprint of an excellent introductory Address from the Dublin Hospital Gazette.)

The History, Pathology, and Treatment of Diphtheria. By E. Copeman, M.D. Norwich and London: 1859.

Sanitary Legislation at Liverpool. By W. T. M'Gowen. Liverpool: 1859.

Liverpool Past and Present. By J. Newlands. Liverpool: 1859.

A Handbook of Hospital Practice. By R. D. Lyons, M.B. London: 1859.

Medico-legal Observations on the case of A. Greenwood. By W. R. Wilde, F.R.C.S.I. Dublin: 1859. (Reprint of an important Paper respecting Rape and Infantile Leucorrhœa from the Dublin Journal.)

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·991 in.
Mean temperature	45·1
Highest point of thermometer	59·0
Lowest point of thermometer	33·2
Mean dew-point temperature	40·0
General direction of wind	S.W.
Whole amount of rain in the week	0·09 in.
Amount of horizontal movement of air in the week ...	1170 miles

VITAL STATISTICS OF LONDON.

Week ending Saturday, February 19, 1859.

BIRTHS.

Births of Boys, 996; Girls, 944; Total, 1940.
Average of 10 corresponding weeks, 1849-58, 1661·8.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	586	570	1156
Average of the ten years 1849–58	587·9	590·3	1178·2
Average corrected to increased population..	..	..	1296
Deaths of people above 90	..	5	5
Deaths in 15 General Hospitals	31	20	51

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	1	11	6	3	1	3
North	490,396	4	3	11	4	16	1	5
Central ..	393,256	3	3	8	2	9	1	4
East	485,522	3	4	17	1	8	1	7
South	616,635	3	6	22	8	11	4	7
Total	2,362,236	13	17	69	21	47	8	26

TO CORRESPONDENTS.

J. D. had better try the Phosphates of Iron and Lime, or of Ammonia.

Cambria's numerous questions shall be replied to next week.

Mr. Carson's case shall appear next week.

Mr. Seaton's cases shall appear as soon as possible.

D.E.—Water charged with carbonic acid may be procured of any manufacturer of the so-called "soda-water."

Sylvius.—No; but he could not recover charges for the attendance of an unqualified assistant.

Mr. Perry.—The letter on the treatment of Diphtheria by Turpentine shall appear next week.

Extra Lic. R.C.P.—The new regulations take place without waiting for a new charter. Those who wish to avail themselves of them should apply to the Secretary.

A. L.—Turpentine has its odours best masked by associating it with Essence of Peppermint. One part of the latter mixed with fifteen of the former, removes most of its nauseous taste, and renders it very supportable. In commerce, in fact, Essence of Peppermint is often sold as such, adulterated with half its quantity of Turpentine, and without the adulteration being easily found out. The following is the formula for its preparation.

One yolk of Egg.
15 parts of Turpentine.
1 part of Essence of Peppermint.
30 parts of Simple syrup.
90 ,, of Peppermint water.

Care should be taken to procure pure turpentine.

A Scottish Surgeon.—According to the Consolidated order of the Poor-Law Board of London, no Medical officer can hold any permanent parochial appointment under the Board "unless he possess one of the four following qualifications:—

"Article 168.—1. A diploma or degree as Surgeon from a Royal College or University in England, Scotland, or Ireland, together with a degree in Medicine from a University in England, legally authorised to grant such degree, or together with a diploma or license of the Royal College of Physicians of London.

"2. A diploma or degree as Surgeon from a Royal College or University in England, Scotland, or Ireland, together with a certificate to practise as an Apothecary from the Society of Apothecaries of London.

"3. A diploma or degree as Surgeon from a Royal College or University in England, Scotland, or Ireland; such person having been in actual practice as an Apothecary on the 1st day of August 1815.

"4. A warrant or commission as Surgeon or Assistant-Surgeon in Her Majesty's Navy, or as Surgeon or Assistant-Surgeon or Apothecary in her Majesty's Army, or as Surgeon or Assistant-Surgeon of the Honourable East India Company, dated previous to the 1st August 1826."

THE SELF-ELECTS OF THE MEDICAL SOCIETY OF LONDON.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The balloting lists of this unique body have just been distributed, together with a list of the members, and a green invitation to dinner.

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From the two former documents may be gleaned the following curious statistics.

Councillors nominated by the Election Committee twenty, of whom fourteen have held office in the Society eighty-three times."

If "palmam qui," etc. be the rule of selection, verily, the merit must be very limited in this Society.

Is there no agriculturalist amongst the self-constituted who knows the evils of breeding in and in?

I am, &c.

A Member of Nine Years' Standing.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—A Bachelor of Medicine of the University of London is a graduate in Medicine. As such, he is entitled to practise Physic. The degree does not entitle him to practise as an Apothecary, therefore it must enable him to practise Physic as a Physician. Therefore he has a right to call himself Doctor.

I am, &c.

Feb. 21, 1859. Romicurius, M.B. B.A.

[Our correspondent should study some elementary treatise on Logic.—Ed.]

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I regret to find that an impression has gained ground among some gentlemen of the Profession that I wished to convey in my letter of last week, a charge of appropriation on the part of Dr. Richardson; this was far from my intention. I merely felt hurt that Dr. Richardson had not noticed my labours in the inquiry as to the anæsthetic powers of the simple continuous galvanic current.

I beg to state most distinctly that Dr. Richardson is the sole originator of the method of introducing a narcotic with the aid of the galvanic current, and that this is quite a distinct process from that proposed by me.

The Committee of the College of Dentists being engaged upon the inquiry of the anæsthetic powers of electricity, Dr. Richardson's discovery may not be considered connected with their special labours. I feel, therefore, that I ought to withdraw the assertion that he has forestalled their report.

I am, &c.

Gloucester-terrace, Hyde-park, Feb. 22, 1859. Harry Wm. Lobb.

Foreign Diplomas.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In answer to W. H. N. Feb. 12, I not only say I see nothing ridiculous in Dr. A. Wood and Mr. Green's proposition, that those who held foreign diplomas before Oct. 1, 1858, shall be entitled to registry, nor anything improper in old and respectable Practitioners having such registered at any time afterwards. I have been upwards of thirty years in practice, performed successfully all the leading operations in Surgery, attended upwards of 5000 midwifery cases, and now begin to feel weary and worn; and for some time past have intended to take a foreign diploma, not wishing to lead an idle life or to be quite shelved.

Now, Sir, at between fifty and sixty, and after my varied and extensive experience, and after having realised if not a first-rate standing, at any rate a very good one, I cannot help feeling it would be submitting to an indignity to sit down and be examined as a schoolboy, by men whom I would only meet to-morrow in the sick-room on terms of equality, leaving alone placing it in the power of any set of men to offer me the affront of rejection. I cannot myself see how the respectability of the Profession could be damaged by allowing old and respectable Practitioners, after a certain age, being permitted to take out their diplomas without an examination, especially where they could bring testimonials from their surrounding Professional brethren, of having practised their Profession successfully, intelligently, and honourably.

I am, &c.

An Old Subscriber from the First.

The Dose of Chloroform.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As the two deaths from chloroform recently in Paris have frightened several Surgeons in the country and in London, would you permit me to say that the rule now adopted in London practice as most free from accident, is the following:—

In all operations where the chloroform is respired for five or under five minutes, lithotomy, for instance, chloroform should be given boldly but carefully in maximum doses, so as to get over the stage of vomiting and convulsive action quickly, whilst in all tedious operations, such as those for vesico-vaginal fistulæ, necrosis, resections, etc. the maximum dose from the commencement is safest.

We are told now by Dr. Anstie in your pages as something new, that Dr. Snow usually poured two drachms into his inhaler in most surgical operations in adults; the belief being that when chloroform is used in small quantities, as in these cases recently in Paris, there is great prolongation of the periods of irritation of the bronchial tubes, etc. etc. so very carefully be guarded against: this, however, is nothing new, as I have stated in my book, that I believe one and a-half drachm doses the safest, and this is the result of some considerable experience, and of many and many conversations with Dr. Snow on the point.

I am, &c. Charles Kidd, M.D.

43, Sackville-street, Piccadilly, Feb. 22, 1859.

A Plea for the M.B.'s.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your paper of to-day you make some remarks upon the impropriety of Bachelors of Medicine calling themselves Doctors. You apply these remarks especially to the Bachelors of the University of London; but I imagine you do not wish, nor indeed would it be fair, to make any exception in favour of the Bachelors of the older Universities.

"Primâ facie," your comments seem perfectly just. To call oneself Doctor where one is only Bachelor is to pretend to have something which one has not; and to do so, would certainly be disgraceful, were there no extenuating circumstances.

But it must be remembered that the different Universities require very different proofs of proficiency, and periods of study of very different lengths. For example, the University of Edinburgh (I take this as an example, as it is the most in repute of all the northern universities,) yearly sends forth into the United Kingdom a host of full-fledged "Doctors of Medicine" of the mature age of 21 years. Whereas at Oxford a man cannot pass his Bachelor examination till he has been seven years on the books of the University, and has previously taken an Arts degree; he must then wait three years more ere he can attain to full M.D. honours. At Cambridge the M.B. is taken five years after the name has been entered on the university books. Another examination (the Licentiate of Medicine) must be passed one year after the M.B.: and, finally, five years after the M.B. degree the patient aspires to full Medical titles is received among the dignified Doctors. At London the time that must elapse between the Matriculation examination and the M.B. degree is five years.

So much, Sir, for the quantity of time. Now for the quality of work.

Even the most valorous supporters of Scotland's lion have not yet ventured to assert that her university training is so good, or that her university examinations are so severe, that three short years spent in her bracing climate enable a young man to get as much into his head as he would in much more than twice three years spent in the fogs of London. Enough!

I think, Sir, these facts speak for themselves, and do not require that I should point out how great an injustice would be done to the Bachelor Graduates of the English Universities if the title of Doctor were to be denied to them, and yet to be given to their younger brothers who have studied North of the Tweed.

I am, &c.

Feb. 19, 1859. M.B. Cantab.

COMMUNICATIONS have been received from—

Dr. A. Clark; Mr. H. Lee; Mr. Wilde, Dublin; Mr. Griffin; Mr. H. Thompson; Mr. J. Z. Laurence; Mr. Murray, Edinburgh; Mr. Barnes; Mr. Penhall; Mr. Vincent; Mr. Lobb; Registrar General for Scotland; Dr. Hornblow; Mr. Hughes; Mr. Sanford; Mr. C. Williams; Mr. Grove; Registrar General; Dr. Cregeen; Dr. Leet; Mr. Coulcher; Dr. J. Ashton; Dr. J. O'Brien; Mr. H. Boxall; Mr. J. E. Ellerton; Mr. McBean; Mr. Wood; Mr. Matterson; Mr. H. D. Ward; Mr. Robinson; Mr. Dobson; Mr. T. B. Hill; Mr. T. Wyles; Mr. W. Evans; Mr. Love; Mr. J. Hall; Mr. Raymond; Mr. Carson; Mr. Hall; Dr. Arnott; Dr. F. Hawkins; Dr. Hodgkin; Dr. Brown-Sequard: Mr. Hearne; Mr. Atcherley; Mr. McDermott; Mr. Perrey; Messrs. Gilbey; Mr. Easton; Mr. Montague.

APPOINTMENTS FOR THE WEEK.

February 26. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's 2 p.m.; Charing-Cross, 1 p.m.

Royal Botanic Society, 3¾ p m.

Royal Institution, 3 p.m. Dr. W. A. Miller "On Organic Chemistry."

28. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8 p.m. Mr. Henry Lee "On Syphilitic Inoculation."

1. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Medical and Chirurgical Society (Anniversary Meeting) 8 p.m.

Royal Institution, 3 p.m. Professor Owen "On Fossil Mammals."

2. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

Pathological Society, 8 p.m.

3. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

Harvrian Society of London, 8 p.m. H. W. Lobb "On the Treatment of Paralysis with the combined Aid of the Continuous Galvanic Current and Localised Galvanism."

Royal Society, 8½ p.m.

Linnæan Society, 8 p.m.

Chemical Society, 8 p.m.

Royal Institution, 3 p.m. Professor Tyndall "On the Force of Gravity."

King's College Medical Society. Clinical Meeting.

Obstetrical Society of London, 8 p.m. Dr. Waller "On the Transfusion of Blood; its History and Practical Application in Cases of Severe Hæmorrhage."

4. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m

Western Medical and Surgical Society of London, 8 p.m. Mr. James Lane "Some Remarks on Fistula in Ano."

Royal Institution, (3½ p.m. Meeting); 9 p.m. Professor Tyndall "On the Veined Structure of Glaciers."

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture VIII.—Treatment of Dysmenorrhœa.

Gentlemen,—Towards the close of my last lecture I was speaking to you about the treatment of dysmenorrhœa. The treatment of this disease, I then told you, might be considered under the two heads of the Palliative and Preventive; or, in other words, 1, the treatment necessary to palliate and subdue one of the monthly paroxysms of the malady; and 2, the treatment necessary to cure the disease, and so prevent in future the recurrence of these paroxysms.

I. Palliative Treatment.

In carrying out the palliative treatment we found that four leading classes of remedies might be used for the alleviation of the sufferings attendant upon a dysmenorrhœal paroxysm, viz.:—

1. General diffusible stimulants,—as chloric ether, spirit of nitrous ether, compound tincture of valerian, camphor, spirits of wine in warm water, etc.

2. General anodynes or anæsthetics; and particularly opium or morphia in their innumerable forms; and in exceptional cases, henbane, Indian hemp, stramonium, sumbul, chloroform by swallowing or inhalation, etc.

3. General diaphoretics, as antimony and ipecacuanha when combined with these anodynes, the small doses often seem to increase their good effects; and a general warm bath is occasionally of great use, probably upon the same principle. Let me here add that this auxiliary action of diaphoretics is specially of use when the dysmenorrhœal paroxysm has produced, or is attended by, heat of skin, rapidity of pulse, or in short, by indications of febrile reaction.

4. Local anodynes and anæsthetics, as the injection of carbonic acid gas and vapour of chloroform; the application of belladonna and morphia ointment; warm hip baths.

Before I quit the subject of palliative remedies, permit me to add, that at the close of the last lecture, my friend Dr. Little, who has long practised at Singapore, came and told me that in severe cases of dysmenorrhœa he had frequently succeeded in relieving the patient, by applying chloroform as an anæsthetic vesicant, if I may so term it, in a manner which he had used first of all with success in curing some neuralgic symptoms from which he himself had at one time suffered. His plan is this: a small circular piece of lint, just of sufficient dimensions to be easily contained within a watch-glass, being steeped in chloroform, is placed on either groin, and covered at once with the watch-glass. This has the effect in a few minutes of producing a blister, and is usually successful in relieving the patient's sufferings.

So much for the measures to be employed for the immediate relief of the more urgent symptoms of dysmenorrhœa—an indication of much importance, and one which all of you will very frequently be called upon to fulfil to the utmost of your ability. But however important it may be to be able to combat with success the distressing symptoms of dysmenorrhœa, this is after all the least part of your duty to your patient; for however suitably and skilfully you may apply your remedies, and however successfully you may meet the several symptoms, you will never by such means be able to secure your patient against the recurrence of her monthly misery; and you will be urgently called upon to adopt some measures for procuring her a more perfect and permanent relief. This leads me, therefore, to speak now of

II. Preventive Treatment.

The preventive treatment of dysmenorrhœa includes all the remedial measures which may be had recourse to during the intervals between the menstrual periods, with a view to the radical cure of the diseased condition which gives rise to the menstrual paroxysms, and as these measures vary with the pathological cause of the disease, we shall have to consider the treatment appropriate to each variety of it. Let me, however, premise that the same line of treatment will often succeed in curing two quite different forms of dysmenorrhœa, and, on the other hand, the same form of dysmenorrhœa may sometimes be cured in one patient by some means which will prove ineffectual in another case. Moreover, unless you can succeed in effecting a radical cure for your patient, you will find that you are generally losing ground every month, and that she is getting worse at every succeeding period; and therefore you must be prepared to employ a variety of measures, if need be, in each particular case.

1. *Treatment of Ovarian Dysmenorrhœa.* — No special organic or structural disease of the ovary has ever, as far as I am aware, been found to be a pathological cause of ovarian dysmenorrhœa. The morbid conditions of the ovary that have been hitherto observed to be connected with the production and persistence of dysmenorrhœa are neuralgia, congestion, and inflammation in their chronic forms. The preventive treatment of dysmenorrhœa, when dependent upon ovarian neuralgia, is the same in its principles and details as the preventive treatment of dysmenorrhœa when dependent upon uterine neuralgia: and that I will describe to you immediately. When dysmenorrhœa is kept up by a state of ovarian congestion or inflammation, we must try to reduce these morbid states during the catamenial intervals, by repeated leechings, applied to the cervix uteri, or hemorrhoidal vessels, by assiduous counter-irritation to the groins or sacrum, and by all the usual internal remedies and means employed against local inflammations and congestions of other isolated organs of the body.

2. *Treatment of Neuralgic Dysmenorrhœa.* — Where the disease assumes the neuralgic form, put the patient through a course or courses of the alteratives and tonics, particularly the mineral tonics, which are specially serviceable in all other neuralgic diseases. By this means, and by the enforcement of a good diet and regimen, try to raise the standard of her health up to the normal type, or indeed, if possible, above it. By following out such a line of treatment after a painful menstruation, you will sometimes be able to protect your patient from the same degree of suffering at the succeeding term. Set every organ to rights whose function seems in the least degree languid or impaired, whether it be the skin, stomach, bowels, kidney, etc. In this neuralgic form of dysmenorrhœa, regulated muscular exercise, riding on horseback, and analogous hygienic means, in the intervals, are sometimes of the highest moment as curative measures. Rouse and stimulate the mind as well as the body, by new studies and new scenes. In these cases a visit to some alterative or saline mineral waters is, in this double way, sometimes of wonderful use. Afterwards, a course of chalybeate waters or chalybeate pharmaceutical preparations, will sometimes establish the cure. Have no fear, for I believe it is a groundless fear, that the use of iron will congest and irritate the uterus. Ferruginous remedies are often our best remedies in the latter stages even of distinct uterine congestions. Let me make one remark more before leaving the subject of neuralgic dysmenorrhœa. All forms of dysmenorrhœa, when long continued, are apt to become more or less neuralgic in their type, and sometimes remain and persist as such when their more immediate pathological states have been removed and cured. Hence it happens that many cases of dysmenorrhœa require to be treated as neuralgic at last which are not neuralgic at first.

3. *Treatment of Congestive and Inflammatory Dysmenorrhœa.*—When the morbid irritability of the uterus producing recurrent and successive paroxysms of dysmenorrhœa, is the result of chronic congestion of the organ, or of chronic inflammation in its cervix or walls, you can only hope for a permanent cure by permanently removing, in the first instance, the congestive or inflammatory morbid states that may be present. What antiphlogistic and other means we possess for fulfilling these indications, I shall have occasion to state to you at full length, when subsequently discussing these special morbid conditions themselves.

4. *Treatment of Gouty and Rheumatic Dysmenorrhœa.*—For the gouty and rheumatic forms of the disease, you will find useful results from the administration of colchicum and guiacum, either alone, or in combination with alkalies.

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According to my experience the best prescription you can order in such a case would contain six to ten grains of the powder of guiacum, and six or eight grains of bromide of potassium, with the addition of an equal quantity of magnesia where this seems to be required, to act on the bowels. The use of the bromide of potassium, as Trousseau first tried to show, and Sir Charles Locock afterwards found to be confirmed in practice, is that it exerts a sedative action on the sexual organs possessed by no other drug in the Pharmacopœia; and such a powder as that I have indicated, taken three times a-day during the interval between two menstrual periods, will in many cases succeed in warding off any further attack of dysmenorrhœa.

5. *Treatment of Organic Dysmenorrhœa.*—Where the dysmenorrhœa is dependent on some organic disease of the uterus, the latter will require to be treated without any special regard to the neuralgia which occurs at the time of menstruation. You will only relieve the dysmenorrhœa by removing, when possible, the organic morbid state, as polypus, retroversion, etc.

6. *Treatment of Membranous Dysmenorrhœa.*—Before I speak of the radical treatment of the membranous form of the disease, I have to make one remark in reference to it, supplementary to what I was saying to you yesterday about the pathology of membranous dysmenorrhœa, and it is this, that investigations are still wanting as to the influence which is exerted by the ovaries in exciting the formation of the membranes discharged in such cases. We do not know whether there exists any special kind of disease or diseased action in the ovaries, or whether on these occasions they become the seat of any unusual degree of excitement, such as might be indicated by a degree of change in the burst Graafian follicle; so great as to cause it to assume more nearly the character of the corpus luteum occurring on impregnation. As regards the treatment of membranous dysmenorrhœa, you will find that various plans of treatment have been recommended according to the view entertained as to the nature of the disease. Thus, by some authors, the remedies appropriate for the cure of the rheumatic dysmenorrhœa have been much bepraised, and held to be of special advantage in this form of the affection; while others, who regarded it as inflammatory, and looked upon the membrane as a fibrinous exudation, held that a cure was only to be sought for by means of antiphlogistics. We have here, in fact, a most notable example of how a change in our ideas as to the pathology of a disease will lead to a corresponding change in our therapeutic procedures. For we now know that the disease is not peculiar to rheumatic subjects, nor produced by any peculiar rheumatic poison; and further, that is not of a purely inflammatory character, but that it is due merely to an exaggeration of a normal condition, or to an exalted degree of a physiological action; and the consequent change brought about in our treatment consists in this, that while we administer bromides and iodides, and other internal remedies which are likely to exert an alterative action on the uterus, we at the same time apply local remedies with a view of changing the condition of the organ and modifying its action, so as to lead it to perform its functions in a healthier and more natural manner. I think I have sometimes seen good results in this way from the local application of mercurial preparations—putting the uterus, as it were, through a sort of independent mercurial course. It may very easily be applied by the patient herself, in the form of a medicated pessary, introduced twice a-day into the vagina and pushed up to the womb. Used in this way, mercury does produce not only a local effect, but also, in some exceptional cases, I have seen it produce its constitutional effects, and lead to salivation. That drugs applied in this form may be absorbed into the system, is evidenced also by the narcotic effect sometimes produced by morphia given in the form of pessaries. The constitutional action of the drug is not by any means so marked as when an equal quantity is administered per anum; but in some very susceptible patients I have seen pessaries containing half a grain of morphia cause contraction of the pupils, and all the effects of a full dose of the drug when taken into the stomach. But whether the mercury produce a general action or not, I am certain that you will often find much good resulting from its local application, all the more, if at the same time some alterative and tonic constitutional treatment be employed. On this treatment you will find some valuable practical remarks in the excellent work which Dr. Rigby has lately published on the Diseases of Females.

In more obstinate cases I have sometimes used with advantage remedies of an alterative type, applied directly to the lining membrane of the uterus. This kind of treatment seems to be more particularly indicated where, after each expulsion of a dysmenorrhœal membrane a sort of leucorrhœal discharge from the interior of the uterus sets in, and continues for a longer or shorter period. It may be likened, on a small scale, to the lochial discharge occurring after parturition, or after an abortion. In such cases some caustic or alterative stimulant, such as nitrate of silver, may be applied to the interior of the uterus by means of this instrument resembling the porte-caustique of Lallemand for applying caustics to the orifices of the spermatic ducts in males—only with this difference, that it is curved towards the point in the manner of the uterine sound in order to suit the axes of the pelvis, and is furnished at two inches from the end with a small knob to mark the normal length of the uterine cavity. The instrument consists of a long tube curved near the extremity, and provided with a stilette, which is capable of being pushed through the tube to about the extent of an inch—the length to which the tube is retracted being regulated by means of a ring which may be fixed at any point near the handle. In one side of the stilette, in the part which may be protruded, is a groove into which the finely-powdered nitrate of silver is placed. The instrument is introduced into the womb with the end of the stilette protected by the tube, and then the tube having been withdrawn to the required extent, the powder is scattered over all the interior of the uterus by turning round the handle of the stilette. By this means you may sometimes produce a salutary effect on the mucous membrane; and other substances, such as pounded iodine, etc. may be used in the same manner. Even perchloride of iron may be employed, but as it is too deliquescent to be kept applied in the form of powder, you will require to apply it in solution, by means of an instrument essentially of the same construction as that which I have described, only differing from it in having a narrow piece of sponge, about an inch in length, fixed to the end of the stilette for the absorption and application of the liquid. But, mark you, never think or dream of throwing liquids into the interior of the uterus by means of any injecting apparatus, for severe and fatal inflammations are very likely to ensue. Such a result may, perhaps, be caused by the fluid running along one or other patent Fallopian tube and escaping into the peritoneum; more probably it may be due to laceration of the mucous membrane and entrance of the fluid into one of the uterine veins; but, however it may be produced, the consequences of injecting fluids into the cavity of the womb are so often dangerous and deadly that the practice has now been given up, I believe, by all accoucheurs. We can still, however, apply solids with safety in the manner I have told you; and by doing so once, or twice, or thrice, in the intervals between the menstrual periods, you will often succeed in changing the action of the uterus, and in wearing out the tendency of its mucous membrane to become exfoliated at every menstruation.

7. *Treatment of Obstructive Dysmenorrhœa.*—Lastly, it remains for me to speak of the radical treatment of the mechanical form of dysmenorrhœa where there exists some obstruction to the escape of the menstrual secretion, or of those cases where the os or cervix uteri are too narrow and contracted to allow of the free discharge of the secreted menstrual fluid. It is a pathological principle in the case of all other hollow organs with orifices or canals of outlet, that when their canals or orifices become strictured or obstructed, accumulation of the appropriate fluid takes place within their cavities, that muscular contractions are then excited in their walls for the expulsion of the accumulated contents, and if these accumulations become common or chronic, the muscular coats of the distended organ are apt to become thickened and hypertrophied. This principle, for example, we see illustrated in the case of the bladder, when, from stricture of the urethra, an obstruction is presented to the free flow of the urine, and the manifest indication for treatment in such a case is the removal of the obstruction. The same pathological principle applies to the uterus in the case of contractions of the os and cervix, and the same principle should guide us in the treatment of it. Dr. Macintosh, a medical teacher of great reputation in this school some twenty-five years

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ago, thought he was the first to call attention to this particular form of dysmenorrhœa, and proposed to treat it in the same manner as Surgeons do strictures of the urethra. But, in passing, allow me to say that the idea that stricture of the os uteri may cause dysmenorrhœa, is far from being so novel as Dr. Macintosh believed, for it was known long before that it could not merely give rise to dysmenorrhœa, but that it could also be in some cases a source of sterility. Not only so, but the plan of treatment then recommended by Dr. Macintosh was forestalled ages before. For, in the works included among the Hippocratic writings, the disease is most distinctly spoken of, and the appropriate treatment described. In the thirteenth section of the Γυναικεῖων Πρῶτον, the treatment of those cases is given where sterility is due to some unusual conditions of the os uteri; and among other things, the writer tells us that where the orifice is very much contracted, it must be opened up with bougies and leaden instruments. So that this plan of treatment is at least 2500 years old. Some others among the older Greek and Roman writers on female diseases have also alluded to this form of dysmenorrhœa or sterility, and to its treatment by dilatation of the os uteri, though none so distinctly as the Father of Medicine himself. But there are various surgical works of later date in which mention is made of this matter in the most explicit terms. Thus in the "Marrow of Chirurgery," published in the latter part of the seventeenth century by Mr. Cook of Warwick, a work containing various curious notices and cases in obstetric, medical, and surgical practice, this author treats in one of his chapters of closure of the "inner orifice" of the womb, or os uteri, and recommends it to be enlarged when necessary by gentian root or prepared sponge, and afterwards by the introduction of hollow instruments of silver, ivory, or horn, and these means, he adds, are better than incision. When I first read these observations by Mr. Cook five or six years ago, it appeared to me that this English provincial practitioner had quite anticipated every modern principle in the treatment of these cases. Mr. Cook published another work several before the "Marrow of Chirurgery" appeared. This second book was published in 1657, and entitled "Select Observations on English Bodies; or Cases both Empiricall and Historical performed on many eminent persons in desperate diseases; first written in Latin by Mr. John Hall, a Physician residing at Stratford-on-Avon." This work (and the original Latin manuscript of Mr. Hall, is in the possession of my friend Dr. Jackson, of Edinburgh) does not contain among its two hundred cases any notice of any instances of dysmenorrhœa, and is more interesting in other respects than its Medical relations. For Dr. John Hall—whose cases Cook translated from Latin into English—was the son-in-law of the immortal Shakspeare, having married Shakspeare's favourite daughter, Susannah; and he inhabited and practised in Shakspeare's "great house" at Stratford after the poet's death. He died several years before his wife; and Susannah Shakspeare sold her husband's manuscript volumes to Mr. Cook. In his preface Cook tells us how cunningly Susannah drove the bargain with him for her husband's manuscript work, all the time denying it was her husband's. But I have no doubt that, though a puritan Surgeon, the buyer was as sharp as the saleswoman. At least I am inclined to judge so from the fact that the remarkable passage which exists in his "Marrow of Chirurgery," regarding the treatment of obstructive dysmenorrhœa, is taken by Cook deliberately almost verbatim, without his having tried the practice, and without one hint or word of honest acknowledgment, from a work published some years previously at Amsterdam, by one of the inventors of the obstetric lever.

(To be continued.)

THE TEMPERATURE OF THE SALIVA which flows while the nerves of the sub-maxillary gland are galvanised has been found by MM. Ludwig and Spiess, to be 1·8 deg. Fahr. higher than that of the blood of the carotid artery on the same side. From this it would appear that secretion in a very small gland produces a notable increase of heat, even when there is a diminution in the formation of carbonic acid; the venous blood remaining red, and containing nearly as much oxygen as the arterial. This fact, like so many others, proves that we have yet to discover the complete theory of animal heat."—*Brown-Sequard.*

ORIGINAL COMMUNICATIONS.

PUERPERAL CONVULSIONS.

By FRANCIS H. RAMSBOTHAM, M.D.

Obstetric Physician to the London Hospital, &c.

ON Monday, February 7, 1859, at 5 p.m. I was sent for by Mr. Pryce, of Walworth, to Mrs. G., Beresford-street, aged 28, a stout, plethoric woman, pregnant for the first time, between six and seven months. She had complained for six days before the attack, of drowsiness, confusion of ideas, with slight pain in the head, stertorous breathing, and puffy hands and face. She had never been the subject of hysteric or epileptic fits. In the afternoon of Sunday she experienced a severe attack of vomiting and purging, and at 9 p.m. was seized with a violent convulsion. The fits recurred very frequently—the people about her said every ten minutes—through the night, and during Monday. She remained perfectly insensible the whole time, her breathing heavy and stertorous. On my arrival, however, there had been an intermission of nearly an hour free from fits, and she had just swallowed two or three teaspoonfuls of tea for the first time since the beginning of the seizure. Nevertheless, she was still quite unconscious, with widely dilated pupils, acting sluggishly to the stimulus of light. The uterus occasionally became hard, and there seemed to be a disposition for the commencement of premature labour. She had been bled twice during the night, losing about thirty ounces of blood at the two operations; and in the day had been cupped on the back of the neck, and twelve leeches had been applied to her temples. The hair had been cut off, ice was applied to the head, and a turpentine enema had been administered, which had brought away a large quantity of fœtid stools. I had some difficulty in reaching the os uteri with my finger, for it was very high, and inclined more than usually backwards. It was dilated to the size of a sixpence, just admitting the end of the finger, and the membranes were felt tense. Before withdrawing my hand I ruptured the membranes, and gave exit to a considerable discharge of liquor amnii; I then felt a limb, but could not make out which. Her size was greatly diminished. She had no more fits while I stayed in the house. I recommended that as long as she remained unconscious three grains of calomel should be placed on her tongue every two hours, in the hope of its passing into the stomach; and that another turpentine enema should be injected. There were only two more fits after I left; labour pains supervened, and she was delivered at 2 a.m. (Tuesday); the knees presenting. Her consciousness gradually returned soon after delivery; though headache continued. On Saturday, the 12th, Mr. Pryce wrote to me, that he had seen her that morning sitting up, after a refreshing sleep of five hours; that she still complained of her head, and felt relief from the cold application. The Cochia after delivery were very scanty; she took ten grains of calomel, and for two days the sphincters performed their duty imperfectly. It is remarkable that she has no recollection whatever of anything that occurred for six days before the attack appeared, although she was following her ordinary occupation all the time; and except for the headache and drowsiness seemed as usual. No albumen could be detected in the urine. She is now convalescent.

Holding the opinion, as I do, that an attack of puerperal convulsions is merely a modification of cerebral apoplexy, I consider that this young woman's life was saved by the prompt and decisive bleeding. But I should not have detailed the case, were it not for one extraordinary feature that it displayed, and which I have before observed on no few similar occasions, I mean, the entire loss of memory in regard to the occurrences of some days antecedent to the seizure; while the patient appeared in health, and was occupied in her ordinary duties. I have before known this *oblivisoence* extend to six days preceding the first fit all which time, in the language of my father, who first, I believe, pointed out this peculiarity, seemed a blank in the patient's existence. Injuries to the brain occasioned by other causes have been followed also by the same loss of consciousness of events that happened before the accident occurred. M. Koëmpfen, in vol. iii. of the *Royale*

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Académie de Médecine, gives the case of a cavalry officer, who fell from his horse on his head. A total want of recollection came over him of everything that occurred on the day previous to the accident, as well as for some hours after it. Though he recovered perfectly, he never regained his memory of these periods. A Medical friend of mine, since dead, was thrown from his horse one morning at ten o'clock, while returning from a patient's house. On being brought home he ordered appropriate medicine for his patient; and though he remained in his house, he appeared to his family to be quite conscious of everything that was going on around him. When he was well he told me that he had forgotten how the accident took place; and that he had no recollection of going to see his patient, nor of anything that had happened since seven o'clock that morning; the last thing he remembered was a child dying in his arms at that time, to which he had been called up two or three hours previously. He was equally forgetful of every occurrence that happened for twenty-four hours after his fall; although during the whole of that time he was conversing freely and rationally with different members of his family, and also with his Medical friend who had been called in on the emergency. Sir B. Brodie (*Psycholog. Eng.* 1855, p. 58,) mentions the case of a young gentleman who was thrown from his horse while hunting. He was stunned, but only for a few minutes, and rode home in company with his friends, twelve or thirteen miles, talking with them as usual. On the following day he had forgotten, not only the accident, but all that happened afterwards. He gives another, in the person of the royal groom, who while cleaning a horse, was kicked by him on the head. He did not fall, nor was he stunned or insensible; but he quite forgot what he was doing at the moment the blow was inflicted. "There was an interval of time as it were blotted out of his recollection."

In the *Penzance Gazette*, February 14, 1844, there is the instance of a woman who hanged herself, but was cut down before life was extinct. After her recovery she had no recollection of having attempted to destroy herself; nor did she remember anything that occurred on the previous day. And in the *Times* for July 4, 1845, there is an account of a youth who was charged with attempting to destroy himself by hanging, and who denied having any recollection of having made such an attempt. I have no doubt that his forgetfulness was not feigned. I attended a woman through a very severe attack of puerperal convulsions, who when I saw her a month after, had completely forgotten how to write, though she wrote very well before. She could not make a letter without having a copy before her; and when she tried she looked exactly like a child beginning to learn. Brodie also, *ut supra*, gives an instance of a gentleman, who after a fever had forgotten how to read; of another who, having recovered from an attack of apoplexy, was unable to understand oral language or to converse, though he could read as well as ever.

These instances, in my opinion, would go far to establish the truth of the doctrine, that different parts of the brain are subservient to different passions, emotions, and other attributes; for it seems clear that in all of them, whatever other portions of the organ might have received injury, that particular locality, wherein is situated the seat of memory, was more than any other disturbed in the performance of its functions.

8, Portman-square.

ON THE UPODERMIC TREATMENT OF DISEASES.

WITH CASES AND EXPERIMENTS.

By CHARLES HUNTER,
Late House-Surgeon to St. George's Hospital.

Medicines administered with the object of producing either a local or constitutional effect may be given in various ways; "either," says Pereira (a), "applied to the skin, to mucous or serous membranes, to wounds, ulcers, or abscesses, or they may be injected into the veins." There is another tissue not mentioned by Pereira, to which medicines may be readily applied, that is, the loose cellular tissue of the body beneath the skin.

The enepidermic, the iatraleptic and the endermic methods have long been employed; the first two are open to these objections: 1. Uncertainty of result; 2. Time required to affect the system; 3. Frequently the unpleasant nature of the process; 4. Local irritation may be produced by the friction.

The endermic to the true skin has these advantages, that the remedy is not submitted to the influence of the digestive process, and its pure effect is better ascertained, "its operation is in general very quick, and in some cases more rapid than when applied to the stomach" (b); but it has these disadvantages:—1. Pain caused by denuding the dermis, and perhaps by the application of the medicinal agent to its surface. 2. Occasional mortification of the part. 3. The possibility of the skin being permanently marked. 4. Some substances have no effect when used endermically.

Medicinal substances may be introduced into the cellular tissue beneath the skin with the greatest facility by means of a minute syringe, and so introduced certain medicines will act with extraordinary rapidity, and the most satisfactory result.

To distinguish this plan of injecting beneath the skin from the epidermic and endermic, it would be as well perhaps to use similar phraseology, and call this the upodermic method.

Dr. Alexander Wood, of Edinburgh, has long employed the introduction of medicines into and under the skin, in the various forms of neuralgia. To him is due the discovery of injecting narcotics into the tender spots of the neuralgic part or tissue, whichever it happens to be; the belief of Dr. Wood being, that the *localisation* of the remedy in the neuralgic part is the cause of the success which attends his practice.

I have tried Dr. Wood's treatment of localisation of the narcotic injection to the neuralgic part, and found it productive of considerable relief; as, however, I found frequent repetition of the injection in the same spot productive of abscess, I employed the upodermic injection of other parts of the body, avoiding localisation of the injection; and I have found that the upodermic injection of the cellular tissue beneath the cutis of any part of the body is quite as striking and as curative in its effects as the injection localised to the neuralgic tissue; moreover, it has these advantages, viz. that inflammation is less likely to follow, and less pain must necessarily accompany the injection of a sound, than an unsound or morbidly sensitive part.

In the present communication I wish to draw the attention of the Profession to this mode of introducing medicine as applicable in many other affections besides neuralgia.

How often we find that medicine fails to afford sleep to the restless, the highly excitable, the delirious, and the maniacal. In all these cases I have tried the upodermic injection of narcotics (often when other measures had been tried and failed), and in all the effect was immediate, or nearly so, quiet or sleep directly supervening.

My proposition is,—That to produce an immediate or a decided narcotic effect no method is more effectual than the upodermic injection of the cellular tissue.

In favour of this being the case (venous injection being set aside on account of its danger), I will relate some experiments, but must first state that the reason the word "narcotic" is inserted in the proposition is because narcotics are the class of medicines I have always employed in the cases in which I have tried the upodermic injection, and they are the class of remedies called upon generally where an immediate effect is required, either to relieve pain or produce sleep.

The following experiments will show with what rapidity medicines injected into the cellular tissue of the body will act:—

Experiment 1.—I injected a few drops of water containing one-twelfth of a grain of the acetate of strychnia into the cellular tissue of a cat; in one minute it was tetanic, and in two minutes it was dead.

Experiment 2.—I injected half a grain of morphia into the subcutaneous cellular tissue of a rabbit; it was completely comatose in five minutes, and remained so for hours.

Experiment 3.—By the kind request of Dr. Page, I injected half a grain of the acetate of morphia into the arm of a girl aged sixteen, suffering from extreme chorea of all the muscles of the body; in two minutes all the muscles had ceased their irregular movements, and in four minutes the girl was asleep.

(a) Vol. i. p. 130, Pereira's "Materia Medica."

(b) Ibid. p. 132.

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Experiment 4.—A man suffering from tic-douloureux was for some time subjected to the upodermic treatment; he almost constantly slept in from two to three minutes after the dose was injected at night.

In several cats which I injected with morphia, the first symptoms showed themselves in a very few minutes.

From the following experimental observations on man and animals it will be seen that,—

1stly. Upodermic injections act quicker than stomachic doses.

2ndly. That they produce a more powerful, a more effective result; and,

3rdly. That frequently the upodermic injection is productive of the greatest benefit, whilst an equivalent dose administered by the stomach is entirely useless, and even prejudicial.

Experiments 5 and 6.—I injected three-quarters of a grain of the acetate of morphia into the cellular tissue of a man with *mania à potu*. He got to sleep almost directly, and slept for many hours. I gave the same man the same dose (three-quarters of a grain of morphia) in one ounce of water as a stomachic dose; it was one hour before sleep was produced, which, when obtained, lasted only about one hour and a half.

Experiments 7 and 8.—I obtained a fine healthy rabbit, and, assisted by Mr. Venning, injected half a grain of morphia in about three drops of water, into the subcutaneous cellular tissue of the animal. It appeared slightly affected in two minutes, and fell comatose without a struggle in five. The pulse and respiration were very much lowered at the same time; narcotism lasted in this rabbit from six to seven hours; it appeared perfectly convalescent in nine hours.

Some days after, Mr. Venning present, I again attempted to narcotise the rabbit by the same dose given by the stomach; a gum catheter was used to make certain of the fluid entering the stomach: for a long time we awaited the result, but no narcotism followed; the rabbit never even went to sleep, nor did it bring up the morphia.

Experiment 9.—I injected three-quarters of a grain of morphia into the cellular tissue of a cat; it became preternaturally quiet directly after; in seven minutes it gave a convulsive start, its position previously having been fixed and uncomfortable; in thirteen minutes it uttered short sharp cries; muscles of body rigid; eighteen minutes, muscles of extremities become rigid also; the rigidity of the muscles became more marked, until at forty minutes it was in a general tetanic condition, the body fixed, and the legs extended. The cat, contrary to expectation, recovered; but for many hours suffered from the morphia, which appeared to throw the animal into a state of drunkenness, after the muscular rigidity had passed off. Two or three other cats, with a similar dose, I have thrown into a state of strong convulsion, and even of tetanic spasm, by the injected dose of morphia.

Experiment 10.—With the aid of Mr. Keal I administered the same dose of morphia to the same cat as in experiment 9, —by the stomach—the gum catheter being passed down the œsophagus. The cat was quite natural for five minutes, then became quiet, and was sick in eight minutes, with five or six spasmodic retchings; it began the purring which morphia causes in all cats in fifteen minutes; at twenty minutes and thirty-five minutes it had one leg convulsed, and in one and a-half hours became very excitable and constantly on the move, as if tipsy: this lasted several hours; but it never had the general spasms, or rigidity which the injected dose produced.

Experiment 11.—With Mr. Ash, I gave the same cat the same dose by the stomach in the same quantity of water, but this time warm (instead of cold, as in experiment 10). Sickness was again the first well-marked symptom of the action of the morphia; it took place in ten minutes; the succeeding symptoms were as in last experiment, but milder.

As the question might arise whether the sickness in these last two experiments might not have been due to the mechanical irritation of the stomach by the catheter, we made some experiments to set it at rest. We went through the process of injecting at different times cold and warm water into the stomach of the same cat with the catheter; no sickness nor irritation of any kind ensued.

Experiment 12.—In a patient with hemicrania no narcotic except morphia, injected, will cause sleep. Opium and morphia have repeatedly been tried by the stomach; they never produce sleep, they always cause sickness.

From experiment we may gain much; but far more satisfactory is the proof, if it be derived from cases in which the remedy has been called for, tried, and found successful, than from its trial on animals.

To the Physicians and Surgeons of St. George's Hospital I have to render many thanks for their kindness to me, while their House-Surgeon, in sanctioning the application of this remedy in those cases in which such treatment appeared desirable, and which I now propose detailing in order to contrast the upodermic injection of narcotics with the ordinary modes of their administration.

(To be continued.)

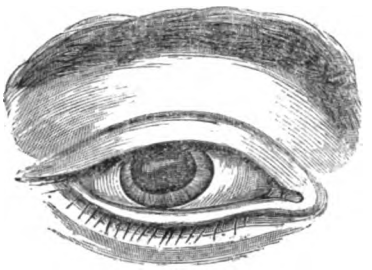
TWO CASES OF DISLOCATION OF THE LENS.

By J. Z. LAURENCE.

South London Ophthalmic Hospital.

I. Traumatic Dislocation of the Lens—Extraction.—Restoration of Sight.

James H., aged 14, in the employ of a gas engineer, was standing, November 13, 1858, near one of his fellow-workmen, who was engaged in bevelling down a brass gas-tube with a chisel and hammer, when one of the brass shavings flew off, and struck him on the right eye. Two days after the accident he was admitted into the Hospital.



On the centre of the cornea was a transverse linear scar, marking where the brass shaving had struck him. The capsule of the lens had a pearly, striated, semi-opaque aspect, and was transversely rent across below; through this rent the lens had escaped into the anterior chamber, and was swollen and opaque from imbibition of aqueous humor. The sclerotic and iris were somewhat inflamed. There was only slight pain in the eyelid. His vision with the injured eye was restricted to the power of distinguishing light from darkness.

22nd.—Mr. Laurence made a small opening in the cornea with Adams's iris-knife over the situation of the dislocated lens; some of the diffluent lenticular substance oozed out at once; the rest was removed with a curette. Slight prolapsus of the iris took place, which was, however, at once replaced.

27th.—Nearly all vascularity of the external tunics gone; pupil somewhat contracted; occupying its lower two-thirds is a grey translucent membrane (capsule). He can distinguish persons in the street.

January 31, 1859.—Pupil of medium size, transversely elliptic in shape, freely contractile; from beneath its lower margin is just seen the edge of the remains of the opaque capsule of the lens. He can distinguish persons, carts, etc. in the road opposite the Hospital. As the patient's sight was improving every day, Mr. Laurence dissuaded him from the use of any cataract-glass, till his eyesight had ceased improving any further.

II.—Spontaneous Dislocation of a Cataractous Lens into the Anterior Chamber, causing intense pain for four months.—Extraction—relief from pain.

Mrs. B. aged 38, had been stone-blind of the left eye ever since girlhood. Occasionally she observed "a white substance bobbing up from below, into the black of the eye;" but she never suffered any pain in the eye, and the sight of the right eye always continued perfect.

About four months before she came to the Hospital, she was awoke early one morning by a violent pain in the left

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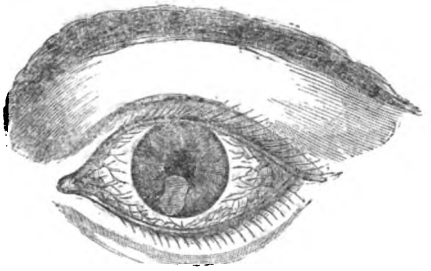
temple, and on looking into a glass observed a "yellow speck" in her eye, such as she had never seen there before. She knows that she never received any injury to the eye. Ever since that morning she has suffered the most agonising pain in the eyeball, temple, and side of the nose to a degree that has entirely broken her rest, and at times almost made her think "she would lose her reason."



On examining the eyeball the external tunics were found intensely injected; the iris muddy, and imperfect in its striation; the pupil central, but permanently contracted and angular; slight onyx. At the bottom of the anterior chamber lay an opaque, buff-coloured lenticular body.

On the same day that the patient entered the Hospital, Mr. Laurence opened the cornea with an iris-knife, and extracted with the canula-forceps the tough, opaque, thickened capsule; some softened down (lens?) oozed out spontaneously from the incision. A good deal of fluid (dissolved vitreous humor?) escaped in the operation, after which the eyeball partially collapsed, but had regained its plumpness within a couple of days.

February 4, 1859.—All vascularity gone, the former racking pain in the eyeball and temple has entirely left her. The only other change in the eye is that it has slightly shrunken since the operation. In this case, as the only object of the operation was the relief of pain, chloroform was given.

The most remarkable facts in these two instances of a comparatively rare accident are 1, the extraordinary contrast they present in the intensity of the symptoms excited in each case by the presence of a foreign body in the anterior chamber: in the boy the symptoms were nearly limited to the mechanical obstruction to light by the dislocated lens: this in the woman was not half the size, and produced, notwithstanding, the most intense iritis for a period of four months: the previously morbid state of the organ may possibly have had some influence in this respect. 2. The almost instantaneous relief that followed the extraction of the lens in either case.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

REMARKABLE INSTANCE OF MISINTERPRETED SYMPTOMS OF STONE IN THE BLADDER.

(Under the care of Mr. T. BRYANT.)

An interesting case in forcible illustration of how needful it is in cases of urinary symptoms to be always alive to the possibility of stone being present has just been under treatment in Guy's Hospital. A pale, pasty-complexioned boy, aged 10, was sent up from an eastern county to be under a Physician's care for incontinence of urine. No suspicion as to the real cause of this symptom had been entertained, and he was admitted into a Physician's ward, and placed under the care of Dr. Gull. It appeared on inquiry that for six years past his urine had dribbled away, involuntarily, both night and day. Symptoms of vesical irritation had, indeed, been present almost from birth, and he had at times suffered much pain. He was, however, well grown, and, although pale in complexion, moderately stout. He had never been sounded for stone. At Dr. Gull's request an examination was made, and the existence of a large calculus was ascertained. He was now transferred to Mr. Bryant's care, in order to have lithotomy performed.

In the operation, Mr. Bryant made only a small incision in the prostate, and some patience was consequently necessary in the extraction of the stone, as it proved to be a very large one. When removed it was found to be smooth, rounded, and heavy. Its size was nearly that of a small apple, and it weighed fourteen drachms. Its structure was of lithic acid in concentric layers. Its great size led, of course, to serious anxiety as to the boy's recovery; but Mr. Bryant adverted to the fact that it contained no phosphates as one which afforded some encouragement.

For several days the boy did well; but symptoms of peritonitis subsequently developed themselves, and under these he sank at the end of a week.

At the autopsy the wound was found in a healthy state, and no sloughing had been caused by the force necessarily used in the extraction. The bladder itself was firmly contracted, and its coats much thickened and glued to the surrounding tissues by old inflammation. Its character as a viscus capable of dilatation, had in fact been wholly destroyed. The left kidney was atrophied, and consisted of little more than a mere bag. The right ureter was greatly dilated. There were evidences of peritonitis in its first stage in most parts of the abdominal cavity, especially in the pelvis.

When we remember the very small amount of fatality which attends the operation of lithotomy in children under average circumstances, we may fairly conclude that, in this instance, the boy's death was due to the long continuance of his undiscovered disease. The importance of ascertaining the presence of a stone while it is still small, and before it has induced secondary mischief in the bladder and kidneys can scarcely be over-rated. It is to cases such as the above that we owe the darker tints of the picture in respect to operative statistics, more especially as they concern lithotomy, operations for strangulated hernia and ovariotomy. In regard to the incontinence of urine which had been present, and which had for several years obtained the whole of the Surgeon's attention, the discovery of so large a stone in so disorganised and contracted a bladder, made it clear that it had been caused by the filling up of the cavity of that viscus. There was no receptable for the urine, and the latter would, therefore, flow away as secreted.

EPIDEMIC SORE-THROAT.

(Cases under the care of Dr. WILKS.)

In one of the large wards at Guy's Hospital (Mary) there has recently occurred a series of cases of more or less severe sore-throat. Dr. Wilks, under whose care most of the patients have been, informs us that the first case was that of a young woman, in whom a tonsillar abscess formed, with acute constitutional symptoms. After this, another woman who slept near her was affected, and subsequently, of nurses and patients, twelve or thirteen in the whole suffered from it. In most the stress of the inflammation fell upon the tonsils, and in several white patches were visible, though in none did appearances worthy of being dignified by the name of diphtheria present themselves. No fatal case occurred. We believe that no cases of well characterised diphtheria have yet been treated in Guy's Hospital. One patient was, however, admitted with that diagnosis, and from a district in which the disease was then prevalent. What shall we say of little epidemics of sore-throat like that mentioned above? Do they indicate that what is called common or inflammatory sore-throat, may occasionally become contagious? That it should do so is nowise improbable, when we recollect that catarrhal ophthalmia, and even ordinary catarrh itself, not infrequently spreads in that manner. The group of cases to which we have alluded are especially valuable, because the patients were under the best hygienic circumstances at the time as regards protection from the ordinary exciting causes of catarrhal disorders. Mary's ward is a part of the new erection at Guy's, is large, lofty, well warmed, and sufficiently ventilated, without draughts. Had the patients been abroad, exposed to easterly winds and to wet feet, there would have been no difficulty in accounting for the origin of the epidemic by reference to influences to which all had been exposed. We suspect that such miniature epidemics are by no means rare, and they are well worthy more attention than they have yet received. Is it not also a fact that in places where true diphtheria has been prevalent there have usually occurred at

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the same time numerous cases of pharyngeal and tonsillar inflammation in which no pellicular or diphtheric membrane was effused. Do these stand in the same relation to the typical affection as the diarrhœa cases, which are always so prevalent during outbreaks of cholera, do to that disease? Bretonneau reproaches his compeers with their ungrateful neglect of the precepts of Aretæus in respect to diphtheritic affections, and avers that no one since him has either better estimated their true nature or prescribed for them more skillfully. Aretæus writes—"Ulcers occur on the tonsils; some indeed, of an ordinary nature, mild and innocuous; but others of an unusual kind, pestilential and fatal. Such as are clean, small, superficial, without inflammation, and without pain, are mild; but such as are broad, hollow, foul, and covered with a white, livid, or black concretion, are pestilential. Aphtha is the name given to these ulcers." It was reserved for Bretonneau to show that what are here spoken of as ulcers are, in a great majority of cases, not really so, but patches of exudation. Aretæus's great remedy, the value of which is also endorsed by Bretonneau, is the powdered alum, applied by blowing it into the throat from the end of a tube.

KING'S COLLEGE HOSPITAL.

ANEURISM OF THE AORTA—WITH A PECULIAR CONDITION OF THE LIVER.

(Under the care of Dr. JOHNSON.)

W. B., aged 37, a carpenter, admitted into King's College Hospital December 31, 1858. Had no previous illness except an abscess in the groin, which was opened in the Middlesex Hospital; never had syphilis; was formerly a hard drinker. About a year before his admission he began to suffer from severe pain in the back and abdomen. This pain has continued to the present time, and has unfitted him for work.

About seven weeks ago he first detected a swelling in the epigastrium, which has increased considerably. He has been troubled with flatulence, has had occasional vomiting, and has lost flesh. On admission he had a thin, sallow, unhealthy appearance, which was decidedly suggestive of malignant disease. There was a pulsating tumour in the epigastrium, rather more prominent to the left of the median line; above it seemed to pass beneath the ribs, but below it had a well-defined margin about an inch above the umbilicus. Its anterior surface was rounded and convex. There was some degree of resonance on percussion of the tumour, as if from the contact of stomach or intestine containing air. It distinctly descended during a deep inspiration, no murmur was heard either over the tumour or over the lower dorsal and upper lumbar spinous processes.

Early on the morning of January 3, he was seized with sudden severe pain in the tumour and faintness—he became pale, as if suffering from internal hæmorrhage. After a few hours he vomited coffee-ground liquid, and continued to do so occasionally for two days.

On the 13th it was first noted that a soft bellows sound was audible—not over the most prominent part of the tumour, but at its upper margin, just below the ensiform appendix. This sound continued to be heard from that date; the exact spot in which it was best heard varied somewhat from day to day, but at no time was it audible over the most prominent part of the pulsating tumour.

The tumour appeared to increase in size, until it could be just covered by the half-closed hand.

On the 27th the spleen could be distinctly felt enlarged, and extending nearly as low as the crest of the ilium.

On February 6, while he was sitting up in bed taking his tea, he suddenly vomited a large quantity of florid blood. His face became blanched, and he quickly died. After death the tumour in the abdomen could not be felt.

Sectio cadaveris forty-six hours after death.—The thoracic viscera were healthy. On opening the abdomen it was found that the tumour which had been felt during life was formed by the lower margin of the right lobe of the liver. This portion of the liver was indurated by a deposit in its substance of a material, having the character of strumous matter; and it was separated from the mass of the right lobe by a deep fissure, evidently the result of atrophy of a portion of the hepatic tissues. The liver was large, its weight being three pounds fourteen ounces. The semi-detached portion of liver before mentioned lay in front of an aneurism, which originated about the middle of the abdominal aorta. The aneurism was about the size of the double fist; contained laminated coagula; its pressure had caused erosion of the bodies of the second and third lumbar vertebræ, and its cavity communicated by a round opening, about two or three lines in diameter, with the lower portion of the duodenum. The stomach and the small intestines contained much clotted blood. Some blood had become infiltrated into the sub-peritoneal tissue on the left side, and had thus passed as low as the brim of the pelvis. The spleen was large and soft, its weight eleven three-quarter ounces. Several of the mesenteric glands were enlarged, and contained a cheesy material.

ST. THOMAS'S HOSPITAL.

AXILLARY ANEURISM. — LIGATURE OF THE SUBCLAVIAN ARTERY.—DEATH.—AUTOPSY.

(Under the care of Mr. LE GROS CLARK.)

Horatio D., aged 40, an engineer, was admitted into St. Thomas's Hospital December 31, 1858. He gave the following history of himself. Some four or five months ago he was employed boring holes in a cylinder, and while exerting himself, with his arms at full stretch, felt something give way with a "click" just below his right collar-bone. Two or three hours afterwards he felt pain and stiffness in the shoulder-joint; these symptoms ceasing on the second day, he forgot all about the circumstance. In the course of a week a small lump appeared where he had previously felt pain; this gradually increased till it attained the size of a walnut, but, as he says, disappeared at the end of a month. During this time he had been doing lighter work, he now (November, two months after the commencement of the symptoms) resumed his usual occupation. Coincident with his so doing, the swelling returned. He now noticed that it throbbed slightly, and the pain in the arm became pretty constant. On admission his appearance was anæmic, probably due to his dissipated habits, he admitting that he was "frequently tipsy, but never drunk." The tumour occupied the upper part of the axilla; his pulse was regular, 75.

Jan. 5.—Dr. Barker having previously ascertained that no thoracic complication existed, Mr. Le Gros Clark to-day proceeded to place a ligature on the subclavian artery in the third part of its course. No chloroform was given, and the only variation on the ordinary mode of operating consisted in making an incision through the integument parallel with the posterior edge of the sterno-mastoid muscle, about two inches in length, and which joined the inner extremity of the cut in the course of the clavicle. These two incisions permitted a triangular flap of skin to be reflected, an advantage, according to Mr. Clark's previous experience, which much facilitates the application of the ligature. Some delay occurred in accomplishing the latter, owing to the caution which was required in the use of the aneurism needle, that selected, though having a rounded point, proving sharper than was expected.

The patient bore the operation well; all pulsation in the tumour ceased immediately the tying of the vessel was completed. The temperature of the limb was maintained by wrapping in cotton-wool, and applying hot water bottles. His pulse was 65, and the temperature of the right limb was about 10° lower than the left. His spirits were excellent, and with his apparently quiet demeanour, great hopes were excited of the successful issue of the case. An anodyne was administered at night.

From this date to the fourteenth day after the operation, he had not a single bad symptom; an occasional purgative was required, and his diet was increased by degrees. The temperature of the limb was gradually restored. The wound had nearly closed except in the course of the ligature.

18th, at 3 a.m.—There was slight bleeding from the wound. The patient stated that about an hour previously, after taking a quantity of tea and a chop (disobeying the strict injunctions he had received to the contrary by sitting up in bed while so doing), he was attacked by a severe shivering fit, cramp, and involuntary movements of the limbs, during which time he felt a strain on the ligature, and a pain at its seat like the prick of a pin. Immediately after this he found blood trickling from the wound. The foregoing account, as

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will be seen, was probably a fabrication on the part of the patient to conceal the real origin of the hæmorrhage. The blood ceased flowing spontaneously, a very small quantity only being lost at this time. He was, however, henceforward closely watched.

The pulse now rose to 120, the skin became hot and dry, vomiting ensued, and about 7 a.m. he lost a little more blood.

In the absence of a more definite history, it was difficult to ascertain whether these symptoms indicated contamination of the circulation, possibly originating in the aneurismal sac, though there was no tenderness in it, or whether they were simply attendant on softening of the clot. Had the true facts of the case been known earlier, viz. that the patient, annoyed during the night by the groans of a fellow-sufferer in an opposite bed, had, in a fit of passion, shaken his right fist at the offender, and in so doing tore through the ligature, which, when the dressings were removed, was found loose in the wound, measures might even then have been taken to remedy the evil. Unfortunately, these facts did not transpire till two days after the commencement of the hæmorrhage.

This was the fourteenth day after the delegation of the artery. On the three following days, viz. Jan. 19, 20, 21, the bleeding continued at intervals, though always checked by pressure, the amount varying from ʒss. to ʒiss. The pulse became small and compressible, delirium ensued, and in spite of every means used to support the system, he died on the morning of Jan. 22, rather more than four days from the commencement of the hæmorrhage.

The following were the post-mortem appearances, as described by Mr. Sydney Jones.

The subclavian artery was completely divided in the third part of its course, the two ends being half-an-inch apart. The proximal end presented an open mouth free from clot, it was adherent to the external edge of the anterior scalenus muscle. A very large supra-scapular artery arose about one-eighth of an inch internal to this end. The distal mouth of the subclavian was also open, and the interval between it and the aneurismal sac, about one inch, was occupied with semifluid coagulum. A quantity of semifluid clot surrounded both extremities of the vessel, and occupied the whole of the clavicular triangle. The aneurismal sac was situated behind the smaller pectoral muscle, extending from the head of the humerus to the ribs: in this, its transverse diameter, it measured between 4 and 5 inches, while from above downwards, only 2 inches. Externally it was divided into two halves by the axillary vein stretching over the point of the sac, and adhering to it, the vein being here flattened and obliterated. The walls of the sac itself were very thin; it contained but little laminated clot; over its outer wall the external cord of the brachial plexus passed, and was intimately adherent to it. The subclavian arteries on both sides were much larger, and their walls thinner than usual. Other viscera healthy.

THE POPLAR HOSPITAL.

SEPARATION OF THE LOWER EPIPHYSES OF THE TIBIA AND FIBULA—REDUCTION.

A few weeks ago we recorded an example of a form of accident about which very little information is to be found in standard writers, namely, separation of the lower epiphyses of the tibia and fibula. Mr. F. M. Corner, at present in office as House Surgeon to the Poplar Hospital, has furnished us the following notes of a second case now under treatment there. The symptoms of the lesion in question appear to have been well marked. We give the account in Mr. Corner's words:—"The subject of the case about which you enquire is a boy aged fourteen years and nine months. He was seated on the tail-board of a cart, which gave way, and he lighted on his feet; the injured foot turning inwards.

"His symptoms were great swelling about the ankle-joint, and deformity, looking like dislocation of the foot backwards, the calcis being drawn backwards and upwards. On tracing the spine of the tibia, a depression was felt from an inch to an inch-and-a-half above the ankle-joint, and some motion at this part was noticed on pretty forcible manipulation; but no crepitus—the external malleolus pointed more posteriorly than on the opposite side. The limb was placed in Mr. Luke's swing apparatus; but the calcis was still displaced, so I flexed the leg, placed a splint on its outer side, and with a very little force reduced the displacement, and fixed it by a bandage.

"The above may be interesting as an addition to your series, and should anything further worthy of remark occur, I will inform you."

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Medical Times & Gazette.

SATURDAY, MARCH 5.

THE LUNACY BILLS.

Nothing was more remarkable at the large meeting of Medical officers of Asylums and Hospitals for the Insane, held in London, on Monday, to take Mr. Walpole's Lunacy Bills into consideration, than the general discontent evidently prevailing in that important branch of the Medical profession; not only with the proposed Bills, but with many things in the state of the Lunacy law, as it at present stands. Although in the expression of this discontent, there may have been some unintentional exaggeration, the feeling itself appeared to be unanimous. Such a state of things is extremely to be regretted. No department of practice requires a more sedate and untroubled mind in the practitioner, than that which includes a consideration of the manner of relieving the various mental troubles and griefs of the insane; and it would seem that no men, either as officers of public asylums, or as proprietors of houses for the reception and treatment of private patients, are more exposed to vexation. Of the two Bills now under consideration, that which relates to public asylums leaves every evil untouched; and that which relates to private asylums adds considerably to the grievances already complained of. The preamble of the latter Bill might very appropriately be, "Whereas, all Medical men connected with lunatic asylums are dishonest and unworthy of confidence," etc. etc. Such legislation, professedly for the benefit of the insane, can only have the effect of depriving them of the protection of every qualified Medical man who can get an honest living by any other means. In addition to an increased number of visits by the Commissioners in Lunacy, to which nobody would object, a new class of visitors, called Medical Examiners, is contemplated, who are to visit every patient soon after admission into an asylum, and in some cases to make several visits, or even visits daily, and to make private reports to the Commissioners. A strong feeling was expressed at the meeting that these Medical Examiners must of necessity be generally unfamiliar with the characters of insanity; and yet would have the power of secretly casting doubt and discredit on the opinions of those who have devoted their lives to the study of the insane. The exclusion of Medical men acquainted with insanity from all authority in matters connected with the insane is further provided for by its being made unlawful for the proprietor of any licensed house

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to sign a certificate for the reception of a patient into any licensed house whatever. In other words, no Medical man thoroughly acquainted with the symptoms of mental disorders is to write a certificate of insanity in any case. These and other defects in Mr. Walpole's Bill were warmly commented upon; and the animadversions of many who attended the meeting would have been, we believe, far less measured but for the great and general respect entertained for Mr. Walpole himself. It was resolved, however, that a committee should be formed to draw up some kind of remonstrance, and to suggest something better. In the meantime, it is much to be wished, but scarcely to be hoped, that a few Members of Parliament would take the trouble of visiting a few public and private asylums, and of diminishing, in some degree, the utter ignorance generally prevailing among them as regards all that relates to insanity. They would then learn that however proper it may be to exercise a vigilant superintendence over such institutions, the disturbance of the patients themselves should be carefully avoided; and that the peace of families and the safety of the public ought not to be at the mercy of Examiners, who would frequently mistake intermissions for recovery; and frequently do the utmost wrong to Medical officers, who can alone really judge of these matters, and who ought not to be made the subjects of a disgraceful espionage, and of secret reports, and of the dangerous recommendations of those who know little or nothing of the almost endless varieties of insanity. We trust that as the Association has taken up this subject, it will not abandon it until a just and comprehensive Bill is enacted, to the equal benefit of the insane and of those who devote their minds to one of the most elevated of studies, with the hope of acquiring still increasing power to relieve one of the most dreadful of human calamities; and that while efficient Medical Inspectors of all lunatic asylums, whether public or private, is provided for, they shall not be imposed in a manner likely to hurt the feelings of a very honourable class of our Profession.

THE MOUSTACHE IN THE NAVY.

A Medical Officer of the Royal Navy asks a very pertinent (or as doubtless many of his superiors will say, a very impertinent) question. He wants to know why sailors in the British navy are not allowed to cultivate their moustaches and their beards, to an equal extent with the soldiers of the British army. During the late Russian war, the soldiers let Nature, in her hairy fancies, have full play upon their faces; and so also did those jolly tars who co-operated with them under the title of the "Naval Brigade." Since then, the Army has been allowed to retain these natural appendages, reduced, however, to regulation-size; but the sailor on board again was at once brought down to his old and well-shaven condition. Is there sense and logical consistency in this? Dr. Duigan says (a), that this razor-work is not physiological, but in its results, undoubtedly, pathological; and he makes out in his little paper a capital case for himself. Here is just another example of how round things are put into square places, and *vice versâ*, by men of war in authority; for the seaman has, according to the nature of his calling, ten times more occasion for the serviceable uses of these natural appendages than the soldier. How he manages indeed to shave himself at all on the lively ocean is a mystery to a landsman.

See what "facial hair" does. It keeps the dust from passing into the lungs; yes, dust at sea! It protects the visage from the blistering rays of the tropical sun; it filtrates malarious influences, and protects incredibly the respiratory apparatus. Of dust at sea there is now abundance. Her Majesty's navy will soon be nothing but a "steam navy;" and "coaling," and "trimming," and "steaming," etc. etc. are endless sources of dust. Then, besides, at many naval stations, at Malta, near the Egyptian shore, and other quarters, an impalpable powder is continually carried far out to sea. "Every person," writes Dr. Bryson, speaking of the Bay of Portendico, "exposed on deck for a few hours is so covered with dust that he presents more the appearance of a miller than of a seafaring man." Dry holystoning the deck is another never-ending source of dust. Why again, should blistering of the skin be endured in hot climates when there is a natural protector of the skin against it? And then as regards the conservation of the respiratory tract, and the external skin naturally covered with hair, let us see what sort of case Dr. Duigan makes out for beard and moustache. The hair not only keeps *off* the rays of the sun in the tropics, but it keeps *in* the natural warmth of the body in the Arctic regions; catarrh, bronchitis, herpes labialis, maxillary neuralgias, sore-throats, to all these it is antagonistic—antagonistic, indeed, to most of those influences which have the credit for being exciters of pulmonary disorders. "The Naval Brigade in the Crimea was most remarkable for freedom from diseases of the respiratory organs. One officer shaved off his moustache, a thick and bushy one, on rejoining his ship. The immediate result was an attack of pulmonary inflammation, which well nigh cost him his life." And then the cruelty of the operation itself! Let each of us landsmen reflect how tenderly we treat our chins—the careful appliances we demand to get comfortably through the daily business of shaving; and then reflect upon poor Jack's condition and appliances as reported by the Naval Doctor: 1. blunt razor; 2. cold water, and little of it; 3. darkness, or something like it; 4. bit of broken looking-glass; 5. rolling ship; 6. cold, stiff features from the morning watch to operate upon; and 7. rage at being forced to torture himself.

The truth is, that in the Navy the voice of Medicine is not as powerful as it is in the Army. It is notorious, indeed, that the condition generally of the Naval Medical department is under the cloud. We shall take an opportunity of returning again to the subject; and will show from official reports how little influence Medical officers have in carrying out measures which are required for the health of the men. We can show that the health of the crew indeed—that the number of sick in a vessel—is often entirely dependent upon the capricious orders of the Captain—exercised contrary to common sense and the simplest rules of Hygiene. It really is preposterous that in an advanced period like this of ours, the health and efficiency of the Army or Navy should be sacrificed in the smallest degree to mere "smartness of appearance," as it is foolishly called.

(a) Sanitary Review, January, 1859.

THE WEEK.

In the Reform Bill brought forward by the Derby-Disraeli Cabinet, it is proposed that every "member of the Medical Profession, registered under the provisions of the Medical Act, 1858," shall be entitled to register as a voter for members of Parliament. This is cried up as a great thing for the Profession by those who forget that the same bill enfranchises every £10 householder.

A case of some interest under the new Medical Act was tried in the Brighton County Court on the 18th of February, before William Turner, Esq. Judge (Dr. Charles Bryce *v.* Henry Dash). It was an action to recover £5 5s. for Medical attendance. Mr. Chalk appeared for the plaintiff, and put in evidence of Dr. Bryce's registration under the new Medical Act. Mr. Lamb, who represented the defendant, said there were merits in the case which it would be as well not to go into; but he should object to Dr. Bryce

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recovering, on the ground that the new Medical Act which came into operation on the 1st of January last was not retrospective, and that Dr. Bryce's claim was incurred before that date; that there were certain persons who had a right to recover their charges previous to the time that this Act came into operation; that there were certain other Practitioners who had no right to recover, and to whom the Act now gave the power to be registered, and upon that registration they acquired a right to sue for their charges for professional aid, advice, and visits; that none could sue unless they were registered; he read and referred to sections 15, 31, and 32, and schedule A, and he contended at some length that the Act was prospective only, and therefore as the debt had been incurred before the passing of the Act that it was an illegal debt, and consequently that there was no power enabling the plaintiff to recover his charges. Mr. Chalk, for Dr. Bryce, argued that the 32nd section of the Act empowered the plaintiff to sue for his charges for services rendered prior to the Act coming into operation; but his Honour, who read through and explained the Act, sustained Mr. Lamb's objection, and remarked that if the Legislature had intended that the Act should be retrospective in its character the intention would have been expressed in definite and clear language, and that he should therefore direct a verdict for the defendant. Mr. Chalk, however, asked leave to be nonsuited in preference, when his Honour acceded to the request, remarking that the question was most important, and would most likely before long be argued in the superior courts at Westminster.

The Author of the "Lily and the Bee," who has given signal proofs of his knowledge of Law in a work entitled, "Ten Thousand a Year," and of his knowledge of Medicine in the "Diary of a late Physician," has been appointed a Master in Lunacy.

A return has been printed which testifies to the energy and very laudable activity of the Medical Officers of health in the work of "sanitary improvement" in the various Metropolitan districts. In Marylebone, sanitary orders have been issued, and satisfactorily executed in 2635 cases as regards houses, and in 2000 minor nuisances. And so throughout the Metropolis has this work of purification been going on during the past year. Pigs and dung-heaps are got rid of, cow-sheds and slaughter-houses improved. In Holborn 1480 houses have been thoroughly improved, and others closed or pulled down. Medicine is here at its most efficient and highest work, the prevention of disease.

From the Report of the Inspectors of Factories, just presented to the Secretary of State for the Home Department, it appears that the law relative to the restriction of the hours of work in the case of young persons and women is, and has been for some time past, systematically broken in certain districts. As many as 335 convictions, under the Act referred to, have taken place; but it is evident that the penalties imposed were ludicrously small in relation to the gravity of the offence. No offence whatever of the kind has taken place in Scotland. The Inspectors call upon Parliament to enact further adequate provisions to meet this increasing abuse. Since trade has improved the abuse is greatly on the increase, both as regards over-work, and infringing upon the hours allotted for meals.

The annual meeting of the Medico-Chirurgical Society on Tuesday was one of the most exciting that has been held for some years. The very full report we give in another column, however, renders further comment here unnecessary. Our chief regret is that the report of the very admirable address of the President must be postponed. It was one of the best we ever remember to have heard. We trust the concluding remarks of Sir Charles will be borne in mind by the Fellows, and now that Mr. Skey is elected, all feelings of opposition will subside. As it was commonly reported in the room after the meeting, it may be as well to add that the numbers were said to be for Mr. Skey, 99, and 29 against him.

The Registrar is placed just now in a difficult position. He must examine the documents produced by claimants with sufficient care, or he may admit unfit persons upon the Register. So he must not be in a hurry. On the other hand, Medical men are being nonsuited in Courts of Law, because they have not the necessary certificates of registration. For instance, last week, in the Greenwich County Court, in the case of Austin and Wallen *v.* Hill, tried before Mr. Pitt Taylor, the plaintiff sought to recover debts for Medical attendance, and the Judge required the production of the certificate of registration under the Medical Act. An agent, who appeared in support of the cases, produced a document; but His Honour said it was not the proper certificate. The case had been adjourned for two months, and there had been ample time to get the certificate. The Agent said the document he produced *was all they would give at the Registrar's Office*. His Honour said the plaintiffs could bring an action against the Registrar for not granting the certificate. The Agent said the paper he had in his hand had been held to be legal at the Southwark County Court. His Honour said he could not be ruled by what was done at Southwark.—Nonsuited. Surely in cases coming before our Courts, the Registrar might grant the needful certificate, even if it were a little "out of turn."

The following extract from the speech of the First Lord of the Admiralty, Sir John Pakington, when moving the Navy Estimates in the House of Commons, on Friday week, is a gratifying corroboration of the truth of the encouraging assurances we have been able to give for some weeks past to Naval Surgeons. Sir John said—

"In answer to a question put to me yesterday, I stated that I should avail myself of this occasion to allude to a subject which has lately excited very great interest,—viz. the present position of the surgeons of the Royal navy. (Hear, hear.) I am sorry to find that my answer has been very much misunderstood. I by no means intended to imply that I had any doubt or hesitation as to the course to be adopted. On the contrary, I then meant, as I mean now, to express in distinct terms my opinion that the present position of the surgeons in the navy is not satisfactory. (Hear, hear.) But I go still further. The complaints we now hear from these officers are, no doubt, much founded upon the late Warrant issued in respect to the army; but I think that even before the date of that Warrant the surgeons of the navy were not relatively placed on an equality with their brethren of the army. Now, however, they have an unanswerable claim to the consideration of their country. Nothing in the military service could be nobler or more gallant than the manner in which the Medical Officers of the navy have discharged their duties under the most trying and painful circumstances, and they are, therefore, entitled to more liberal treatment than they now receive. Their claim is based upon two grounds—first, it is due to them as gentlemen that their position should be improved, and, secondly, public policy requires that the services of this most useful branch of the Profession should be more highly appreciated and better requited, so that able and efficient men may not be deterred from joining the navy. It is, therefore, our intention in spirit and in substance to concede to naval surgeons the advantages which they justly seek to obtain. At the same time I will not and

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cannot now commit myself to the exact mode in which that object shall be carried out. The peculiarities of the naval service may render it inconvenient to follow the precise rule pursued in regard to the army; but these and other points of detail will be duly considered before our plan is finally decided upon."

That John Hunter has no monument already, is nowise extraordinary in a country so notoriously indifferent to material commemorations of its benefactors. When, indeed, the statue raised to Jenner was elevated but the other day—although from the admitted vastness of the practical benefits he conferred on mankind, a large amount of public appreciation and co-operation ought to have been expected—we need not feel surprised that the Founder of scientific Surgery remains unrepresented. In his case the public may perceive none of the tangible benefits that have accrued from his researches, and his very name may be stranger to their ears than that of more successful, though inferior persons. This ignorance, however, does not relieve the Profession itself from its responsibility of indicating to the public those whom it delights to honour; and will not justify to scientific foreigners the neglect of a reputation that stands equally high among themselves as with us. A most excellent opportunity now presents itself of performing a duty so long neglected. Mr. Buckland's industry has been rewarded by the discovery of Hunter's coffin during the process of removing some 2000 bodies from the vaults to the catacombs of St. Martin's Church: and, if interference does not speedily take place, it will be again consigned to the companionship of the ignoble dust by which it has so long been surrounded. Can there be a doubt that this is the time to raise a suitable monument, whether his remains are to be replaced where they have been so long forgotten; or, what would be far more fitting, removed to St. Paul's or Westminster Abbey? To the question, of how is this to be accomplished, the answer is easily given. To seek assistance from the Government or the public would only be to waste time; and even the Profession at large is scarcely more to be relied on in the matter, judging from the difficulty with which the funds for the erection of Jenner's statue were obtained. The College of Surgeons is obviously the body whose interference at this juncture should be sought and obtained. It is the natural, if not inheritor, at least conservator of Hunter's fame: and no little of its present position in the scientific world is derived from the reflection of his reputation. The College is at present wealthy, has every prospect of becoming more so, and can scarcely hesitate as to the devotion of a few hundred pounds to the erection of a monument worthy of the man and creditable to the times. The Council possess unlimited power over the funds of the corporate body, and need incur no fears in such a devotion of them. It would indeed be well if every expenditure incurred by it could be as well justified, and be as secure of receiving universal Professional approbation. The College has long sung Hunter's praises at its orations, and toasted his memory at its dinners. It is indeed justly proud of its Hunterian Museum; and it would be an unpardonable offence should this admirable opportunity of raising a monument to his memory be lost.

GALVANISM IN ASPHYXIA.—"I ought to mention, for the benefit of those who think galvanism useful as an agent in asphyxia, that I never resort to it; and for the reason, that I know the best means we possess for destroying the remains of life in dying persons, is to subject their nerves and their muscles to the exciting and exhausting action of galvanism." —*Brown-Séquard.*

REVIEWS.

Anatomy; Descriptive and Surgical. By HENRY GRAY, F.R.S. Lecturer on Anatomy at St. George's Hospital. London: 1858. 8vo, pp. 760.

It is a serious thing to review a book like this of Mr. Gray's. One sits down to the task with the oppressive feeling of sadness which comes over a man when he has seen a wrong done, when he finds the occasion of such wrong has been unnecessarily sought for, and that the ill deed is after all ill done. It is grievous not so much to do what is fitting under such circumstances, as to come in contact with such a necessity; especially when it compels us to turn reproachfully upon one whose first essay deserved and received our full commendation.

Mr. Gray has published a book that was not wanted, and which, at any rate, ought not to have been dedicated to Sir Benjamin Brodie. It is low and unscientific in tone; and it has been compiled, for the most part, in a manner inconsistent with the professions of honesty which we find in the preface. It is not even up to the mark of the existing vademecums. Mr. Gray has worked under a false estimate of his duties as a teacher, and without fairly appreciating the intellectual condition and requirements of the present race of Medical students. A more unphilosophical amalgam of anatomical details and crude Surgery we never met with. Not one word about the homologies of any part or organ appears. Mr. Gray ignores that aspect of anatomy altogether, and rests contented with such unalloyed descriptions of parts that must be crammed for examination, or that may be cut in operations, as would be welcomed by a college of Barber surgeons. True, he is careful enough to borrow from Wilson's "Vade-Mecum," "Plans of the Relations of Arteries," simply altering the square or oblong centre-piece into a round. But where was the need of this? Elementary books we must have; but let them be the first rounds of a scaling ladder, not the useless ledges of a treadmill.

Nor does Mr. Gray pay due regard to the literature of his subject. We hold this to be of great importance, especially to a student. Is it a matter of no moment that the names of our great anatomists and physiologists should be systematically kept out of sight? Is all attention to be centred upon Mr. Gray's book, and is Mr. Gray only to be looked up to as an authority? Is it honest to compile, without citation of originals, in such a manner as to lead to the inference that the facts and conclusions, so positively stated, are Mr. Gray's own? For instance, we see in the preface that Mr. Gray claims merit for "a method by which the hitherto complicated account of the development of bone is made more simple." How is this accomplished? We fall upon no allusions to the distinguished men who have brought this section of knowledge to its present state of accuracy. Meckel issued his valuable work. Béclard was led to make his observations, and published his essay. Cruveilhier followed up the subject, and in his anatomical work made use of the labours of Béclard, but not without acknowledgment. Kölliker, Tomes, and De Morgan have all done good work like honest men. In the fifth edition of Quain and Sharpey's Anatomy stores of new matter relating to the development of bone are introduced; the authors always, however, indicating that which had been contributed by their predecessors. Mr. Gray, unlike these original observers, furnishes us with a great many statements of facts, unattested, simply adopted. So far as Mr. Gray is concerned, the literature of this part of Anatomy may be presumed to have been a complete blank. No name is fairly mentioned in connexion with it. If we did not know better, we might be induced to conclude Mr. Gray to be the first, and a most profound, investigator of this obscure province of developmental anatomy. Confronting, however, his "simple method" abstracts with the corresponding parts of the text-book of Quain and Sharpey, it becomes manifest that he is entirely indebted, not only to others for all his material, but, as well, to them for the preparation of it. We shall give illustrations of this hereafter.

Again, in the matter of the peculiarities and divisions of the arteries, some examinations of the brachial artery recorded by Mr. Quain, are once referred to, and his name quoted at page 354 in connexion with them. Many similar facts from the same source are, both before and afterwards,

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inserted in Mr. Gray's work. Yet no one word mixed up with them points out their borrowed origin. What is the natural inference from this? That Mr. Gray has no objection to be considered the first recorder of all that he does not specially assign to others. There is also internal evidence that, in ablating these results of Mr. Quain's labours, Mr. Gray has not even taken the trouble to draw from the well of the primary work, but has again satisfied himself with draining the pitchers of the text-book.

Exactly the same may be said as to the general anatomy of the nervous system. At page 450 Mr. Gray gives the following summary of what is known about the weight of the brain:—"The average weight of the brain in the adult male is 49½oz., or a little more than 3lb. avoirdupois, that of the female 44 oz., the average difference between the two being from 5 to 6 oz. The prevailing weight of the brain in the male ranges between 46oz. and 53oz., and in the female, between 41oz. and 47oz. In the male, the maximum weight out of 278 cases was 65oz. and the minimum weight 34oz. The maximum weight of the adult female brain, out of 191 cases, was 56oz. and the minimum weight 31oz. It appears that the weight of the brain increases rapidly up to the seventh year, more slowly to between sixteen and twenty, and still more slowly to between thirty and forty, when it reaches its maximum. Beyond this period, as age advances and the mental faculties decline, the brain diminishes slowly in weight about an ounce for each decennial period. These results apply alike to both sexes.

"The size of the brain appears to bear a general relation to the intellectual capacity of the individual. Cuvier's brain weighed rather more than 64oz.; that of the late Dr. Abercrombie 63oz.; and that of Dupuytren 62½oz. On the other hand, the brain of an idiot seldom weighs more than 23oz.

"The human brain is heavier than that of all the lower animals excepting the elephant and whale. The brain of the former weighs from 8lb. to 10lb.; and that of the whale, in a specimen seventy-five feet long, weighed rather more than 5lb."

No note, no marginal reference interferes with the presumption that Mr. Gray has collected, weighed, compared, averaged all for himself. But let us turn to page 429 of Vol. ii. of Quain and Sharpey, and we there see that Dr. Sims, Dr. Clendinning, Tiedemann, Dr. John Reid, and Dr. Sharpey himself, have all been more or less engaged in the work of amassing, and tabulating, and elaborating this information. Is no tribute of honour due to such men both from young and old? But how should the student avoid the idolatry of Mr. Gray when his broad sheets interpose between them and the sources of his inspiration? We need not adduce more instances to prove Mr. Gray's disregard of the literature of anatomy. Though we value it for its own sake, and think it essential to imbue the mind of the young student with a taste for it, Mr. Gray is of different opinion; and discharges all his obligations by every now and then bringing in a bare name, which, as it stands unattached, neither conveys information to the reader nor honour to the man who bore it. Such a naked treatment of the subject may, perhaps, give strength of memory to the student who does not shrink from it, but it certainly never will give him strength of mind.

But now a word as to the unscientific character of Mr. Gray's book. We have before alluded to the absence of all philosophic principles. Mr. Gray is neither an Owen nor a Huxley, and he cannot help it. It would be difficult, however, to go far wrong in mere description with so many good guides at hand. But on points of histology briefness does not necessarily imply inaccuracy or omission. Would any one believe the following passage was published in 1858? "Two kinds of ultimate muscular fibre are found in the animal body, viz., that of voluntary or animal life, and that of involuntary or organic life. The ultimate fibre of animal life is capable of being either excited or controlled by the efforts of the will, and is characterised, on microscopic examination, by its size, its uniform calibre, and the presence of minute transverse bars, which are situated at short and regular distances throughout its whole extent. Of such is composed the muscular tissue of the trunk and limbs; the fibres of the heart, and some of those of the œsophagus: the muscles of the internal ear, and those of the urethra, present a similar structure, although they are not capable of being acted upon by the will. Involuntary muscular fibre is entirely withdrawn from the influence of volition, and is characterised, on microscopic examination, by the ultimate fibrils being homogeneous in structure, of smaller size than those of animal life, flattened and unstriped; of such the muscles of the digestive canal, the bladder, and uterus, are composed." (Gray, p. 185.) Yet this is Mr. Gray's account of the structure of muscular fibre. Would Bowman, Martin Barry, Kölliker, or Busk adopt it? Again, at page 542 he gives "a sectional view of the skin (magnified)," showing enormous hairs and sebaceous glands, but without a trace of muscular tissue, either plain or striped. And all that is said about the subject is this: "Plain muscular fibres are found in the superficial layers of the corium wherever hairs are found; and in the subcutaneous areolar tissue of the scrotum, penis, perineum, and areolæ of the nipple. In the latter situations, the fibres are arranged in bands, closely reticulated, and disposed in super-imposed laminæ." Kölliker, Eylandt, Henle, Lister, Huxley, and others have described the various forms of the Arrectores pili, and these muscles, though individually small, play no unimportant part in the function of that vast organ, the skin, and have fittingly found a place in modern systematic anatomy. Mr. Gray gives them neither name nor parentage.

Or once more, who is Mr. Gray's authority for the existence of an "intermediate parenchymatous substance composed of cells"? He tells us, page 661, that "the uriniferous tubes are separated from one another in the medullary cones by capillary vessels, which form oblong meshes parallel with the tubuli, and by an intermediate parenchymatous substance composed of cells." Neither Bowman, Gerlach, Johnson, nor Kölliker, mention this "parenchymatous substance composed of cells;" nor, in fact, do we know what it means. Our familiarity with the tissues of the kidney is not small, but we confess to utter ignorance of this one. Mr. Gray should distinctly claim his own discoveries, and point out how they may be recognised by other men who wish to search for them.

We must now pass on to the last and worst part of our task. It is our duty to declare that Mr. Gray's book is not only superfluous and unsatisfactory, but that it is not honest. We have painfully collated it from beginning to end with the last edition of Quain and Sharpey's "Anatomy," and we find it to be nothing but in some parts an abstract, in others, a paraphrase of that work. It is, in fact, a retrograde metamorphosis. And we are quite sure that the reader who goes with us through the following series of parallel passages from the two books, and compares the others to which we refer in proof of our assertions, will feel epithets and language rising to his lips much more emphatic than any we should wish to print. Were space at our disposal we might proceed to quote from almost every section without special choice, but we can do no more than send those interested in the matter to the work itself, with a few indications for their guidance, appending two or three parallel passages only with the remark that the consciousness of wrong is betrayed by the weak attempt at disguise by verbal changes and the transposition of the members of sentences.

Os Hyoides.

Quain.	Gray.
"Ossification.—There are five points of ossification for the os hyoides—one for each of its parts. Nuclei appear in the body, and the great cornua towards the close of fœtal life, but soonest in the cornua. Those which belong to the small cornua make their appearance some months after birth."—Page 79, vol. i. 6th edit.	"Development.—By five centres; one for the body and one for each cornu. Ossification commences in the body and greater cornua towards the end of fœtal life, those for the cornua first appearing. Ossification of the lesser cornua commences some months after birth."—Page 68.

Humerus.

"Ossification of Humerus.—At the end of fœtal life the shaft of the humerus is ossified nearly in its whole length, and its ends are altogether cartilaginous.	"Development of Humerus.—At birth, it is ossified nearly in its whole length, the extremities remaining cartilaginous. Between the first and second years, ossification commences in the head of the bone, and between the second and third years the centre for

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Quain.	Gray.
year after birth, and in the course of the second year a distinct nucleus has formed in this part. Between the second and third years a separate centre is developed for the tuberosities. (Béclard mentions two—one for each tuberosity,—that for the smaller being very small and appearing after the fourth year.) The osseous nuclei of the head and tuberosities increase, join, and form a large epiphysis before the fifth year. The growth of the lower end of the bone is more complicated. It begins after the expiration of the second year, in the outer part of the articular surface—the small head,—and from this point the ossification extends inwards and forms much the larger part of the articulating end of the bone.	the tuberosities marks its appearance usually by a single ossific point, but sometimes, according to Béclard, by one for each tuberosity, that for the lesser being small, and not appearing until after the fourth year. By the fifth year, the centres for the head and tuberosities have enlarged and become joined, so as to form a single large epiphysis.
"Before the fifth year an ossific point is deposited in the internal condyle. At about twelve years of age one is apparent in the inner part of the articulating surface; and at thirteen or fourteen years the ossification of the external condyle is begun by a distinct centre.	"The lower end of the humerus is developed in the following manner:—At the end of the second year, ossification commences in the radial portion of the articular surface, and from this point extends inwards, so as to form the chief part of the articular end of the bone, the centre for the inner part of the articular surface not appearing until about the age of twelve. Ossification commences in the internal condyle about the fifth year, and in the external one not until between the age of thirteen or fourteen. About sixteen or seventeen years, the outer condyle and both portions of the articulating surface (having already joined) unite with the shaft; at eighteen years, the inner condyle becomes joined, whilst the upper epiphysis, although the first formed, is not joined until about the twentieth year."—Page 95.
"Soon after the last-mentioned period, at about sixteen or seventeen years, the external condyle and the two parts of the articulating surface (being previously joined) unite with the shaft of the bone. The junction of the internal condyle follows at about the eighteenth year. And thus all the parts of the lower end of the bone have united with the shaft, while the epiphysis of the upper end, whose formation began first, is still separate. Lastly, this too is no longer separable, and the bone is complete about the twentieth year."—Page 119, vol. i. 6th edit.	

The Description of the Capsular Ligament of the Hip-Joint. (See Quain, page 223, vol. i. 6th edit. and Gray, page 170), and the explanation of the *Actions of the External Pterygoid Muscles* (Quain, page 22, vol. ii. 6th edit. and Gray, page 201), are quite as glaring "appropriations" as the following paragraphs.

Action of the Muscles in Deglutition.

Quain.	Gray.
"The mass of food having been carried back to the fauces by the pressure of the tongue against the hard palate, the palato-glossi (the constrictors of the fauces) contract behind it. The soft palate is raised to some extent, and made tense; and the palato-pharyngei approaching one another nearly touch (the uvula lying in the small interval between them), and prevent the passage of the food towards the upper part of the pharynx, or the posterior nares; at the same time they form an inclined surface for its guidance into the lower part of the pharynx, which is raised to receive the mass by elevator muscles already described."—Page 50, vol. ii. 6th edit.	"When the morsel of food has been driven backwards into the fauces by the pressure of the tongue against the hard palate, the palato-glossi muscles, the constrictors of the fauces, contract behind it, the soft palate is slightly raised (by the levator-palati), and made tense (by the tensor palati), and the palato-pharyngæi contract, and come nearly together, the uvula filling up the slight interval between them. By these means, the food is prevented passing into the upper part of the pharynx or the posterior nares; at the same time the latter muscles form an inclined plane, directed obliquely downwards and backwards, along which the morsel descends into the pharynx."—Page 215.

Action of the Hamstring Muscles.

Quain.	Gray.
"In the standing posture, these muscles, by taking their fixed point below, will act upon the pelvis so as to prevent its flexion forwards; and if the effort be continued, they will draw it directly backwards, and commence that series of muscular actions observable in tumbling and other feats of activity, in which the body is thrown backwards so as to form an arch."—Page 159, vol. ii. 6th edit.	"Taking their fixed point from below, these muscles serve to support the pelvis upon the head of the femur, and to draw the trunk directly backwards, as is seen in feats in strength, when the body is thrown backwards in the form of an arch."—Page 289.

Then let the reader compare Quain's description of the peculiarities of the common iliac arteries, page 330, vol. ii. 6th edit. with Gray, page 376; of the pudic artery, page 339, vol. ii. 6th edit. with Gray, page 379; of the lymphatics of the lung, page 422, vol. ii. 6th edit. with Gray, page 438; and the account of the Pneumogastric Nerve, Quain, page 575, vol. ii. with Gray, page 497. All these are as literal paraphrases as any we have quoted. Then throughout the whole description of the skin we find the constant recurrence of the same terms and combination of words as in Quain, and in that of the papillæ of the tongue, the correspondence would be laughably conspicuous if it were not so grossly offensive. The account of these parts is too diffuse for quotation, but they will be found at pages 545 and 548 of Gray, and in Quain, page cclix. vol. i. and page 120, vol. iii.

The descriptions of the salivary glands give us another convicting instance of parallelism. That of the parotid gland commences thus in each:—

Quain.	Gray.
"The parotid gland, παρα, and ους, ωτος, so called from being placed near the ear, is the largest of the three salivary glands. It lies on the side of the face in front of the ear, and beneath the skin; its weight varies from five to eight drachms," etc.—Page 130, vol. iii. 6th edit.	"The parotid gland, παρὰ, near; ους, ωτος the ear, so called from being placed near the ear, is the largest of the three salivary glands, varying in weight from half an ounce to an ounce. It lies upon the side of the face immediately in front of the external ear," etc.—Page 592.

Ileo-cæcal Valve.

Quain.	Gray.
"The mucous membrane covering the surface of each valvular segment which is turned towards the ileum is derived from the lining membrane of that intestine, and is provided with its characteristic villi; while the outer surface, turned towards the large intestine, is smooth and destitute of villi, and is more regularly marked with the orifices of the small tubuli. These differences are apparent quite up to the free margin of the valve, where the two kinds of mucous membrane become continuous."—Page 172, vol. iii. 6th edit.	"The surface of each segment of the valve directed towards the ileum is covered with villi, and presents the characteristic structure of the mucous membrane of the small intestine; while that turned towards the large intestine is destitute of villi and marked with the orifices of the numerous tubuli peculiar to this membrane. These differences in structure continue as far as the free margin of the valve."—Page 610.

Curiously enough the same plan of reduction from the text-book of Quain and Sharpey is followed in the account of the spleen, where, at least, we might have expected some degree of originality. Such a coincidence would almost lead us to suspect that Mr. Gray must have employed some literary day-labourer to compile for him, and that he himself has been duped. May we hold this charitable thought?

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Peculiarities of the Fœtal Heart.

QUAIN.

"As compared with the body, the heart is very much larger in the early fœtus than at later periods, or subsequently to birth. At one time, indeed, it occupies nearly the whole thoracic cavity. At the second month its weight to that of the body is said by Meckel to be 1 to 50; but the ratio becomes gradually reduced to 1 to 120 at birth. In the adult the average is about 1 to 160.

"For a long period the auricular portion is larger than the ventricular, and the right auricle is more capacious than the left; but towards birth these peculiarities disappear, and the ventricular portion becomes the larger part of the heart."—Page 257, vol. iii. 6th edit.

GRAY.

"Its size is also very considerable, as compared with the body, the proportion at the second month being as 1 to 50; at birth, it is as 1 to 120, while, in the adult, the average is about 1 to 160. At an early period of fœtal life, the auricular portion of the heart is larger than the ventricular, the right auricle being more capacious than the left; but, towards birth, the ventricular portion becomes the larger. The thickness of both ventricles is, at first, about equal; but towards birth, the left becomes much the thicker of the two."—Page 637.

Compare also the description of the trachea in the two books, Quain, page 265, vol. iii. with Gray, page 650; of the thy oid gland, Quain, page 307, vol. iii. 6th edit. with Gray, page 657; and of the cavity of the uterus, Quain, page 394, vol. iii. 6th edit. with Gray, page 686.

It must not be supposed that these are by any means the only passages which might be quoted or referred to in substantiation of the serious charges we have made. Our difficulty has not been to find such passages, but to know which to select from many equally startling. We may say, further, that those who will take the trouble to compare the plan of the book with that of Quain, and will examine the two books together, chapter by chapter, section by section, paragraph by paragraph, sentence by sentence, parenthesis by parenthesis, and oftentimes word by word, must admit that the interests of the Profession demand a full exposure. They will see that even in copying plates Mr. Gray has copied mistakes, and that he has made errors of description by imperfectly transcribing Quain.

Any one who sees all this must find it extremely difficult to speak of Mr. Gray's book in anything like terms of moderation. But we are conscious that, as the matter stands, we have been very temperate in our censure, and are so in the concluding remark that we feel confident every right-minded reader will join with us in repudiating this book of Mr. Gray's, and in lamenting that those for whom it was mainly intended, the young men of the Profession, whom we would fain see looking up to and emulating their teachers, as men of honour as well as of science, should be exposed to the contagion of such an example of debased compilation and unscrupulous assumption.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

CHLOROFORM DURING LABOUR.

At the Berlin Midwifery Society, Dr. SPIEGELBERG, noticing the chief objections which have been offered to the employment of chloroform during labour, observed that one of the chief of these was that it delayed, weakened, or put off the pains. But not only was there no physiological reason why it should act thus, but all practical observation contradicted the assertion. No one had seen such effects when the anæsthetic had been properly administered; and even when the narcosis has been carried to the complete annihilation of sensibility and voluntary movements, after a temporary suspension, the pains return quite regularly again at the end of a few minutes. Many practitioners only measure the degree of the activity of the pains by the cries and movements of the patient; and as these disappear, they believe that the pains also have disappeared, or at least have become much enfeebled. That the voluntary activity of the abdominal forces has disappeared is true enough; but the involuntary action, which alone is quite sufficient, remains unimpaired! A second objection to the use of chloroform is still less founded, viz. that which attributes mischief to the mother consequent on its employment; and by the unprejudiced mind the practice of those who employ chloroform will be found to be more successful than that of those who reject it. As yet no case of death has occurred from its obstetrical employment. Dr. Spiegelberg believes that it is admissible, though not necessary, in cases of entirely normal labour, and in these he is guided by the wishes of the patient; while in abnormal, and especially in instrumental labour, it is urgently called for when contra-indications do not present themselves. Certainly no innovation in practice of such importance has ever met with such rapid approval as the obstetrical use of chloroform; and a considerable portion of the opposition it has met with has been due to the faulty mode of its employment. To secure its beneficial agency the patient should be kept in a state of complete repose, and brought at once into a pretty deep state of anæsthesia, no stage of excitement then occurring. Afterwards she should only inhale during the presence of the pains, and to an extent only necessary to relieve these. The simplest form of apparatus should be used, namely, a conically-folded handkerchief. Dr. SCHNEEMANN observed that he could not agree in the desirableness of chloroformising in ordinary cases, inasmuch as there was no necessity for it, while he had often observed ill consequences, especially a disturbance in the delivery of the placenta; and, moreover, the maintenance of the anæsthesia is a difficult and time-consuming procedure when no assistant is present. Dr. BIENBAUM had never met with any of these ill-consequences. He resorted to chloroform in operative midwifery, and in dynamic disturbances when appearing to be dependent upon excitement of the nervous system. Dr. BRESLAU objected to the giving the chloroform on a handkerchief, because too much is used in this way, and the air of the room becomes impregnated with it. He employs, usually, a caoutchouc battle, containing a sponge soaked in chloroform. Dr. BIENBAUM objected to all such means, for the escape of the chloroform, by due care and the proper folding of the handkerchief, may be prevented. Dr. SPIEGELBERG observed, that although certainly more chloroform is employed when the handkerchief is used, yet this deserves to be preferred. When an inhaler is used, we cannot, with the same ease as with the handkerchief, follow the various movements of the head. Then again all these apparatus have something repulsive about them, as they have to be used by one person after another; and it is inconvenient carrying them about one. But the greatest objection is that they cover up the mouth, and sometimes the nose also, which is productive of danger. Dr. KILIAN observed, that he employed chloroform in normal labour only in very restless and very sensitive persons, especially in the last stage, when the perinæum is endangered by the restlessness. In operative midwifery, except in the Cæsarean section, when relaxation of the uterus, and hæmorrhage are to be feared, and in dynamic disturbances he, at the present time, makes a pretty extensive use of anæsthesia. He only induces the so-called first stage of narcosis by applying a handkerchief to the face, enabling the air as well as the chloroform to come in contact with it, and repeating this with the recurrence of the pain. He has never met with any arrest of uterine activity, or any trouble in the delivery of the placenta.—*Monatsch für Geburtsk.* Band xi. pp. 29-34.

ON THE INDICATIONS FOR THE APPLICATION OF THE FORCEPS.

By Dr. SPIEGELBERG.

Among the indications those derived from the insufficiency of pains are the most frequently assigned, and the most liable to give rise to errors in practice. The head remains at the floor of the pelvis, the pains, though more or less strong being insufficient in the individual case to expel it beyond the external genitals. The patience of the accoucheur becoming exhausted (much sooner indeed than that of the woman), he has resort to instruments in order to terminate the labour. That such a procedure, common as it is, cannot be justified scarcely requires to be said.

Much more frequent in occurrence than these examples of actual insufficiency of pain (which the author has always

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found at this stage of labour, especially in primiparæ, a very rare circumstance) are the cases in which the head, in spite of strong pains, remains at the floor of the pelvis, and although pressed down by every contraction towards the mouth of the vagina never distends the perineum. Well aware of the impropriety of too early or of useless operative interference, at the beginning of his practice, Dr. Spiegelberg contented himself in these cases with temporising and pain-increasing measures, too often, however, with the result of still having to employ the forceps at last, as it seldom happened that the pains alone proved sufficient. Under these circumstances, a large proportion of the children were still-born. Taught by this experience, he afterwards in such cases resorted to the forceps earlier, and was, as regards the children, much more fortunate. He was also exceedingly surprised at the ease with which the head, apparently so firmly fixed, was extracted. Traction was scarcely required at all, a suitable adjustment of the instrument and a few lateral pendulum-like movements commonly sufficing to effect the delivery. Sometimes all was completed with one hand, the other supporting the perineum. While in those cases in which the ergot had been used to effect the propulsion, retention of urine, erosions, and inflammation of the vagina or vulva were met with, no such occurrences followed the use of the forceps. The cause, which in these cases prevents good pains proving effective, and renders a forceps operation so easy of execution, is a purely mechanical one—arising from the too great flexure of the head upon the chest. The face is turned towards the coccyx, the vertex rests on the perineum, and the occiput lies under the symphisis at the mouth of the vagina. The uterus, acting upon the trunk of the child, forces the occiput by means of the vertebral column, deeper every pain, pressing the chin more forcibly towards the chest. For the birth of the child, however, it is necessary that the neck should be stretched out so as to raise the head from the chest. The contractions of the perineal muscles, especially the levator ani, which, as well as those of the abdomen, are in a state of voluntary or of reflex activity, force the cranium still further upwards and backwards, *i. e.* towards the chest. The pains, however increased in severity, prove useless, and the operation of the forceps is easily explained. When the blades are passed in at the sides of the head in the direction of the prolongation of the axis of the outlet of the pelvis, they remove the chin from the chest, stretch out the neck, and terminate the delivery at once. The head had already been forced through the pelvis, and the forceps has only to conduct it over the perineum. They do not act by traction, but as a lever or instrument for bettering the position. They must be passed up slowly, or the perineum may be injured. What is here stated has been but little observed, and as far as Dr. Spiegelberg is aware, Cazeaux is the only author who has clearly set it forth. If this excessive flexure of the head does not furnish the indication in nine out of ten forceps operations as stated by Cazeaux, at least it is the most frequent cause of their employment, and places this in the most favourable light. Just as weakness of pains is a rare, so is this condition a frequent indication. Dr. Speigelberg hopes that this communication may not be interpreted into a recommendation, to have recourse hastily or uselessly to operations. But he adds that some of the worst consequences result from abstaining from operations when solid indications for interference present themselves; and that skill in employing his instruments is of even less importance to the obstetrician than the power of detecting the cases which justify his resorting to them.—*Monatschrift für Geburtsh*, Band xi. pp. 124–126.

Hull Medical Registration Society.—At a meeting of the Medical men held at the Hull Infirmary, on February 19, it was resolved—That a Society be formed called the Hull and East Yorkshire Medical Registration Association; and in addition to the ordinary business it was resolved:—"1. That in the opinion of this meeting the same privileges as to the rank, etc. which have been granted to the Medical service in the army be extended also to the navy. 2. That the members of this borough be solicited to support any measure in Parliament having the above object in view." James Clay, Esq. one of the members, has, in consequence, signified his intention to comply with this resolution. This is a good example for other societies.

GENERAL CORRESPONDENCE.

IODIDE OF POTASSIUM IN HYDROCEPHALUS.

Letter from Dr. Carson.

[To the Editor of the Medical Times and Gazette.]

Sir,—The Fourth Volume of Braithwaite's most excellent "Retrospect of Medicine" contains a very interesting paper by Dr. Roeser on the exhibition of iodide of potassium in the last stage of acute hydrocephalus. When I saw this paper in 1841, I had a case of hydrocephalus on my hands. The patient was, as far as I could judge, completely hopeless. All the ordinary treatment; such as leeching, cold applications, extensive blistering, mercurial action, etc. had been adopted without the slightest benefit. The child lay insensible for a considerable time, with dilated pupils, squinting eyes, and frequent convulsions: he was in the last stage of the disease, and apparently near his end. I gave him two grains of the iodide of potassium every second hour, and he made a perfect recovery. I have had another opportunity, during this present month, of testing the value of this plan of treatment. Miss ——, aged five, after a slight term of gastric derangement, was suddenly seized with an attack on her brain. The acute stage was not violent, and passed speedily over. But the effusion progressed steadily in spite of mercurial action, blisters, etc. She was incapable of being raised, and passed urine and fæces without being conscious of it. The pupils were as wide as they could be, but there was neither squinting nor convulsions. There was not the least sign of improvement at the end of twelve hours after the mercurial action was established. I then put her on the two grains of iodide of potassium every second hour, and stopped all other treatment. On the second day the sensibility had so far returned that she could be annoyed by rubbing the blistered surface on her head, and she was aware of the calls of nature. On the third day she cried when moved on the pillow, and at the end of the fourth day she was perfectly sensible, and the pupils had returned to their original condition. She progressed rapidly after that, and is now as well as ever.

I am, &c.

James C. L. Carson, M.D.

Coleraine, Ireland, Feb. 21, 1859.

TURPENTINE IN DIPHTHERIA.

Letter from Dr. E. Perrey.

[To the Editor of the Medical Times and Gazette.]

Sir,—A great deal has been written of late about diphtheria; and I have little doubt that several cognate affections of the throat—very important and very often fatal—have been confounded with it, more especially the ulcerated sore-throat, and the malignant, aphthous, putrid sore-throat, so graphically described by Burns, in his "Principles of Midwifery," page 665, sixth edition. These are, however, very distinct diseases, and quite the reverse of diphtheria, in which there is no loss of substance whatever, but simply an ill-conditioned membrane, exuding a plastic lymph. It is a pseudo-membranous deposition on a peculiarly-inflamed surface; having a tendency to spread with great rapidity like erysipelas, and like it attended with a fever *sui generis*. This fever is one of great debility and malignancy, varying, however, much in intensity; destroying sometimes in twelve hours, at others lasting several days. There is no loss of substance whatever, as in the before-mentioned diseases.

But it is of the treatment I wish more particularly to speak. I have tried almost everything that I know to have been recommended, and have failed; and, perhaps, we often shall fail under any treatment; but I think it proper to mention a treatment which has been successful with me in three or four cases of late. It is for a child of from two to six years of age. Ten minims of the spiritus terebinthum every second hour and five grains of the ammoniæ carbonas every second hour, the child taking the turpentine one hour and the ammoniæ the next hour.

I rub up ʒij. of the spr. terebinth. with the yelk of an egg,

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and add enough syrup to make a ʒxij. mixture. One tea-spoonful in milk every two hours. Then dissolve ʒj. of the ammon. carb. in ʒxij. of water, and give one tea-spoonful every two hours also in milk.

Besides this the child takes port-wine, porter, and beef-tea, or wine with the yelk of egg *ad lib.* I have not found in any of my cases strangury caused by the turpentine. The patient dislikes it of course, and it requires a determined and attentive nurse; but I have found the plan very successful, and I speak of those cases where decided croupy breathing and fits of suffocation have made their appearance.

I was induced to try the turpentine from having noted its effects, when given as advised by Mr. Carmichael in cases of iritis in broken down constitutions where mercury could not be used; and where there is so great a tendency to the effusion of lymph into the chambers of the eye. We all know too how effectual it is in other diseases—acting like mercury in many respects—but stimulating instead of debilitating—and hence its appropriateness in diphtheria, where mercury, I believe, hastens the fatal result. I now have recourse to no sponging the fauces with strong acid, or the argenti nitras, which I used to do, punishing a great deal and doing very little good.

If these conjoint remedies have been recommended before, I beg you will take no notice of this communication: not having myself seen them recommended, I thought it a duty to the Profession and humanity to make this communication to you. I leave the matter, however, wholly in your hands.

I am, &c. Robert Perrby, M.A., M.C, L.A.C.

Marden, Kent, Feb. 23, 1859.

GRATUITOUS MEDICAL SERVICES AND HOSPITAL APPOINTMENTS.

Letter from Mr. Gamgee.

[To the Editor of the Medical Times and Gazette.

Sir,—Of the thousands who have read the leader in your last impression, on Gratuitous Medical Services, few will ever venture to gainsay its truth; while many, if not the vast majority, must have hailed your bold advocacy as the inauguration of a new epoch. The subject is a great one, but an unpleasant one. The evil is real, and its cause a disgrace; yet who dare cherish enthusiastic hopes in the speediness or efficacy of reparation? Unfortunately, as you have urged, if the members of the Profession be not their own spoilers, their acquiescence is tantamount to active co-operation with the enemy.

I have heard members of the Profession defend the practice of canvassing for a Hospital appointment at the cost of four or five hundred pounds, on the ground that the outlay is a good investment, even though the candidate be defeated; in other words, an electioneering contest at such a price is considered a cheap advertisement.

On one occasion, while the friends of various candidates were registering their votes in a Hospital Board-room, I was amused on seeing the Secretary seated in a corner behind a large money-box, in front of which was placarded the delicate suggestion, "Here Life Governors are made." The Hospital treasury was that day enriched several hundred pounds by philanthropists who could afford to spare an extra ten-pound note to buy a vote wherewith to oblige a friend. Several members of the staff of the Hospital were standing by, but I have yet to learn that any one of them protested against the traffic.

This method of appointing Hospital officers, and the gratuitous Medical services' system, are vicariously related as cause and effect—they are off-shoots of one trunk, symptoms of one disease. Well have you remarked that no country presents a parallel condition. Whence is the remedy to come? The young men out of position, with friends, soon learn that the close borough-system offers them an asylum; those without friends are warned that it is no use kicking against the pricks; the poor and able are threatened with starvation; the wealthy, provided they be not altogether fools, live on in the reflection that our Profession has a royal road to place. The whole system is corrupt, and for my own part I shall not die happy unless I do a little more towards exposing the gigantic sham.

Let those who are in snug berths not forget that they once shivered on the doorsteps; let those who are suppliants not abjure all independence; and we may one day cease to be a Profession exhibiting all the evils of exploded Toryism and rampant Mobocracy, and begin to assert a legitimate position among other Professions. I am, &c.

J. Sampson Gamgee, Surgeon to the Queen's Hospital, Birmingham.

March 1, 1859.

ARMY ASSISTANT SURGEONS IN INDIA.

[To the Editor of the Medical Times and Gazette.]

Sir,—A complainant among the Medical Officers of the Army after the just and liberal Warrant of August last, must at first sight appear as an irretrievable grumbler. But, as the grievance of which I complain has existed unnoticed by the late Warrant since that of November, 1857, increasing Assistant-Surgeons' pay to 10s. per diem, I fear this representation will not reach you till after its redress.

Those about to enter the service would naturally conclude that Assistant-Surgeons, on arriving in India, receive, as do other officers, their own pay and the usual allowances.

Allow me, Sir, to show a light to them, to warn them of the disappointment awaiting them here. For the ten shillings a-day and allowances, there will be substituted the old, old wage of six shillings and sixpence, with the usual Indian allowances of a lieutenant. It is a common but delusive way of speaking of the pay in India, to lump pay and all allowances in one sum. Thus an Assistant-Surgeon, receiving 256 rupees a-month does not sound badly, but the real pay is, as I have stated, 6s. 6d. or 3 rupees 4 annas daily, to which is added an Indian allowance, making it up to 145 rupees 10 annas monthly. Then, you must purchase from Government at 220 rupees, carry about with you, and keep in repair, in spite of rats, damp, and white ants, a tent, for which you get an allowance of 50 rupees monthly; you must buy or rent a house, on an allowance of 30 rupees a-month, and find conveyance suitable to an Indian sun and Indian monsoon, for another 30 rupees. Should you be at a station over 200 miles from the Presidency, an extra katta of 30 a-month is added. Now for the way one gets rid of so many rupees: at the station from which I write, supposing I take a hot breakfast, tiffin, and dinner, abstain from wine, and restrict my partiality for beer to an unsatisfactory bottle a-day, I find that the inner man costs me at least 110 rupees monthly. The regiment having lately arrived in India, my subscription to mess and band amount to I am fortunate in getting half a bungalow for 35 rupees a-month. My servant costs me from 30 to 35 rupees a-month.

The fact of all European articles, eatable, drinkable, and wearable, costing at least two-thirds more than in England, will explain how the remaining rupees are spent, without calling in the aid of an occasional indulgence in a glass of wine, or an occasional friend at mess. It must not be forgotten, too, that we have none of the snug berths and remunerative charges that are open to Assistant-Surgeons of the Native Army. It is probable that I may continue on the present pay until my promotion, while my young brother in the Indian service, after passing the "Colossal" examination, is in daily expectation of a change or appointment increasing his pay to from 400 rupees to 600 rupees monthly.

Representations have been made to the Indian Government, but the Council evaded the just demand, by saying that the pay of Medical officers had already been adjusted.

The injustice of not extending the operation of the late warrants to India, where so large a number of us are serving, shows itself in the eagerness among us to get out of it, and is in itself so gross and absurd, that a public knowledge of its existence cannot but result in its removal. I know of several instances of offers of exchange having been refused by Assistant-Surgeons of regiments going home, except under extravagant conditions; in one instance £200 was asked.

I trust that as the subject is one of interest to all the members of the Medical Department of the Army, and to many who are about to enter it, you will lend your powerful aid for the benefit of those who are in such need of its influence.

Should you deem this letter worthy of the object it seeks, its insertion would greatly oblige.

I am, &c.

An Assistant-Surgeon of Four Years' Service.

India, Dec. 15, 1858.

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INDIAN MEDICAL SERVICE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Lord Stanley, in his luminous speech last night on Indian Finance, refers to the high rate of pay of the Indian Covenanted Civil Service. He then says :—"Even with appointments in this well-paid Civil Service thrown open to competition, there has not been that eagerness to compete which might have been looked for; certainly not the same eagerness which there would have been if the appointments had been of infinitely smaller value at home."

"In one department of the service, the Medical Establishment, which is also open to competition, at the last examination the number of candidates hardly exceeded the number of appointments."

This would lead the public to suppose the emoluments of the Indian Medical Service were equal to those of the Civil, which is very far from being the case. I will not take up your space by comparing the two rates, but just state the amount received by the Medical man. On first joining, £250 per annum; after about five years, when in charge of a regiment, £395; when promoted to full Surgeon, after fifteen or sixteen years, between £600 and £700 according to charge. These sums being barely sufficient to live on in India, may account for the paucity of applicants for the appointments.

The retiring allowances from the Government are £191 after seventeen years' service, and £240 after twenty. There are medical retiring funds, but to these the Medical officers pay a heavy monthly subscription; and in Bombay and Bengal the funds are in a bad state. That of Bombay is nearly bankrupt, notwithstanding a great reduction in the annuities it professes to give.

In addition, it should be remembered, the Medical man pays his own passage out; has to buy uniform, tents, horses, etc., and thus burthens himself at starting with an expenditure (perhaps debt) of at least £250.

I am, &c. HIDES.

London, 15th Feb.

SANITARY CONDITION OF THE ARMY.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having only now read over the appendix No. 79 to the Report of the Royal Commission on the Sanitary condition of the army,—containing part of the correspondence of the late Director-General of the Medical Department with the Government, and also with the principal medical officers present with the army in the East, during the whole of the Russian war,—I should much like to have an opportunity, through the pages of your Journal, to express some thoughts which have occurred to me upon the perusal of these highly-interesting documents.

1. Prior to the despatch of any portion of the expeditionary force from our shores to the seat of hostilities, three Medical officers of rank were, upon the advice of Dr. Smith, sent to the East for the purpose of obtaining exact information on the spot as to the nature and sort of the prevailing diseases in the districts about to be occupied, the localities which should be chosen or avoided, and the best prophylactic as well as remedial means, derived from the experience of the residents, for preserving the health of the soldier. Among these means, the special attention of the Horse Guards (Lord Hardinge was then Commander-in-Chief) was from the first urgently drawn to the dress and clothing of the men as in many respects ill-fitted for active service in the trying changeful climate they were going to, being heavy and oppressive in hot weather, and insufficiently warm and protective, when the weather was wet and cold. Dr. Smith's letter in the beginning of April, 1854, before the troops had sailed, will be found to embrace almost every point in the much-needed changes of our soldiers' clothing, which were afterwards forced on the Government, and then only when public indignation had been excited by a remonstrant press after notorious evils had ensued. The substitution of a loose light garment in hot weather for the everlasting close buttoned-up red coat, and made so that it might be worn either by itself, or as an over-dress at night when the weather was chilly; the use of a sash round the waist as a permanent part of the dress, an item not yet conceded by the Horse Guards, notwithstanding its admitted great value; the wearing of flannel next the skin; the discontinuance of the tight leather stock round the neck; and the replacement of the hard, hot, uncomfortable shako by a light cap or other yielding head-dress, are all strongly recommended by the Director-General for the comfort and health of the troops. But the Horse Guards' authorities either could not or would not appreciate the advice given. Soldiers in India, it was said in reply, had to march and to fight in the regulation dress, and had not suffered; and why should they not do the same in Bulgaria or in any part of Turkey? Moreover, "the commander of the forces in the country will," it was added, "give such orders as he may deem expedient with respect to any particular point in which he considers a change may be desirable." And when, in the winter of 1855, Dr. Smith recommended that every soldier then leaving this country for the Crimea should before he embarked be provided with warm clothing, he was informed that the Horse Guards were of opinion that, "if it was issued to them in the Bosphorus, it will be sufficient to protect them against the weather they will probably encounter in the Crimea." Throughout the whole campaign, from first to last, his mind seems to have been unremittingly directed to the important subject of suitable clothing and good bedding for the men, both well and sick; and it is quite obvious, that had the executive of the army listened to and acted upon his advice, one cause at least of no small subsequent suffering and reproach would have been avoided. Among other items of clothing, the inestimable benefit of waterproof articles for dress and also for ground sheeting, was early appreciated and strongly enforced by him upon the Government. Henceforth, these articles must form an indispensable part of a soldier's equipment in the field.

2. Nor did the equally important subject, in a hygienic view, of the food of the troops and of the proper means to avert that disease which has so generally been one of the worst scourges of an army in the field—scurvy—less attract Dr. Smith's attention from the very commencement of the campaign. Foreseeing that the supplies of fresh vegetables in the occupied countries would most probably prove insufficient, he urged the necessity of guarding against the dreaded evil by regular relays of cargoes both of raw and of preserved vegetables being sent from our own shores, and also by the daily issue of lime-juice to the troops, and by occasionally serving out malt liquor in place of rum. There cannot be a reasonable doubt that had the one article of lemon-juice, for supplying which Dr. Smith so strenuously laboured, been provided to the troops, more especially while they were on salt rations, the terrible evils of scorbutic disease, which manifested itself at an early period, must have been largely prevented. It is only strange that what has been for many years deemed an essential part of the sailor's diet in our navy should not, long ere now, have equally been thought necessary for our soldiers under like circumstances. But this was but one out of many other points in our then military system which told so disastrously upon the army in the Crimea during the first six months, and against which the Medical Department had so long impotently to strive.

3. The paramount importance of thoroughly cleansing and otherwise purifying all Turkish barracks and hospitals before occupying them, had been recognised from the first, as the excellent reports of Dr. Dunbreck, one of the three Medical Officers who had been sent as *avant-couriers* of the army, very clearly testify, and whose recommendations were cordially approved and repeatedly pressed by the Director-General on the officers in charge. Free and ample ventilation of the wards, and the best mode of effecting this, the cleansing and keeping clean the privies and drains, the use of charcoal and other deodorants, the removal of all surface refuse around and in the neighbourhood, and the correction of whatever might serve to affect the purity and wholesomeness of the atmosphere inside and outside the buildings, are all urged with earnestness in his correspondence. That these measures were not duly carried out in the case of the hospitals at Scutari, and that great blame was therefore justly due to the officers in charge of these hospitals during the winter of 1854—5 for the bad and pernicious state in which they were allowed to continue, is but too true. The medical and the engineer departments were both grievously at fault, and must bear the heavy censures they incurred—the one for not

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appreciating as they ought the sanitary evils that existed, and insisting upon their removal or correction; and the other for incompetence to deal with these evils and to apply the remedies required. It was but another of the numerous difficulties and causes of deep anxiety to a man sitting at Whitehall, and whose office imposed upon him the responsibility of all that affected the health of the army two thousand miles away, that his best intentions and counsels were at one time marred by the unskilfulness or neglect of the officers of his own department on the spot, and at another time by the want of proper support on the part of the Generals in command to these officers in the discharge of their duties. On more than one occasion, Sir John Hall found that his proffered advice on matters touching the health of the troops was anything but welcome or acceptable to Lord Raglan; and his correspondence, as well as that of the Medical Officers of divisions, abundantly testify to the little consideration, and sometimes the marked neglect, with which their opinions were treated.

4. What an amount of suffering and death, and what bitter but well-merited censures would have been spared had Dr. Smith's advice at the beginning of the war been taken, that some large, commodious steam transports, well ventilated, high between decks, and fitted with fixed berths—should follow the movements of the army for the express purpose of receiving portions of the sick and wounded, and conveying them to permanent Hospitals on the Bosphorus and elsewhere, besides aiding the Medical service in other ways! Had such been the case, the terrible disasters that occurred during the short voyage from Balaklava to Scutari, would have been in a great measure avoided; and who, therefore, but will sympathise with the Director-General at the very time that these disasters were occurring when, while shielding the Medical officers of the army from the flood of obloquy cast upon them in connexion with these events, he reminds the Government of what he had advised eight months before, adding:—"I now feel it my imperative duty to state for the information of his Grace the Duke of Newcastle, that what appeared to me necessary then, I believe to be even more necessary now."

The same vigilant foresight in endeavouring to provide ample supplies of whatever might contribute to secure the the comfort and welfare of the sick, and to preserve the health of the well, is conspicuous throughout the correspondence now in part made known. That much of it yet remains unpublished is abundantly obvious, and we cannot but think that Dr. Smith owes it to his Profession, even more than to himself, to render a full account of his stewardship to the public of which he was the servant, during one of the most arduous and momentous periods in our military history.

There is, moreover, the general Report by the Army Medical Department of the whole campaign, prepared during his tenure of office, which has not yet appeared, although presented some time ago to Parliament, and without which no just estimate can of course be formed, either of the labours of the Medical officers, whether at home or abroad, or of the true results that were obtained. This at least is certain, that, during the last ten months of the occupation of the Crimea, never was an army maintained in such an efficient state of health, and sickness and mortality reduced so low in a stationary camp as in that of the British force before Sebastopol; and this, too, while our French allies were prostrated with suffering and disease, and the Russian host was melting away from its enormous losses. By the well-planned arrangements, too, for the withdrawal of the troops from the East, and the skill in carrying this out, they were eventually brought back to this country, or conveyed to our different colonies, as strong and effective as ever. Without presumption or unbecoming arrogance, the Medical Department, from the Director-General in London down to the youngest Surgeon in the field, may fairly claim no small portion of the credit due for these great and glorious results. I am, &c.

London, December, 1858. G. M.

Doctor to M. Lesseps's Suez Canal.—Dr. Aubert Roche has been appointed Physician in Chief and Director of the Service of Health to the Company of Canalisation of the Isthmus of Suez; and has just started for Suez with all the chiefs of this grand expedition. May his appointment last until the Canal is finished!

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

The annual meeting of this Society for the election of officers and other members of the Council for the ensuing year, and other business, was held on Tuesday last; Sir Charles Locock, Bart., President, in the chair. The meeting was very numerously attended.

The minutes of the previous general meeting were read and confirmed, and scrutineers were appointed for the ballot. As the balloting was about to commence,

Dr. West said before the ballot opened he had a few words which he felt it was his duty to offer to the Society. It was his intention, and the intention of other gentlemen who with him had the misfortune to differ from the Council with respect to the nomination of a gentleman for the office of President for the ensuing year, to have simply recorded a silent vote. This course, however, he had been precluded from adopting by the circumstance that a circular had been sent among the Fellows of the Society, in which Mr. Skey not only solicited their suffrages, but stigmatised as most absurd and scandalous reports proceeding from a colleague of his—the opinions which he (Dr. West) had expressed upon the subject; therefore he was compelled to state what his opinions really were, and to assign his reasons for holding them.

The President here interrupted Dr. West, and reminded him that Mr. Skey was not present. (Hear, hear.)

Dr. West exceedingly regretted the absence of Mr. Skey, but he was informed that the President had signified to Mr. Skey his intention to take the opportunity of saying a few words that evening—not in an attack upon any one, but to express those opinions which made it with him a matter of serious and grave duty to take the course which, with much pain, he felt compelled to do, in opposing for the first time since he had been connected with the society, a proposition emanating from the Council. (Hear, hear.) First of all, he begged to assure Mr. Skey, were he present—and, in his absence, to assure every member of the society—that against that gentleman he had no personal feeling whatever. Had he been present he could have appealed to him, and he knew Mr. Skey would bear him out in saying, that not an angry word nor an angry correspondence had ever passed between them, and that nothing had at any time transpired to interrupt the exhibition of that mutual courtesy which it was the duty of one gentleman to render to another. He also trusted that he should succeed in satisfying the Society that what he was now doing, whether rightly or wrongly, he was doing in the carrying out of what he believed to be a grave principle, a principle so grave and important, that it would leave no room for the intrusion of any petty feeling, or personal pique or animosity, did such exist, which he begged to assure them on his part did not. Permit him, then, to say, that it seemed to him that of all the honours which a man could attain to, there was not one comparable to that which was bestowed upon him by his co-workers in the same pursuits—of being selected by those who had the best opportunity of judging of his acquirements, as the embodiment and representative of that which was most noble in aim and most perfect in performance. To him it seemed that to occupy the chair which the president now filled, was the highest honour that was open to him; an honour greater than any of the stars of knighthood, or the still higher honour which it had been her Majesty's pleasure to confer upon the President. If this were so—if the honour of being President of the Medical and Chirurgical Society differed entirely from the honour which belonged to the president of a mere debating club, the Fellows of the Society must be pardoned, nay more, they had a right to scrutinise most closely, the claims of any one proposed for this high dignity, to which comparatively few could attain. Many were the men who had the right to pass unquestioned through a course of quiet life, but who had not achieved that which would entitle him to the honour of being President of the Society. There were many faults and errors of opinion, mistakes of judgment, nay, mistakes in conduct, which friendship would readily estimate, which would make one grasp scarcely less

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cordially, if at all, the hand proffered to one; but which must be admitted to stand as a complete bar between an individual and the great honour of being President of this Society. He thought the Fellows would bear him out in saying that the President should be a person not merely dexterous in hand and skilful in the treatment of disease, but besides that, most cool in temper, most calm in judgment, most wise in conduct, and, above all, having feelings keenly sensitive to the *lex non scripta* which governed the tone of every Profession far more than any written rule, and which in olden time was expressed as "the rule of right," by those who were of gentle birth and gentle pursuits—in two words *noblesse oblige*. If the honour were so great, and one which many could not attain to, and which many more passed through life neither idly, uselessly, nor without respect, and yet did not merit; and if, further, it was of the greatest importance for Medicine, that she should not have to blush by the side of the sister sciences, as he (Dr. West) thought she must do if she permitted any abatement on the shield of her representative, he thought they were justified, nay, were even called upon sometimes to protest against a nomination that might seem to some of them, in honour or in conscience, not to be the wisest nor the most beneficial that could be made for their Profession. Four years ago the name of Mr. Skey had been considered by the then Council of the Medical Society, and it was passed over as President, the name of a gentleman being substituted for his who was four years his junior in standing in the Society. He believed that since the foundation of the Society,—certainly for the past thirty years—there had been no instance of a name passed over by one Council being reproduced, with the exception of the instance of Mr. Hodgson, who at the time when from mere seniority it would have been his turn to take the chair, was ineligible by being resident in the country: subsequently, however, coming to London, he was exalted to the position of President. Now, however, they were called upon, contrary to all precedent, to reverse the decision of a previous Council, and thus to cast a censure upon their judgment; or, if that were not the meaning, to concede that while a gentleman who for thirty years previously had been a member of that Society, and at the end of that time was not eligible, the past four years had wrought so great a change in his position, or in the interests of the Society, and the estimation of the Fellows, as to render that desirable and right now which was not so then. He must be pardoned if he spoke with feeling upon the subject, but he could not see anything to make a gentleman who was ineligible four years ago eligible now. Neither, with all respect for the College of Surgeons, could he admit that Mr. Skey's appointment as examiner of that body conferred a fitness which previously, perhaps, did not exist; though he could conceive that such a position brought with it increased responsibility, and an increased duty to follow most closely the laws of the ethics of their profession. But he might be asked, "What then is it that you have to allege?" He had to allege then, what he had already done in a letter—which was written at the request of a member of the Council, but which was laid before them at too late a period for the subject to be gone into officially—his objections to Mr. Skey's appointment to the high honour of President, were first—that while being a consulting Surgeon, he made a speciality of the treatment of phthisis; and secondly, that he professed to entertain peculiar views, and to adopt a peculiar mode in the treatment of that disease, while those views and that treatment had not been sufficiently laid before the Profession. It might be said—"What of that? Almost all Surgeons, possibly, treated Medical cases in their own way." Perhaps they might; but he was not sure that the patient was always the better for it. He did not know any instance of a Surgeon devoting himself specially to the treatment of a disease which was usually assigned to the care of the Physician, when it was one for the mere diagnosis of the existence of which, letting alone the question of watching its progress, a kind of knowledge was necessary (viz. auscultation) which did not lie within the ordinary path and course of the Surgeon to acquire. With reference to his second objection, he had heard it alleged that the publication of two lectures by Chapman and Hall, in 1853, embodying two lectures delivered by Mr. Skey before the College of Surgeons, contained a sufficient exposition of his mode of treatment. He regretted to say that that answer did not appear to him to be a sufficient one. One of two alternatives must be the case. He found that the notice of that disease in the pamphlet was very cursory and incidental; it was ushered in by remarks such as any person would make who, deviating from his ordinary course, sought to illustrate his subject by reference to something which commonly lay beyond it. "Let me," said the author of the pamphlet, "intrenching upon the province of the Physician, give, in all humility, the result of my experience in the constitutional treatment of phthisis." Then came particulars of two cases, in which were mentioned certain views entertained by Mr. Skey as to the general advisability of adopting a special kind of treatment, these views being adduced as illustrations of the wisdom of the course laid down. Supposing that to be a peculiar mode of treatment which is adopted, he thought it would not seem to those who carefully looked at the pamphlet, that the author's views were expressed in a way that would be employed by any one in the habit of dealing with that disease in all its stages. On the other hand, ideas were suggested which were nothing but a sort of "Brunonism" brought into a state of prominence; and though there might be nothing peculiar or remarkable in the course at all, yet it was commonly said that Mr. Skey had a peculiar mode of treating phthisis. Whether these were good or bad arguments it was not for him to say; but such as his opinions were now, they were stated to an intimate personal friend and former pupil of Mr. Skey, and a Fellow of the Council, their late librarian, Mr. Charles Moore, before any nomination took place. (Hear, hear.) He not only stated these opinions, but he told his friend that on this subject he felt so strongly, that even if he stood alone in the Society he should be compelled to oppose Mr. Skey's nomination; and further, he not only authorised, but begged him to make these opinions generally known amongst those whom he met. A very few days after the nomination had taken place he called on a member of the Council, and expressed to him the same opinions which he had expressed to Mr. Moore, asking whether it was possible that the subject could be re-considered, and he was told that it could not. From that time until the 9th of February he (Dr. West) did nothing in the matter, but on that day, at a meeting of the College of Physicians, he met the Medical secretary and several other Physicians, to whom he spoke on the question. On the 14th of February he met their Surgical secretary, and spoke to that gentleman equally distinctly; yet it was not until the 18th, that he received a letter from a member of the council, asking him to state plainly and distinctly what the grounds were of his opposition to Mr. Skey's nomination. He did so; the Council was summoned, but no step was taken. The list was printed and circulated, and the result had been, that he was compelled to take the course which the President had kindly permitted him to take that evening. However the Fellows of the Society might differ from him, he could not conceive that they would think it an absurd thing to believe that the general tone of the Profession would be greatly guided, and governed, and influenced by the kind of qualities which they recognised as being deserving of the very highest honour to which it was possible to elevate any professional man. With reference to any scandal that might arise, he could only say that he was extremely sorry for it. He had that evening endeavoured most studiously to avoid increasing it; and for all that existed—for that publicity which he would give everything to avoid—he must say the Council—and he said it with the kindest feelings and views, for most of them were his exceedingly good personal friends—the Council, and the Council only were to blame.

Mr. Holmes Coote said, that when he came into the room he entertained a most unpleasant impression, which he sincerely hoped he might find incorrect; that one of Mr. Skey's colleagues intended to make public charges against him which would render him unfit to occupy that chair. He could not believe that these charges could emanate from a colleague, unless they were charges of such a character that no human being could fail to feel their weight. (Hear, hear.) He had listened anxiously to Dr. West's long address to find out what charges he had to make against Mr. Skey. Could any Fellow of the Society say that a single charge had been substantiated, except those generalisations which might be applied to every man present? (Hear, hear.) Dr. West said, most unfairly, that because four years ago, the Council had rejected Mr. Skey, the present Council had no right to re-consider that determination. Why, was it not possible that a man's position might change in that period? Were

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there not circumstances which might have rendered it unpleasant for Mr. Skey to accept office then which might not exist now? But independently of that, it appeared that Mr. Skey had attended cases of phthisis. Now, if they were to submit to a species of terrorism like that—if any man or number of men might make references to private practice, mentioning no names, but throwing out general insinuations of irregularity of practice, who would be safe? It appeared to him a most extraordinary and injudicious step, for a colleague to come forward in such a way, since it might be supposed, unless his other colleagues repelled the charge, that the whole hospital to which he belonged concurred in the statements. He sincerely hoped the Fellows of the Society would require Dr. West to prove his charges, and state when and where Mr. Skey did that which he now blamed him for, and who were the other persons who would join in the condemnation of a man whose character had been for many years, fair, honourable and just.

The PRESIDENT said he did not wish in the least to interfere with the freedom of discussion that evening. At the same time he begged to call attention to the fact that it must be very painful to Dr. West to bring forward any specific charge against another gentleman in his absence. He believed that Dr. West had brought forward his statement that evening, because he considered that the letters written by Mr. Skey to some of his friends had been expressed in such terms that they reflected upon him, and upon his motives. He had had several communications, both with Dr. West and Mr. Skey, upon this question. It had been a trying and painful circumstance to him to have such a question mooted, particularly on the last occasion of his appearing before them as their president. He could bear Dr. West witness to this fact, that a very few days ago his intention was simply to give a silent vote that evening, and that he had spoken only because of that unfortunate letter sent, certainly not to the whole Society, but only to a few, asking them if they considered such and such report about him to be unfounded, to come and vote for him. Dr. West, contrary to his (the President's) earnest request, still thought it his duty to come forward, and for his own sake to state he had objections to Mr. Skey. He had stated what he had stated in the most calm and mild manner, because from letters that he had written, and from other circumstances that had come to his knowledge, he (the President) knew that Dr. West had it in his power to bring forward names and statements that would have been perhaps a little more strong. (Oh, oh.) But at the same time he had no hesitation in saying as a man, and as a gentleman, that nothing he had heard from Dr. West or from any other quarter, had brought home to Mr. Skey a single charge which ought to deprive him of the honour which the Council thought he was entitled to in proposing him as President of this Society. (Applause.) He thought the Council were perfectly justified in replacing one of their Fellows in that position which four years ago it was not thought by the Council of that day right to place him in. Although it might not be feasible to nominate a man as president one year, circumstances might change in another year. In a body to which he belonged, the Royal College of Physicians, it was a very common thing to pass over a man one year, and to nominate him in a subsequent year. The Council were therefore perfectly at liberty, if they thought fit, to ignore the decision of a previous Council, some of whom might have been personal enemies of Mr. Skey, and to bring him forward on that occasion, particularly when they considered that since the last four years the Royal College of Surgeons, who were the best judges of their own members, of their character, and of their treatment, had thought proper to place Mr. Skey in a very high position, and therefore he thought no one had a right to complain of the Council for reconsidering the decision of a former day. He should be sorry if anything further was said that night. Dr. West had relieved his own mind by stating the reasons why he thought proper to object to Mr. Skey's nomination. He thought, without any further discussion, the wisest plan would be to proceed to the ballot at once. All the members present knew the circumstances of the case. All the Fellows knew what had been said, and what had been denied and contradicted. Let them by their own votes decide whether they would support the nomination of the Council, or of any other gentleman. (Hear, hear.)

Mr. BROOKE begged to ask, before the balloting commenced, whether he was indebted to the officers of the Society for a balloting list which had been transmitted to him that day with a notification:—

"The accompanying balloting list is forwarded for the convenience of the Fellows of the Society; the name of Mr. Partridge is substituted for that of Mr. Skey." The lists appeared to be *fac-similes;* they were so much alike that, on looking at them he was placed in the predicament of the juvenile who asked the showman which was the Duke of Wellington and which was Napoleon, when the showman replied, "Whichever you please, my little dear." (Laughter.) He should like to know whether he was indebted to the officers of the Society for the paper.

The PRESIDENT said the officers of the Society knew nothing about it.

Mr. BROOKE said he had great respect for Mr. Partridge, and regretted to see his name placed in such an unfavourable position. He knew not to whom he was indebted for the document, and, therefore, his observation must fall upon whomsoever they might apply to. He thought a document of that kind showed a *malus animus* introduced into the whole discussion, and that the entire proceeding must be designated as extremely inconvenient. (Hear, hear.)

Dr. WEST could only say he knew nothing at all about it.

Mr. SPENCER SMITH said some reasons had been suggested why Mr. Skey's name should not be reconsidered, but he might be allowed to say that one of the standing orders stated that before balloting for the officers to be nominated, the Secretary was to read the names of at least twenty members, such names being those of the earliest members of the Society, who had not held that office; therefore it was the bounden duty of the Council to reconsider the names of those who had been previously passed over.

The balloting papers were then deposited, and the statement of receipts and payments from March, 1858, to March, 1859, was then read.

Dr. BALFOUR said he wished to draw attention to one of the items of expenditure—that for the publication of the Proceedings. Five numbers had been issued at a cost of £98 6s.; and he thought it was matter for the serious consideration of the Society whether they received any equivalent for that expenditure. The Proceedings contained forty-nine abstracts of papers, and twenty-one papers, *in extenso;* of the latter, fourteen were cases with remarks and seven original papers. The abstracts, together with the discussions, appeared in the *Lancet* and *Medical Times;* and the only advantage gained by the Proceedings was, that twenty-one of the papers had been given, *in extenso*, in the two years. He begged to suggest that the question be remitted to the Council to take into consideration whether it would not be advisable to discontinue the publication of the Proceedings.

Dr. LOCKHART ROBERTSON seconded the motion.

Dr. WEBSTER opposed the motion: he said the publication of the Proceedings was no doubt attended with considerable expense, but it had often been complained that unless the papers read before the Society were published *in extenso* they were consigned to oblivion. He thought it a great advantage to have a permanent and official record of all the papers read before the Society, according to the plan adopted, with the best results, by the Royal Society, the Linnæan Society, and many others. He hoped the publication would not be discontinued, at least without a few years' more experience.

The PRESIDENT said the Council would give the subject their best consideration.

The Report of the President and Council was then read. It stated that after defraying the expenses of the year, a considerable balance remained in the hand of the treasurer. The whole amount of stock now standing in the names of the trustees amounted to £3464 17s. 3d. An unusually large number of Fellows had been removed by death. 354 new works had been added to the library, independently of journals and periodicals: of these 145 had been presented, and 209 purchased. The library committee had made their triennial inspection, and were satisfied with the condition and custody of the books.

Dr. WEBSTER moved the adoption of the Report, and the confirmation of an arrangement with the Obstetrical Society, enabling that body to meet in the Society's rooms. He observed that, in consequence of the arrangements made with various bodies according them a similar privilege the Society occupied its rooms at the rent of only £25 per year.

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He suggested that the saving thus effected enabled them to lay out money in the legitimate objects of the Society.

Mr. Pollock seconded the motion, which was passed unanimously.

The President, in delivering his closing address, congratulated the Fellows on the undiminished and increasing prosperity of the Society. He then gave a series of obituary notices of the following Fellows who have died during the past year:—Mr. Benjamin Travers, Sir James Macgrigor, Dr. John Snow, Mr. Statham, Mr. John Gaskoin, Dr. Bright, Mr. George James Squibb, Mr. Alexander, Sir Philip Crampton, Pierre Brulatour, Thomas Bell Salter, Mr. Walter Adam, Mr. Edward Phillips, Dr. Drury, Dr. John Kaye Booth, Dr. John Bampfylde Daniell, Dr. Robert Brown, A. F. Chomel, and Dr. Johannes Muller. In resigning his office the President said he desired to express his thanks for the friendly way in which he had been supported in his duties; he felt that he had not sufficiently thanked the Fellows for the honour they had done him in electing him to that office; he feared that he should fail in the discharge of his duties, but the kind co-operation of the members had made it a work of pleasure and labour of love.

Dr. O'Connor inquired whether the privilege of voting for the election of officers was extended to non-resident Fellows, several of whom, he observed, had voted on that occasion.

The President said the matter had been frequently discussed, and that the Council had always been of opinion that non-resident Fellows were fully entitled to attend and vote for the officers; and also if they happened to be in town to be present at the ordinary meetings. The chief difference between resident and non-resident Fellows was, that the former had continual access to a valuable and extensive library.

Dr. Watson proposed a vote of thanks to the President for the dignified, courteous, and effective manner in which he had discharged the duties of his office during the past year.

Mr. Hale Thomson seconded the motion, which was carried by acclamation.

The President returned thanks to the meeting, and in reading the list of gentlemen appointed as officers for the ensuing year, which we gave last week, he expressed his hope that all unpleasant feelings would be forgotten, and that those who had felt it incumbent upon them not to vote for the gentleman whom the Council in their discretion thought fit to propose, would consider that they had done all that was necessary for their sense of duty, and would join heart and hand in everything that would promote the interests of the Society.

Tuesday, Feb. 22, 1859.

Sir C. Locock, M.D. Bart., President, in the Chair.

A paper by Mr. Thomas Bryant, F.R.C.S., was read

UPON THE CAUSES OF DEATH AFTER AMPUTATION.

The author, after having made a few preliminary observations, stated that his paper was based upon an analysis of 300 cases of amputation, collected from the records of Guy's Hospital. He had divided them into four classes; and although he had not thought it necessary to alter the ordinary division of traumatic amputations into primary and secondary, he had made some change in the division of the other forms; for it became evident, in the analysis, that the classing together of such cases as amputations for talipes, tumours, elephantiasis, deformity, and others of a like character, with those of diseases of the joints, a wrong result must ensue; and, practically, this was found to be the case. He therefore divided these cases into pathological amputations and amputations of expediency, choosing the latter term as more accurately expressing the reason for the operation, as limbs are removed for tumour, talipes, elephantiasis, and deformity, more from expediency than necessity; and he therefore suggested the use of such a term until a better was proposed. The author then proceeded to an analysis of the table of amputations, including 167 cases of pathological amputations, 33 amputations of expediency, 76 primary amputations, 24 secondary amputations; and having given in detail the analysis of each division, he summed up the whole in the following general conclusions:—1. That in amputations of the extremities, taken altogether, 25 per cent. are fatal; 30 per cent. in the lower extremity, and 10 per cent. in the upper. 2. That amputations, as a whole, are fatal in the following order:—Secondary, 50 per cent.; primary, 43 per cent.; amputations of expediency, 30 per cent.; pathological amputations, 12·5 per cent. 3. That in pathological amputations of the thigh, 18 per cent. are fatal, or 1 in 5·5; leg, 7·7 per cent. are fatal, or 1 in 13·0; foot and upper extremity, success generally follows. 4. That in amputations of expediency of the thigh, 31·5 per cent. are fatal, or 1 case in 3·16; leg, 66·6 per cent. are fatal, or 1 case in 1·5; upper extremity fatal cases are exceptional. 5. That in traumatic amputations of the lower extremity, 60 per cent. are fatal; of the upper, 18 per cent.; and that traumatic amputations of the leg are, at least, as fatal as those of the thigh. 6. That secondary amputations are more fatal than primary. 7. That in amputations of the thigh for chronic disease of the knee-joint, 1 case only out of 7 proves fatal (a), or about 14·5 per cent.; but for acute suppuration, a fatal termination is the rule. 8. That in amputations of the lower extremity for tumours, 36 per cent. are fatal; of the upper, recovery may generally be expected. The author then proceeded to the more immediate subject of the causes of death after amputations; and having given two tables, showing the different causes of death, and their proportions or percentages both to the fatal cases and the whole number of amputations, he went on to the analysis of each division, and having given a detailed account of each, he condensed the whole into the following conclusions:—*General Conclusions upon the Causes of Death in Amputations generally:* 1. That 25 per cent. are fatal: 30 per cent. of the lower extremity, 10 per cent. of the upper. 2. That pyæmia is the cause of death in 42 per cent. of the fatal cases, and in 10 per cent. of the whole number amputated. 3. That exhaustion is the cause of death in 33 per cent. of the fatal cases, and in 8 per cent. of the whole number amputated. 4. That the following causes of death are fatal in the annexed proportions:—

	Of Fatal Cases.	Of Whole Number.
Secondary hæmorrhage	7· per cent.	or 1·66 per cent.
Thoracic complications	5·6 ,,	1·33 ,,
Cerebral ,,	3· ,,	·66 ,,
Abdominal ,,	1·4 ,,	·33 ,,
Renal ,,	3· ,,	·66 ,,
Hectic ,,	3· ,,	·66 ,,
Traumatic ,,	7· ,,	1·66 ,,

Pathological Amputations.—1. That pathological are by far the most successful amputations, 12·5 per cent. proving fatal. Such amputations of the upper extremity are generally followed by success. Of the lower extremity, 15 per cent. terminate fatally. 2. That pyæmia is the chief cause of death, proving fatal in 43 per cent. of the fatal cases, and in 5·4 per cent. of all pathological amputations; and when fatal, as a rule, it causes death within fourteen days of the operation. 3. That exhaustion, either from the shock of the accident or of the operation, from hæmorrhage, or all three causes combined, is the cause in 33 per cent. of the fatal cases, or 4 per cent. of all amputations. 4. That secondary hæmorrhage is the fatal cause in only 9 per cent. of the fatal cases, and in 1·4 per cent. of all amputations. 5. That hectic, abdominal, and thoracic complications act equally as causes of death in 13 per cent. of the fatal cases, and in 2 per cent. of all amputations. *Amputations of expediency:* 1. That 30 per cent. are fatal; but as amputations of the upper extremity are, as a rule, successful, the per-centage of this operation upon the lower is much increased, 40 per cent. proving fatal. 2. That pyæmia is the chief cause of death, proving fatal in 60 per cent. of the fatal cases, and in 18 per cent. of all such amputations; and when fatal, as a rule, death takes place within fourteen days of the operation. 3. That death from exhaustion occurs in but 10 per cent. of the fatal cases; and that some thoracic or renal complication, or carcinomatous infiltration, are fatal causes in the same proportion. *Primary Amputations:* 1. That 43 per cent. are fatal; 60 per cent. of the lower extremity, and 30 per cent. of the upper. 2. That primary amputations are more successful than secondary. 3. That pyæmia is the cause of death in 43 per cent. of the fatal cases, and in 16 per cent. of the whole

(a) The fatality of excision of the knee, according to Butcher, is at least 1 case in 5.

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number, and that, when fatal, the symptoms appear, as a rule, between the seventh and fourteenth days after the operation, and cause death in the third or fourth week, and not during the first two weeks, as in pathological amputations and those of expediency. 4. That exhaustion is the cause of death in 32 per cent. of the fatal cases, and in 12 per cent. of the whole number. 5. That traumatic complications prove fatal in 15 per cent. of the fatal cases, and secondary hæmorrhage, cerebral or thoracic complications, about 7 per cent. each; renal disease proving a cause of death in 3·5 per cent. *Secondary Amputations*:—1. That 50 per cent. are fatal; 68 per cent. of the lower extremity, and 12·5 per cent. of the upper. 2. That secondary amputations are more fatal than primary, by about 8 per cent. 3. That exhaustion is the chief cause of death, proving the cause in 60 per cent. of the fatal cases. 4. That pyæmia is the cause in 25 per cent. of the fatal cases; secondary hæmorrhage and hectic in the remaining 15 per cent. *Conclusions upon Pyæmia as a Cause of Death*:—1. That it is the cause of death in 42 per cent., of all fatal cases of amputations, and in 10 per cent. of all amputations. 2. That it is the cause of death in the different forms of amputation in the following order:—1. In 70 per cent. of all fatal amputations of expediency. 2. In 43 per cent. of all fatal primary amputations. 3. In 43 per cent. of all fatal pathological amputations. 4. In 25 per cent. of all fatal secondary amputations, and that in amputations of expediency it is the most frequent cause, and in secondary amputations the least. 3. That in amputations for acute suppuration of the knee-joint, whether the result of an abscess discharging into the joint or otherwise, pyæmia is a more frequent cause of death than in amputations for chronic disease. 4. That it is the general cause of death in amputations for talipes, elephantiasis, and tumours. 5. That in primary amputations, and in amputations of expediency of the leg, it is a more frequent cause of death than in the same operations upon the thigh. 6. That, upon the whole, pyæmia appears to be a more frequent cause of death in amputations through limbs the tissues of which are in a normal condition, and where a large surface of healthy bone is exposed. 7. That in pathological amputations, and in amputations of expediency, pyæmia, as a rule, proves fatal within fourteen days; but, after traumatic amputations, the period of death is about the twenty-fifth or twenty-sixth day. *General conclusions upon amputations of the thigh*: 1. That 27 per cent. are fatal. Pathological amputations, 18 per cent.; amputations of expediency, 31 per cent.; primary amputations, 60 per cent.; secondary, 75 per cent. 2. That in amputations of the thigh for chronic diseases of the knee-joint, about 15 per cent. are fatal, or 1 case in 7. 3. That amputations of the thigh for acute suppuration in the joint are generally fatal; and that pyæmia is the chief cause of death in these cases. 4. That exhaustion and pyæmia are causes of death in equal proportions, or in about 40 per cent. of the fatal cases; and in 10 per cent. of all amputations of the thigh. 5. That exhaustion is most fatal in primary amputations, and the least so in amputations of expediency. 6. That pyæmia is most fatal in amputations of expediency, and the least so in primary. 7. That primary amputations are, for the most part, fatal from exhaustion, 35 per cent. of the cases sinking from this cause, 15 per cent. from pyæmia, and secondary hæmorrhage and traumatic complications 5 per cent. each. 8. That exhaustion, pyæmia, and hectic are equally fatal causes in secondary amputations, proving fatal in 25 per cent. each. *Amputations of the Leg*: 1. That 37 per cent. are fatal; pathological amputations, 7·7 per cent.; amputations of expediency, 66·6 per cent.; primary amputations, 62·5 per cent.; secondary amputations, 66·6 per cent. 2. That amputations of the leg are 10 per cent. more fatal than of the thigh; the amputations of expediency and traumatic amputations being more fatal, and the latter more frequent. 3. That amputations of expediency of the leg are generally fatal, being twice as fatal as those of the thigh; that pyæmia is the chief cause of death in 75 per cent. of the fatal cases, and in 50 per cent. of all such amputations. 4. That in primary amputations, pyæmia is the cause of death in half the fatal cases, or in 32 per cent. of all such operations; exhaustion and visceral complications about 8 per cent. each. 5. That comparing primary amputations of the thigh and leg together, they are equally fatal; but that pyæmia is twice as fatal in amputations of the leg as in amputations of the thigh. 6. That half the cases of secondary amputations die from exhaustion; pyæmia and secondary hæmorrhage being fatal in 8 per cent. each. 7. That taking all amputations of the leg together, 42 per cent. of the fatal cases die from pyæmia, and 32 per cent. from exhaustion. *Amputations of the Upper Extremity*: 1. That 10 per cent. are fatal. 2. That pathological amputations and those of expediency are, as a rule, successful. 3. That about 20 per cent. of traumatic amputations are fatal; 22 per cent. of the arm, and 16 per cent. of the forearm. 4. That one-third of these fatal cases die from pyæmia; one-third from some traumatic complication; and the remaining third from secondary hæmorrhage or visceral disease.

Mr. Solly thought no one would dispute the utility of the paper. The statistics contained in it, however, extended over a great length of time, and referred more to the treatment of our ancestors than of the present generation. They must bear in mind that many of those cases which were said to be fatal after amputation, would be fatal independently of that operation, and although the amputation gave the patient a chance of life, yet that was all that could be said for it in such cases. It had been the rule in the hospitals with which he had been connected never to make an amputation during an acute condition of the joint, as, unless that could be subdued, a fatal result might be expected. Some of the author's facts appeared to indicate that resection of the joint might often be adopted in preference to amputation.

Mr. Spencer Wells observed that, in a large proportion of the cases reported by the author, pyæmia appeared to have been the cause of death. He would like to ask whether in Guy's Hospital the deaths from this cause were more frequent in the new than in the old buildings. The method of ventilation in the new portion of that Hospital was not one which he should like to see generally carried out. The Hospital smell was very oppressive, and the air was hot and dry,—conditions which he considered likely to favour the increase of pyæmia. In Paris, at the Necker Hospital, there were some old-fashioned buildings, with small rooms, dark, and not well ventilated; not at all the kind of buildings one would think desirable for an Hospital. Subsequently they had erected some new buildings in connexion with that Hospital, constructed on the most approved modern principles, as regards ventilation, heating, lighting, etc. and with much larger wards, similar to the new rooms at Guy's. But it was shown a few years ago, by M. Trousseau, that the mortality was greater in the new buildings than in the old. This was explained partly by the artificial system of ventilation, and partly by the fact of so many patients being in the same ward. He (Mr. Wells) would like to know if that was the case in the new portion of Guy's Hospital. He did not know whether operation cases had been put into the new building or not; but he thought the old buildings preferable to the new. He would like to know, too, how far the modes of wet and dry cleaning could be brought to bear upon the number of deaths from pyæmia, and what influence was produced by proximity to the dissecting rooms. He had been informed when at Strasburg, a few months ago, that at the Hospital there, the mortality from pyæmia was very considerable in those wards which were immediately over the dissecting room; and that after removing all operation cases to the opposite side of the building, pyæmia had almost disappeared. This fact, he believed, might throw some light upon the same class of cases in English Hospitals, and might justify the objection which the governors of our old Hospitals had to the proximity of the dissecting rooms to Hospitals.

Mr. Birkett said that they had had no Surgical cases in the new wards at Guy's Hospital at present, except some trifling operations; and pyæmia cases were almost unknown in them. Death had certainly taken place from pyæmia in one or two cases, but they were cases of simple wounds. It was a great pity, he observed, that the authorities of the different hospitals in London did not come to some arrangement to prevent the putting of surgical cases in the same ward as those where pyæmia cases had been placed. He could not help wishing also that they had better sanitary arrangements in the metropolitan hospitals, and that the governors of Hospitals would consult their Medical officers more frequently upon such arrangements.

Dr. Barclay, in referring to the circulars issued from the Hospital Committee of the Epidemiological Society for the purpose of securing returns as to causes of mortality from various Medical officers in the different Hospitals, etc., remarked that the returns actually furnished were so scanty and incomplete that they were practically of no value.

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A paper by EDWARD SMITH, M.D. LL.B. L.R.C. was read on—

SOME OF THE CYCLICAL CHANGES IN THE HUMAN SYSTEM CONNECTED WITH SEASON.

The author stated that he had occupied the last four years in determining the cyclical changes in the respiratory function, and referred to the two papers already published by him in the Transactions of the Society, and to very recent researches into the quantity of carbonic acid expired, and of air inspired, with the rate of pulsation and respiration in the cycle of the twenty-four hours, and then showed that the daily cycle is not the same at all times, but varies from day to day and month to month through the cycle of the seasons. He showed from the literature of the subject that, while the cyclical changes in any of functions of the body had not been hitherto investigated, a large amount of knowledge had been gained in reference to respiration, but which was lacking in extent and demonstration. He particularly quoted the results obtained by Mr. Milner, the talented Surgeon to the Wakefield Convict Prison, which showed that the prisoners gain weight from April to October, and lose weight in the other months of the year. The author had made experiments upon himself, aged 39, and upon Mr. Morel, a gentleman, aged 48, and had continued them upon himself from March 31, 1858 to the present time. Both gentlemen were without hereditary or acquired disease, in robust health, capable of, and accustomed to much mental and bodily exertion, above the middle height, and of very regular and moderate habits. The author takes every kind of food heartily, while Mr. Morel dislikes many. The time of experiment was from 7 to 8 a.m. before breakfast, with the body sitting and in perfect rest. His apparatus and method were then described and exhibited. The results of the experiments showed that as the season advanced from spring to the end of summer all the above-mentioned respiratory phenomena declined. The highest period was in the spring, the decline occurred at the beginning of summer, the lowest period was the end of summer, and the period of increase was the autumn. The extreme difference in the author was 30 per cent. in carbonic acid from the beginning of June to the beginning of September, and on the average of a month to the middle of August, was 17 per cent. in the carbonic acid, 30 per cent. in the air, and 32 per cent. in the rate of respiration. In Mr. Morel the loss at the middle of June was 27 per cent. in the carbonic acid and the air, and 28 per cent. in the rate. The author bears heat well, while Mr. Morel suffers much from it, and the results bear out a former observation by the author, viz. that those who bear heat badly have an excess of all the seasonal changes. The author then averaged the months according to these seasonal changes, and showed that there are two tolerably fixed periods (maximum and minimum), and two periods of change (increasing and decreasing), and tabulated them as follows :—

Fixed ..	Maximum.—Jan. Feb. March, April, and May (sometimes Dec.)	
	Minimum.—July, August, part of Sept.	
Variable	Decreasing.—June (sometimes May.)	
	Increasing.—Oct. Nov. Dec. (sometimes Sept.)	

He then showed the relation which these changes have to temperature, pressure of the atmosphere, and vapour in the air, and proved that the latter do not altogether account for them. The relation of temperature and pressure is an inverse one, and the former is very marked in sudden accessions, and is therefore a frequent cause of variation; but a medium degree of temperature at 55° to 60°, and a medium height of the barometer, at 29 to 30 inches, are accompanied by all the degrees of respiratory change. He then quoted Barrall's experiments, showing the influence of season upon the ingesta and egesta, both of carbon and nitrogen, to prove that within certain limits variations in the amount of carbon exhaled indicate also similar variations in the nitrogen excreted. He also showed that as the skin had exhaled in July only six grains of carbonic acid per hour, in experiments upon himself, it was not important for him to refer to it. The author then applied this discovery to the production of disease, and showed that the dangers of the fixed periods are from excess in both directions, *i. e.* excess and defect, and increase with the duration; while those of the variable periods result from the want of ready adaptation of the system to the variation of the external influences, and particularly of temperature and food, and would be the greatest at the commencement. He had abstracted the deaths in each season in the five non-epidemic years in London (1850—4) from diseases having periods of seasonal increase, and determined the excess or defect in each quarter of the year from that which would have occurred if the deaths had been equally distributed over the year, and showed that there was a close correspondence between the states of the human system at different seasons and the type of disease then prevalent. Thus diarrhœa, cholera, plague, yellow fever, and asthenic diseases, with diseases of the bowels, prevail with the decreasing and lowest states of system, while diseases of the lungs and sthenic diseases prevail with the maximum state. He also showed, further, that the advancing type of disease is that of the advancing season, so that in epidemics of scarlatina occurring after the minimum period the most asthenic type is observed at first, while in measles occurring with or after the maximum period the most inflammatory cases occur early. Scarlatina is checked by the increasing state of the system and measles by the decreasing. Hence in every disease it is important to bear in mind the season of the year as indicative of the state of the human system, and in every epidemic it is necessary to consider the nature of the advancing season. The author had also investigated the viability of children born at different seasons in reference to the period of procreation and of birth, the former illustrating the state of system in the parents, and the latter in the child, and found that it referred only to the latter. Of all the children who died under the age of 1 year in the northern district, from Newcastle to Kendall, in 1857, and whose age in months was recorded, the largest per-centage was born in the summer months, the period of decreasing and minimum vital action of the human system. Animals which procreate once a-year have their sexual appetites excited in the hot season, but they bring forth their young in the cold season. The author concluded the paper, with four deductions :— 1. Seasonal diseases must now be referred directly to the state of the system, and only indirectly to meteorological conditions. This does not affect the fashionable search after poisons. 2. The type of a seasonal disease varies with the advancing season. 3. The cyclical rotation of the seasonal changes in the system explains in great part the cessation of seasonal diseases; for while such diseases may increase as the state of system increases in which they arise, they must decline and cease as the state of system changes into its opposite. This was illustrated by comparing the march of a cholera epidemic from June to November, with the variations then proceeding in the system, and also the cessation of an epidemic of scarlatina and measles. 4. These cyclical changes are a part of the vis medicatrix naturæ. The author having thus proved the great importance to health of this rotation of changes, exposed the folly of endeavouring to maintain in our Hospitals, public offices, and houses, an unvarying condition throughout the year, and stated that the contrary plan had been of incalculable value in the treatment of phthisis. He trusted that these results would afford a glimpse at some of the fundamental laws of the system.

The Society then adjourned.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, FEBRUARY 9, 1859.

Dr. BABINGTON, President, in the chair.

A paper was read by CHARLES MURCHISON, M.D. L.R.C.P. etc.

ON THE CAUSES OF CONTINUED FEVERS, WITH SPECIAL REFERENCE TO THE RECENT "WINDSOR EPIDEMIC."

The author commenced by making some general observations on the necessity of devoting increased attention to the causes and the classification of continued fevers; and then proceeded to notice the recent "Windsor Epidemic." A general description was first given of the town and surrounding districts, including some remarks on their geological formations. The total population of the town of Windsor, including the rural districts of Clewer and Old Windsor (both of which were included in the returns of deaths made to the Registrar of the district), amounted in 1851 to 12,480. That of Windsor alone, to which the epidemic was confined,

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amounted to 9562. The mortality in 1858 for the entire district was greater than it had been for many years, amounting to 375, or to 29·36 per thousand; the highest in any of the preceding fourteen years being 328, and the mean mortality for the fourteen years being 21·32 per thousand. This great mortality in 1858 was attributable to two diseases, scarlet fever and pythogenic or typhoid fever. The deaths from scarlet fever, including 5 entered as diphtheria, or diphtheric croup, amounted to 37. The disease was shown to have attained its maximum prevalence in October and the beginning of November. The deaths from pythogenic fever amounted to 34, and in addition to these, 5 at least who had contracted the fever in Windsor, died at their own homes in other districts. The cases, according to the author's own observations, presented all the ordinary symptoms of the disease. The author then pointed out the causes of this pythogenic fever, which he divided into predisposing and exciting. (A.) *Predisposing Causes.*—1. The fever was an endemic disease in Windsor, which in 1858 became epidemic. It was a mistake to imagine that it was a new disease there. It was shown that not one of the previous fourteen years had passed without a certain number of deaths from the fever, and the only peculiarity of 1858 consisted in its greater prevalence. 2. As is generally the case with pythogenic fever, the disease showed itself with most virulence towards the end of autumn. Of 34 fatal cases, 21 died in the month of November. 3. The great majority of the persons affected were shown to have been under thirty years of age. Sex had no influence over its prevalence. 4. Rich and poor were shown to have equally suffered. 5. Famine and destitution had therefore no influence over its origin or propagation. 6. Over-crowding had nothing to do with its origin. Very few cases, and not a single death, occurred in that district of the town comprising Beer-lane and its neighbourhood, where were the worst and most crowded houses. Deficient ventilation might occasionally have been injurious by concentrating the already existing poison. 7. Several instances were given to show the influence of recent residence in an infected locality in predisposing to the disease. (B.) *Exciting causes.*—1. Contagion. Although a general impression had existed that the fever was eminently contagious, the author showed that a great deal of the evidence adduced upon the point had been fallacious. Seven instances were given which had been reported as examples of contagion, but in which the evidence had broken down. In several the disease was scarlet fever; and in others, the only proof in favour of contagion was that a number of cases had followed one another in the same house. Four instances were quoted to show that the fever had really, in certain cases, been communicated from the sick to the healthy, but there was no reason to believe that it had been imported into Windsor from any other place. The most of the cases could not be attributed to contagion, and could only be explained by, 2, The putrid emanations from the sewage in the drains. The author divided the town into three districts: 1. A low, level district, comprising Gloucester-place, Adelaide-terrace, Sheet-street, etc. 2. A high level district, containing the Castle, Royal Mews, etc. and 3. Another low level district nearest to the river, and consisting of Beer-lane, Charles-street, and the surrounding courts and alleys. The sanitary arrangements, including the drainage and water supply, characterising each of these districts, were pointed out; and it was shown that almost all the cases of fever occurred in the first two of these districts. In the third division, in fact, in all that part of the town north-west of Peascod-street, which comprised the worst and most crowded houses, there had been scarcely any cases, and not a single death. Bad smells from the drains had been complained of in the first two districts, but scarcely at all in the third. Moreover, the third district differed from the other two in the circumstance that the water-closets were for the most part situated outside the houses, and consequently there was no communication between the drains and the interior of the houses. In the principal part of the Castle, which had a separate drain of its own, not at all connected with the town drainage, as also an independent system of flushing, which was had recourse to every morning, there had not been a single case of the fever. Again, of the Royal Mews, one portion drained into the town sewers; another, separated from the former merely by a roadway, drained into the private sewer from the Castle; in the latter, no cases of fever had occurred, in the former there had been about thirty cases and three deaths. The reasons assigned for the fever being so much more prevalent in 1858 than in previous years, were the unusually high temperature, and the long-continued drought. Owing to the drought the sewers had not been properly flushed, and accumulations of sewage in them resulted. The high temperature favoured the fermentation of this sewage and the formation of noxious gases, which escaped into the houses. The author concluded by giving ten very remarkable instances of houses in which several cases of fever had occurred, and into which there had been an obvious escape of fetid gases from the drains. The paper was illustrated by numerous tables, maps, and plans of the Windsor drainage.

A discussion followed, in which Dr. Greenhow, Mr. Chadwick, Dr. Guy, Mr. Radcliffe, and Dr. Camps took part.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examination for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 25th ult. viz.:—

ARDEN, ARTHUR OCTAVIUS, Hull.
BAXTER, WILLIAM H., of H.M.S. *Victory*, Portsmouth.
BENNET, WILLIAM FORD, Bath.
DRACACHIS, LEONIDAS, Scio, Greece.
GILL, JOHN BEADNELL, Arnold-terrace, Bow-road.
HANSLIP, THOMAS, Milner-street, Islington.
HULCATT, JOHN ARTHUR, Charlemont-street, Dublin.
LARKIN, HENRY WILLIAM, Lichfield.
M'BRIDE, ANDREW, Newry, county of Down, Ireland.
WOOLRYCHE, ARTHUR EDWARD, London.

Also on the 28th ult.,—

ALDRICH, PELHAM, Mildenhall, Suffolk.
ALEXANDER, FREDERICK J., Stratford, Essex.
ATTWATER, ALEXANDER H., South Moulton, Devon.
BLACKSHAW, JOSEPH, Stockport.
COOMBES, JAMES, Bedford.
DALE, THOMAS, Islington, Liverpool.
DAVIS, WILLIAM, Wellington, Salop.
DOWNING, EDWARD, Deptford.
FOTHERBY, WILLIAM FORSTER, Sheffield.
FREEMAN, THOMAS A. Minster, near Ramsgate.
GERLING, GEORGE L., St. Ives, Hunts.
HUNT, JOHN, Tachbrook-street, Pimlico.
LAMBE, JOHN, Bibury, Gloucestershire.
LOVE, JAMES, Burton-street, Euston-square.
NOBLE, THOMAS, Charing-cross.
PIERPOINT, N., B., Little Pulteney-street, Golden-sq.
RAYNER, JOHN, Kingsland-crescent.
RICHARD, EDWARD W., Great Bardfield, Essex.
SCOTT, JOHN, Henley, Staffordshire Potteries.
TAYLOR, WILLIAM, Cardiff, Glamorganshire.
THOMPSON, ROBERT F., Jarrow, Durham.
THORNTON, PETER, Dewsbury, Yorkshire.
TRUMAN, EDWIN T., Old Burlington-street.
WILLIAMS, WILLIAM JAY, Oldham-road, Manchester.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine and received certificates to practise, Feb. 24, 1859:—

CODRINGTON, OLIVER.
DOWSE, JOHN, Skelmanthorpe.
LOCKWOOD, JOSEPH, Kirkheaton, Huddersfield.
LOMAS, WILLIAM.
MICHAEL, DAVID, Bath.
OWEN, THOMAS EDWARD, Totnes, Devon.
RINGER, SYDNEY, Norwich.
ROGERS, GEORGE LESLIE, Helstone, Cornwall.
SADLER, HENRY GEORGE.
SECCOMBE, JOHN THOMAS.
SMITH, CHARLES EDWARD, Army.
WOOD, WILLIAM JAMES, Exeter.
WOOD, ROGER, Sarratt, Herts.

The following gentlemen also on the same day passed their first examination:—

CHAPPELL, JOHN JAMES, Axmouth, Devon.
TREND, THEOPHILUS WILLIAM, Bridgewater, Somerset.

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APPOINTMENTS.

SHARMAN.—Mr. John Sharman has been appointed Surgeon to the Islington Dispensary.

DR. LOWE has been elected Surgeon to the West Norfolk and Lynn Hospital. The contest was a very close one, the votes being—for Dr. Lowe 126, and for Mr. Sweeting 124.

DEATHS.

ELY.—On the 24th ult. at Gibraltar-place, Chatham, George Ely; aged 70.

RUSSELL.—At Meadowland, on Sunday, Jan. 30, Francis McManus Russell, M.D. Edin. M.R.C.S. Eng. late Professor of Surgery, Trinity College, Toronto; aged 31 years.

Sir Joseph Bailey has left by will £500 to the Infirmary at Brecon.

A letter from Turin, published in *Le Nord*, states that King Ferdinand of Naples is suffering from cancer of the leg.

THE Medical Act (1858) Amendment Bill passed through Committee of the House of Commons on Monday last, and was read a third time on Wednesday.

DOCTORS' HORSES.—In 1856-7 there were 3507 horses over 13 hands kept by Medical Practitioners in all England; 3196 by rectors, vicars, and curates; 1249 by Romish priests or dissenting ministers.

THE agency of fatty bodies in the absorption of metallic oxides has been lately investigated by Dr. Jeannel. He finds that fatty oil is an extremely sensitive re-agent, which allows us readily to recognise and to separate 1·400,000 part of oxide of copper in a watery solution, provided that the water contains, at the same time, equivalent portions of carbonate of lime.

ST. VITUS'S DANCE, as M. Trousseau says, is often cured without Medical aid; and therefore, as it was once thought, through the intercession of saints. The most efficacious treatment he finds to be cold effusions and baths, and sulphate of strychnia. M. Trousseau draws a distinct line of demarcation between St. Vitus's dance and chorea.

LIVER DISEASES.—"At Gibraltar and Malta it is not the French, the Spaniards, or the Italians, whose sober regimen is well known, who pay this sad tribute to hepatitis, but the English, and in an especial manner. They pay no regard to the change of climate, but continue to live on roast beef, and to absorb daily large quantities of port wine, brandy, whisky, and porter. A similar diet followed by the Swiss soldiers at Naples renders them also very subject to affections of the liver. The abuse of strong liquors is the chief cause of hepatitis in the north of Europe."—*Chinical Lecture of M. Bertulus.*

ERGOT OF RYE administered during parturition, is, according to M. Deville, a cause of frequent destruction to the child. He makes his case out thus. When the child has arrived in good estate at its full period, it ought to be born alive unless some accidental cause then destroys it; and he finds, that when there are none of the usual causes of destruction of children at this period, still that many of them die asphyxiated. Their death he lays to the account of ergot of rye. In analysing, from this point of view, documents collected from the different arrondissements of Paris between 1845 and 1848, he has found that one-seventh—72 out of 515 children—have died under the administration of the ergot. The important conclusion to be drawn from this is evident, provided the premises be correct.

ANIMAL AND VEGETABLE NUTRITION.—"The difference between the two is great. In plants there is continual increase; assimilation alone is present. The decomposition and disassimilation of their tissues on the one hand, is one of the most essential phenomena of animal life, and is entirely absent in vegetables. We cannot certainly consider as a product of secretion, principles such as essences, resins, and colouring matters; these, like all the other substances which compose the vegetable are the products of synthesis. In animals, again, the most compound substances are those which serve for their nutrition; and, with the exception of the azotised principles, which immediately form their tissues, all the various organic principles existing in the humerus of the body, are the products of the disassimilation of its tissues, and of the decomposition of its substance; and they are destined to undergo either a further decomposition, or to be expelled as excretions from the body. And thus it is that to plants is reserved the office of creating organic substances."—*M. F. Verdeil.*

THE CAUCASIAN INSECT-POWDER.—The so-called Persian, but properly-termed Caucasian insect-powder has long been known to the Trans-Caucasian populations, under the name of "Guirila." In that paradise of vermin, it is an article of a very considerable commerce, and is not only carried inland through Russia in large quantities, but is also exported to Germany and France. A large dépôt exists at Vienna. It is a coarsely-ground powder of a green colour, and penetrating odour, formed of the flowers of the *pyrethum, carneum,* and *roseum,* which grow in the Trans-Caucasus at a height of 5000 or 6000 feet. This powder possesses the peculiarity of rapidly stupefying the insects, which soon afterwards die. Strewed about the room or the bed, it proves a poison to fleas, lice, flies, etc. In the military hospitals in hot countries it is an invaluable preventive of the formation of maggots in wounds, and the more so inasmuch as its use is attended with no disadvantage, unless employed in large quantities in closed bedrooms, when it may give rise to confusion in the head, such as is produced by flowers or new hay. It has been long used as a means of preserving insects; and cannot be too strongly recommended to those who have the care of herbarian and other natural-history collections, liable to the depredations of insects. Unfortunately the demand for the powder has been so great of late as to lead to its adulteration by the addition of the stalks and leaves of the plants to the flowers, and to the mixing of the new with stale powder. As a general rule, the powder purchasable in Germany is very different from the Asiatic in colour, smell, and efficiency.—*Buchner's Report.*

ADULTERATION OF FOOD BILL.—Mr. Scholefield, M.P., has revived his useful bill "for preventing the Adulteration of Articles of Food or Drink." It imposes a penalty of so many pounds (not yet fixed) on every person vending or exposing for sale any article of food or drink with which, to the knowledge of such person, any noxious ingredient has been mixed. More than this, the offender will be, so to speak, pilloried, to the utter ruin of his reputation, by the publication of his name, residence, and offence (at his own expense), in the newspapers or otherwise, at the discretion of the magistrates. Vestries and district boards and town councils are authorised to appoint analysts, such as Dr. Hassall—that is to say, men possessing competent medical, chemical, and microscopical knowledge. Purchasers of provisions may have their purchases (of food and drink) analysed by these officials on payment of a fee of 2s. 6d. to 10s. 6d., and the certificate of the analyst will be made evidence against the fraudulent vendor. The Privy Council is empowered to cause analyses to be made, and to regulate the use of materials or ingredients distinct from the natural composition of any article of food or drink with which it may be mixed. Thus chicory, used to adulterate coffee; *coculus indicus* and treacle, used by brewers to adulterate porter; red lead, used to make "cayenne pepper;" vitriol, used to counterfeit acetic acid, or vinegar; and log-wood, used in the manufacture of "port wine," would naturally come within this category. The Act is not to extend to either of the sister kingdoms.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.—The monthly meeting of the General Committee, which was numerously attended, was held on Wednesday evening last at the British Coffee House; Dr. Kirby in the chair. Dr. Webster, of Northampton, was present as a deputation from the local Association in that town. In consequence of letters of warning issued by the Association, several notorious advertising quacks presented themselves before the Committee, to make certain statements in reference to their conduct and their misdoings. After hearing these statements, the Committee distinctly informed them that they were acting illegally, and that it was the intention of the Association to prosecute in all cases coming under the cognisance of the Act. One of the applicants begged for time, inasmuch as he had several touters now employed whom he could not inform of the decision of the Committee within a fortnight. Another stated that he had a large stock of advertising bills on hand, and begged the indulgence of the Committee to allow of their

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distribution. The chairman remarked to both applicants, that they had admitted the illegality of their practice, and if pursuing their evil courses, the Association would certainly prosecute. As for the hand-bills which the latter applicant modestly proposed to circulate to the injury of the junior members of the Medical Profession, the the chairman suggested that they should be committed to the flames. The precise position that the chemists might assume, and the dangers they would run in attempting to practise illegally, were also pointed out to this person, who had commenced his statements by asserting that he first began business as a chemist, and finding he could not succeed, added the quack-advertising by hand-bills, etc. as a means of eking out a livelihood for himself. This person, it should be stated, expressed himself in very peculiar English. It is intended by this Association that a "prosecution fund" shall be immediately established for the purpose of protecting the interests of the legally-qualified members of the Medical Profession against unqualified pretenders.

A CRIMINAL'S HEART.—We find in an account taken from the *Boston Medical and Surgical Journal*, some observations on the heart of a hanged criminal, which are remarkable in a moral point of view as well as in their scientific aspect. The man died, it appears, as the phrase is, without a struggle; and, therefore, probably in the first instance, he fell into a syncope. The lungs and brain were found normal. Seven minutes after suspension, the heart's sounds were distinctly heard, its pulsations being 100 a minute. Two minutes later they were 98, and in three minutes 60 and very feeble. In two minutes more the sounds became inaudible. The man was suspended at ten o'clock, and his body was cut down twenty-five minutes afterwards. There was then neither sound nor impulse. At 10.40 the cord was relaxed, and then the face became gradually pale; the spinal cord was uninjured. There had been no seminal emission, as usually occurs in asphyxia. At 11.30 a regular movement of pulsation was observed in the right subclavian vein; and on applying the ear to the chest, there was heard a regular, distinct, and single beat, accompanied with a slight impulse. Hereupon, Drs. Clark, Ellis, and Shaw, open the thorax, and expose the heart, which still continues to beat! The right auricle contracted and dilated with energy and regularity. At 12 o'clock the pulsations were forty in a minute; at 1.45 five per minute. They ceased at 2.45, but irritability did not entirely disappear until 3.18, more than five hours after suspension. "This fact," says M. Séquard, "demonstrates, that in man unfortunately, even when syncope exists for some minutes at the commencement of strangulation, the ventricles of the heart cease to beat, almost as quickly as they do in strangulation without syncope." With regard to the moral aspects of this case, the same gentleman remarks:—"People will probably be surprised that the body of this man should have been opened, while the beating of the heart was still audible. We will not ask here, if the doctors committed or not a blameable action; we will only say, that we know them personally, and that if they have in part merited the violent reproaches addressed to them, they are, nevertheless, *hommes de cœur*, who, in an excess of scientific zeal, did not notice that the body upon which they experimented was not, perhaps, at the time, a dead body."

VITAL STATISTICS OF LONDON.

Week ending Saturday, February 26, 1859.

BIRTHS.

Births of Boys, 991; Girls, 949; Total, 1940.
Average of 10 corresponding weeks, 1849-58, 1692·7.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	633	593	1226
Average of the ten years 1849-58	610·6	612·6	1223·2
Average corrected to increased population..	..	..	1345
Deaths of people above 90	..	..	5
Deaths in 15 General Hospitals	44	35	79

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	4	5	4	7	1	3
North	490,396	2	5	6	2	13	3	9
Central ..	393,256	2	3	7	7	11	..	6
East	485,522	6	6	10	3	11	2	7
South	616,685	1	5	19	5	22	..	2
Total	2,362,236	11	23	47	21	64	6	27

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30·166 in.
Mean temperature	44·1
Highest point of thermometer	56·0
Lowest point of thermometer	31·8
Mean dew-point temperature	37·8
General direction of wind	S.W.
Whole amount of rain in the week	0·00 in.
Amount of horizontal movement of air in the week ...	875 miles.

TO CORRESPONDENTS.

Mr. Healy's letter arrived too late for insertion this week.

Erratum, Huddersfield.—We know of no such person.

J. P.—Certainly.

Mr. Lowes.—The delay has been unavoidable.

M. D.—The new regulations are quite independent of any new Charter.

Dr. Lyster next week.

Mr. Brady's paper on the Medicinal Action of Gloneine shall appear next week.

M. R. C. S., Uttoxeter.—If the case be correctly stated it is certainly our opinion that the M.D. should be sent to Coventry by his professional brethren.

Scotia.—We are unwilling to encourage correspondence on a subject which is apt to do mischief to casual readers; and on which every medical man ought to be well-informed.

College of Physicians.—We are requested to state, that there is not the slightest foundation for the assertion contained in the following paragraph, published in a letter in the *Medical Times and Gazette* of last week:—"The present pecuniary difficulties of the College [of Physicians] are such that it exists at this moment on contributions from the Fellows and Licentiates."

ERRATUM.—In Dr. Kidd's note, page 230, there is an obvious misprint of *maximum* for *minimum*.

THE MEDICAL SOCIETY OF LONDON.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I entirely agree with your correspondent on the subject of the Medical Society of London. Many have clung to it on account of its old and respectable associations; but, without a speedy reform, I believe even these will not save the Society: it must either die out or drag on an effete existence. I am, &c.

A MEMBER OF MANY YEARS' STANDING.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I would suggest to A. Z., of Birmingham, with reference to his "Case of Impotence," that the want of sexual power (which he states has always been weak) may be referable to deficient action of the cerebellum; and this is more likely to be the case as it is stated that the organs for the production of semen are in a healthy condition.

If the phosphate of ammonia, which A. Z. is about to try, fails, and as he has used nearly all the other venereal stimuli, then I would direct attention to the cerebellum, as I think it must be in fault—although, if so, I know of no remedy. I am, &c.

25th Feb. 1859. L. R. C. S., Ireland.

JOHN HUNTER'S COFFIN.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I yesterday saw in the vaults of St. Martin's Church the coffin containing the mortal remains of the great John Hunter. It is in a most excellent state of preservation, notwithstanding it has been deposited there for more than sixty years. In compliance with an Order in Council, the parish authorities are removing all mortal remains from beneath the church. I endeavoured to learn where was to be placed John Hunter, but no one could inform me. I have heard it rumoured St. Paul's Cathedral. Now, Sir, I do think the Profession should endeavour to prevent the removal in an undignified manner; it would be disgraceful for the Profession to allow it to reach its last resting-place jostling through the

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crowded City, with omnibuses, butchers' carts, and cabs. I therefore beg to suggest to my Medical brethren, through the medium of your widely-circulated Periodical, that, as a mark of respect to the memory of this great man, the members of the Profession accompany the removal. The dignitaries of the College ought to precede the body, and the members of the Profession follow. Of course, an ovation ought to be performed. We should not stop here. A memorial should be raised to his memory; the College heading the subscription, with a trifle from each member of the Profession would suffice. I am, &c.

2, St. Martin's-place, Feb, 26, 1859. ROBT. SKEGG.

CONTAGION AND INFECTION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Your Editorial comment on my question is unsatisfactory; and proves only the truth of my remark, that the above words are transposable and synonymous. Scabies and Hydrophobia you say are contagious diseases. Good; and is not typhus also so called, and cholera, and the plague? You will say perhaps that those only are called contagious which are communicated by touch; but this is really evading the point. Whether the poisonous matter which passes from one man's into another man's system, passes through the medium of saliva, or of the vapour of breath, or any of the excretions, it gets in equally alike and by contact in all cases. Dr. Copland, I find, considers contagion as a mode of infection. He says:—"It is obvious that these are merely modes of the same agency in the majority of instances; for the humidity of the air becomes a medium of contact in the one case—infection—as much as the clothes of the sick are the medium of it in the other—contagion—the chief difference being, that the one acts only by being diffused in the air, whilst the other may act either in the same way, or it may directly convey a consistent virus or morbid secretion." Dr. Watson calls all Fevers and Disorders that are catching, contagious. You will therefore see that my views on this point are corroborated by high authorities. I am, &c.

M. O. W.

[Instead of considering the terms contagion and infection synonymous and transposable, it would surely be better to keep to their correct interpretation, and class some diseases as contagious, others as infectious, and some as both contagious and infectious.—1. Contagious, but not infectious, as scabies, syphilis, gonorrhœa, hydrophobia:—2. It is not so easy to say that any disease is infectious but not contagious, as close contact almost implies interchange of pulmonary emanation—but it is not probable that mere cutaneous contact would cause measles, or scarlatina, or hooping cough, or typhus, or influenza.—3. Variola, the plague, and glanders, are clearly both infectious and contagious.—ED.]

GRADUATES OF CAMBRIDGE AND EDINBURGH.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—For the sake of humanity I sincerely hope your correspondent "Cantab's" physic is of a superior quality to his logic. If not, his reasoning on Medical matters is as defective as it is on the question of the M.D. Woe to the unfortunate persons who may be placed under his charge! Mark his argument. If certain Universities grant their degrees after a less extended course of study than is required by my own, I ought to assume the title of Doctor when my College education is but partly completed.

Now, Sir, I dare venture to assert, that among that class of gentlemen he so wantonly insults, he could not find one so grossly deficient in common perception as to enunciate anything so absurd. Doubtless the evolution of such an incomprehensible argument requires a more extended University career.

"Cantab's." facts are pretty much on a par with his logic. If so astute an individual could condescend to ascertain the truth of his assertions, he would find that four years is the shortest period of Collegiate study which is accepted at the Edinburgh University.

In conclusion, let me intimate to "Cantab." that in future, before he attempts to glorify himself at the expense of others, it would be as wise to cram the slightest outline of logic to be found in most elementary English grammars, and to bear in mind that in this degenerate age the validity of a fact is counted of some importance. I am, &c.

M.D. Edin.

DOCTORS BY COURTESY.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—May I beg a corner in your journal in support of the claims of the Bachelors of Medicine of the University of London, to the courtesy title of "Doctor."

It has, from time immemorial been the custom to grant the courtesy title of "Doctor" to the Bachelors of Oxford and Cambridge; and why should not the same privilege be conceded to those of the younger, but not less honourable, University of London. They are licensed to practise Medicine by Act of Parliament; the position of a Physician is thus conceded to them as a right; and men in that position it is customary to address as Doctor, except in formal and legal modes of address. An M.B. would not think of signing himself M.D. no more than a Major-General in the army in signing a despatch would append "General" to his name; and yet the latter expects when informally addressed to be styled "General," and would so style himself, as well as the former looks for and makes use of the title of "Doctor" in familiar address. To be consistent, you ought also to refuse the title of "Doctor" to those licentiates of the London College of Physicians who possess no University degree at all: and yet when a case involving this point happens to occur, as just now in the case of Dr. Styrap, at the Salop Infirmary, and who possesses no University degree, you never question, but support, his claim to the title of "Doctor," and all the privileges thereto appertaining, because he is a licensed Physician; and so I contend are the Bachelors of London. I am sure as a Doctor of London myself, I (and I have no doubt I speak the sentiments of the majority of the M.D.s) do not grudge, by one iota, the title of "Doctor" to the Bachelors, for I know well that they have already done nearly all the work and gained nearly all the knowledge required for the M.D. degree, the only branch of learning that they have not already given full proof of their competency in, being an extra-professional one, viz. Moral Philosophy. Apologising for trespassing thus much on your space, I am, &c.

FAIRPLAY.

[Our correspondent is mistaken in supposing that we support the claim of Licentiates of the College of Physicians who are not University Graduates to the title of Doctor. We follow a common custom, but without approving it.—ED.]

COMMUNICATIONS have been received from—

Professor SIMPSON; Dr. CONOLLY; Dr. M'WILLIAM; Dr. RAMSBOTHAM; Dr. ALTHAUS; Mr. HAYNES WALTON; Mr. LAURENCE; Mr. GODRICH; Mr. EDWARDS; Dr. GODFREY; Mr. HUNTER; Mr. HUNT; REGISTRAR-GENERAL; Mr. STONE; Dr. DEVENISH; Dr. ROOKE; Mr. KEALY; Mr. SLEAMAN; Mr. WHEATLEY; Mr. REED; SECRETARY OF THE GENERAL BOARD OF HEALTH; REGISTRAR-GENERAL, Scotland; Mr. GOULD; Dr. BAINES; Dr. CROOKES; Mr. NEIL; Dr. HICKSON; Mr. BARNUM; Mr. YOUNG; Dr. SHILL; Mr. BRADY; Mr. BULL; Dr. CARNLEY.

APPOINTMENTS FOR THE WEEK.

March 5. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's 2 p.m.; Charing-Cross, 1 p.m.

ROYAL INSTITUTION, 2 p.m. General Monthly Meeting; 3 p.m. Dr. W. A. Miller "On Organic Chemistry."

7. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

EPIDEMIOLOGICAL SOCIETY, 8 p.m. Mr. Paine of Cardiff "On the Advantages to be derived from a more extensively Organised System of Sanitary Supervision."

MEDICAL SOCIETY OF LONDON, 8 p.m. Dr. F. W. Headland "On the British Pharmacopœia."

ENTOMOLOGICAL SOCIETY, 8 p.m.

8. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. Mr. Sibley "On Contributions to the Statistics of Cancer."

MEDICAL SOCIETY OF LONDON (Anniversary Oration) 5 p.m.

ROYAL INSTITUTION, 3 p.m. Professor Owen "On Fossil Mammals."

9. Wednesday.

Operations at University College Hospital, 1 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

NORTH LONDON MEDICAL SOCIETY, 3 p.m. Dr. Copland "On Sun-Stroke."

HUNTERIAN SOCIETY, 8 p.m. Dr. Daldy "On an Extraordinary Case of Hysterical Paralysis."

PATHOLOGICAL SOCIETY, 8 p.m.

GEOLOGICAL SOCIETY, 8 p.m.

10. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

KING'S COLLEGE MEDICAL SOCIETY. Mr. Winslow "On Hydatids," &c.

ROYAL SOCIETY, 8½ p.m.

ROYAL INSTITUTION, 3 p.m. Professor Tyndall "On the Force of Gravity."

11. Friday.

Operations, Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m

ROYAL INSTITUTION, 8 p.m., Meeting. (Lecture 9 p.m.) W. Odling, M.B., "On Magnesium, Calcium, Lithium, and their Congeners."

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

Amputation of Leg; Perineal Section; Lithotrity.

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DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.

CAUTION.

Serious and repeated complaints having been made of a discreditable system pursued by many Chemists and Druggists of intrusively recommending or surreptitiously substituting a pale, yellow, or coarse brown preparation, when Dr. DE JONGH'S Oil is prescribed, the Medical Profession are respectfully and earnestly solicited to afford their assistance in counteracting and repressing a practice alike injurious to their patients and to the fair repute of a remedy now held in such high and general estimation. In all cases where this Oil cannot be procured from a respectable Chemist, application should be made to Dr. DE JONGH'S Agents,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

By whom any quantity will be immediately forwarded.

WALTERS' INDIA-RUBBER URINALS.

F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. MR. WALTERS has much improved them by making them of *Ætherised India-Rubber*, which adds very greatly to the strength of the India-Rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than hitherto, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by any one.

WALTERS' CONVENIENCES FOR LADIES will be found particularly useful during pregnancy. They are perfectly soft and flexible, and may be worn with perfect comfort.

All Orders must be accompanied by a Post-office order or reference.—Entrance for Ladies at the private door, where a Female attends.

MANUFACTURER OF ELASTIC STOCKINGS, BELTS, &c.

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Important to the Medical Profession.

—The GENUINE Dr. JAMES'S POWDER.—Messrs. NEWBERY continue to prepare the above FROM THE ONLY RECIPE EXISTING UNDER DR. JAMES'S HAND, and beg to recommend the Profession ALWAYS to prescribe it as "PULVIS JACOBI VER. NEWBERY'S," that they may not be disappointed in the result of their recipes by the substitution of COMMON ANTIMONIAL POWDER, which is often sold under the title of "Pulvis Jacobi verus," which is neither SO MILD nor SO CERTAIN in its operation as the Powder prepared from Dr. James's Recipe. The identity of these cheap imitations with common Antimonial Powder, is proved by the similarity of dose, viz., six grains.

*** Be careful to observe the name, "F. NEWBERY, No. 45, ST. PAUL'S-CHURCH-YARD," London, engraved on the Government Stamp affixed to each packet and bottle. Price for dispensing, 9s. per oz.; also in packets at 2s. 9d. Established A.D. 1746.

N.B. It is a remarkable fact, that James's Powder, prepared from Dr. James's recipe, may be SAFELY given in doses up to SIXTEEN grains, while common Antimonial Powder, and some other preparations sold as true Dr. James's Powder, cannot be administered in doses EXCEEDING SIX GRAINS WITHOUT DANGER.

None is genuine without a seal in red wax, as in the margin, on the outside of each packet.

Wine at Half Duty.—Quality and ECONOMY COMBINED.

SOUTH AFRICAN PORT and SHERRY, 20s. and 24s. per dozen.

SOUTH AFRICAN MADEIRA and AMONTILLADO, 24s. per dozen.

Pure, Full Body, with fine Aroma.

"After giving them a very close scrutiny, we can, with the greatest confidence, recommend these Wines to our friends."—Vide Morning Herald, November 6, 1858.

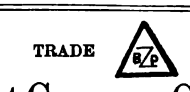
"We have great pleasure in bearing our testimony to the superior quality of Wines of Messrs. Brown and Brough."—Vide Morning Advertiser, November 8, 1858.

"Some samples which we have selected from the extensive and superior stock of Messrs. Brown and Brough, prove, upon trial, that these Wines are richer and finer-flavoured than much of the foreign Wines."—Vide John Bull, November 13, 1858.

"Chemical Analysis has proved Messrs. Brown and Brough's Wines to be free from all adulteration, and experience attests them to be both salutary and agreeable to the palate."—Vide Medical Circular, November 17, 1858.

Delivered free to any London Railway Terminus. Terms cash. Country orders must contain a Remittance.

BROWN and BROUGH, Wine and Spirit Importers, No. 29, Strand, and No. 24, Crutched Friars, London.

TRADE  MARK.

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profit, will try to substitute inferior articles for BROWN and POLSON'S PATENT CORN FLOUR. Each packet has Brown and Polson's name and trade mark.

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16 oz. packets, 8d. For Custards, Puddings, and Cakes, it is also preferred to the best Arrowroot, and unequalled as a diet for Children and Invalids.

Paisley, Manchester, Dublin, and 23, Ironmonger-lane, London.

Pratt's Artificial Leg.

J. PRATT begs to call the attention of the Profession to the following Testimonial, just received:—

"Somerset,
June 20th, 1858.

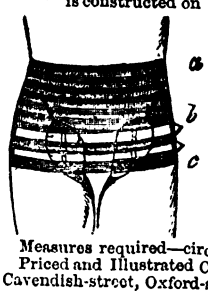
DEAR SIR,—It affords me much pleasure in being able to state that the Artificial Leg which you supplied me with is far beyond my best anticipations. From its being so LIGHT IN WEIGHT, and its action in the foot so natural, I can walk, or ride on horseback, with ease and comfort; and few indeed would detect it as being other than natural. It has given me full satisfaction.

I am, dear Sir, yours very truly,
J. W.

To Mr. J. Pratt,
Surgical Instrument Maker,
420, Oxford-street."

Huxley's Spiral Abdominal Belt

is constructed on a principle which secures the required support without being liable to displacement, the fault which has hitherto characterised these appliances, which are invaluable (when properly constructed) in cases of pregnancy, obesity, ovarian dropsy, etc. When required, they are fitted with Air-pads for Umbilical, Inguinal, and Femoral Hernia; also with Air-pad for the support of the lower part of the Abdomen, and band with Air-pad for Prolapsus Uteri and Prolapsus Ani. These goods, in addition to Stockings, Thigh-pieces, Knee-caps, etc., supplied 30 per cent. lower than the prices hitherto charged, every article being of the very best quality.



Measures required—circumference at *a*, *b* and *c*; depth from *a* to *c*.

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture VIII.—Treatment of Dysmenorrhœa (*concluded*).

In the "Medico-Chirurgical Observations" of Henry van Roonhuyse, which were "Englished out of Dutch by a careful hand," in the year 1676, you will find a chapter devoted to the consideration of "The Clausura Uteri" (p. 107), from which I take the liberty of citing the following paragraph:—"Proceeding to the third part of our division of the womb, which is that they call the neck of it—beginning from the inner end of the vagina, and being that space which is from that end of the vagina to the fundus uteri itself—we are to know, that this neck is very narrow, and comes to be shut very close, and even so close that a thin stilette will not pass into the bottom of the womb; by which infirmity the womb remains shut, and it is caused by some cold humors, stale seed, or stale menstrua, whereby this neck comes to be swelled together when they are compacted upon it. . . . In some women this neck is so hardened, tapering out, and sunk down, that sometimes I can do them but little good by emollient and discutient fomentations, nor by anointing remedies; but am forced in that case to enlarge it by means of the Radix-gentiana, medulla sambuci, or even by a prepared and dried sponge, having been first moistened in melted white wax, and squeezed in a press, to make of it convenient pessaries, according to the exigency of the case; by which means the neck of the womb can be disclosed and widened, and made to have its due purgations. Now, being thus widened, there may easily be inserted in the opening an instrument turned of silver, ivory, or horn, in the screw fashion, but having one end somewhat thicker than the other, and the upper end being like a great Clyster-pipe; within turned hollow, and pervious: of which I have caused to be made many, and of different fashions, some bigger and thicker than others; so I have them in readiness upon occasion. . . The patient may, without any inconvenience, when the said instrument is inserted in the part, carry the same and go about with it, for a constant discharge of the womb. So that it is much better to make use, in this case, of this prepared instrument, whereby it may be constantly entertained, than to hasten the cure by the violence of a knife."

Dr. Macintosh was led, by considering that cases of stricture of the urethra are cured by means of dilating instruments, to apply the same treatment for the cure of strictures or contractions of the os uteri; and for this purpose he made use of straight metallic sounds or bougies of different degrees of thickness, such as those I now show you. He began the treatment by introducing very small probe-like rods or sounds into the os, and then gradually always larger and larger ones in succession, till the os was dilated to such an extent as easily to admit a staff of the size of a No. 13 urethra bougie, or even sometimes larger; and in his "Practice of Physic," he states the results of his treatment in such cases, in the following words:—

"I have treated twenty cases of dysmenorrhœa, by dilating the os uteri, and have permanently cured eighteen of the patients. Of the eighteen successful cases, eight were either young unmarried women or living into a state of widowhood; ten were married, and living with their husbands. Of these ten, seven subsequently fell with child. This is the statement made in 1832. Since that period I have tried the practice, after every other means had failed, in seven cases; in one of the seven only has it failed, the others have been completely and permanently cured. Of the six successful cases, four have since had a child each. Thus, in twenty-seven women, twenty-four cures have taken place, and of these eleven have since had children. This plain statement of facts, and a visit to my Museum, should stop the sneers of an illiberal brotherhood."

It has been argued in relation to this kind of practice, that if the os uteri is open enough to admit of the entrance of a probe, it should admit of the escape of the menstrual fluid as well. But it always seems to me that the degree of dysmenorrhœa and the amount of suffering depend not so much on the actual degree of contraction in any case as on the amount of the fluid, or rather, on the rapidity with which it is secreted. If the secretion be very rapid from the commencement, or contains solid coagula or lymph, the os, though pervious to a probe, may be too small to allow all the eliminated fluid to escape from the uterine cavity. Consequently, the retained secretion will accumulate within the uterine cavity, and the distension produced by this accumulation will lead on to the establishment of expulsive or dysmenorrhœal pains. For where the os is relatively small, without being greatly and morbidly strictured, the pain is not perceived until after the discharge has set in, and even then it is not steady and continuous, but more paroxysmal in character. It may not altogether intermit, but it remits. When, I beg to repeat, the amount of fluid secreted is too great to allow of its easy escape, it becomes accumulated in the cavity, and causes pain by distending and exciting the uterus, till it begins to contract with such force as to expel a quantity of the fluid, and then a temporary relief is obtained which lasts until a re-accumulation of the secretion produces afresh the painful sensations. In this way retention and obstruction may even occur with a comparatively wide os, provided the menstrual fluid be very rapidly secreted, and especially if it be mixed up with solid masses of coagula or fibrine; and, on the other hand, in cases where the uterus gives out only and always a very small and scanty or rather a very slow secretion, no pain may be experienced, although the os may be of the smallest calibre. Mechanical dysmenorrhœa may occur, in short, in some cases where the os is nearly of the normal size, and does not of necessity occur where the os is contracted and strictured to the greatest possible degree; and it very generally happens that when irritation has once been applied to the womb, and the muscular fibres have once been called into action, the contractions go on for hours afterwards, and give rise to painful sensations.

I have repeatedly followed out Dr. Macintosh's plan of treatment by means of bougies of daily increasing size; and sometimes with perfect success. But you will find if you come to try it that it is an irksome and tedious process, taking up a great deal of your time, and often causing very great pain to the patient. So much suffering do some patients experience from this daily distension and dilatation of the os and cervix, that they are content to bear their monthly pain rather than submit to the ordeal of such a frequent torture; and therefore I have been led at various times to try different methods of attaining the object in view, viz. dilatation of the contracted orifice. I made use for a time, after the first stages of dilatation were effected by bougies, of a fine, hollow, two-bladed instrument, which could readily be passed into the canal of the cervix, and could then be dilated by having a bougie of larger size pushed in along its cavity, or between its blades. Others have used instruments with two blades, which could be separated by means of a screw, somewhat resembling the instrument contrived by Mr. Weiss for dilatation of the female urethra for the removal of urinary calculi.

Again, as you are aware, some French Surgeons have found good results in cases of stricture of the urethra from leaving bougies in the passage for a lengthened period; and this plan of treatment for that disease would, doubtless, have come more into vogue, and have been much more extensively employed, had it not been attended with this one drawback, viz. that the urine required to pass along the sides of the instrument, and was a source of constant annoyance and discomfort to the patient. In the case of stricture of the os and cervix uteri, however, no such drawback could possibly occur, as in the intervals between the catamenial periods nothing but a slight mucous secretion escapes along the cervical canal, and to save my own time, and that of the patient, I had recourse to the use of permanent bougies or small sounds, which are introduced into the interior of the uterus and left there. And this treatment has been attended, in many cases, with the happiest results; for there is this peculiarity connected with the use of bougies for dilating the cervix uteri, that while the introduction of the instrument sometimes causes pain for a short period at first, and possibly excites some spasmodic action in the muscular fibres, this

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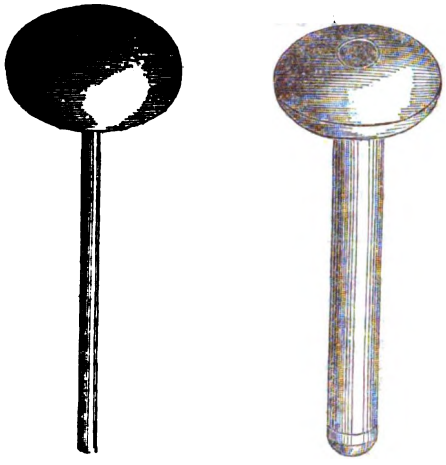
very soon subsides when the instrument is left in the canal, and there it may remain days and weeks, without causing any further disturbance. For a long time I employed these intra-uterine bougies as the chief or only agents for the cure of mechanical dysmenorrhœa, passing in one of a larger size

Fig. 1. Fig. 2.



Figs. 1 and 2.—Intra-uterine stem pessaries used for dilatation of the os and cervix uteri.

every three or four days. The principal disadvantage attendant on their use was the length of time required for obtaining a cure by means of them. That disadvantage may be, however, overcome by effecting the dilatation by sponge-tents, which will expand the os and cervical canal in twenty or thirty hours. But I very frequently found that when the dilatation was effected mechanically, and whether slowly by sounds, or rapidly by sponge-tents, relapse of the stricture or contraction was very apt to occur after a time; just as so often happens after the treatment of bad stricture of the male urethra by merely dilating instruments. For some years past I have thought that the best and speediest mode of cure is to have recourse at once to dilatation of the os by incising it at both sides. In order to understand the mechanism of this operation, just consider, for a moment, what is the object which you wish to attain by your treatment. A married patient applies to you for the cure of obstructive dysmenorrhœa and its usual accompaniment, sterility. Now, knowing that the one condition as well as the other is comparatively rare in the case of women who have once borne children, what you want to effect is to bring a uterus that has never contained an impregnated ovum as nearly as possible into the condition of one that has. The occurrence of pregnancy once, seems to bring the uterus into a condition favourable for its recurrence, although this may not be evident in ordinary cases where pregnancy goes on to the full term, and ends in the parturition of a living child, for then lactation comes in with its counteracting tendencies. But you can satisfy yourselves of the truth of the remark as a general principle, to which there are doubtless many exceptions, by making the necessary observation in the case of mothers who do not nurse, and some of whom in consequence bear a child almost annually; and also in the case of women who are frequently aborting, for in them you will find that so soon as the immediate local and general effects of the abortion have passed away, impregnation very often occurs again immediately; whereas in the first instance it may not have supervened for some months or more after marriage. And the only appreciable difference in the state of the uterus in such a patient at the time of marriage, and after parturition or after a miscarriage is, that at the latter period the os and cervix uteri are less contracted. A patulous condition of these parts seems to admit of the more ready entrance of the spermatic fluid, and so to favour impregnation. Now, then, how can we best bring the uterus of a female who has never borne children into a condition resembling the uterus of one who has aborted or borne living children? If you look at the os tincæ of a once gravid uterus, such as I now show you, you will perceive it to be of an elongated oval form, the long axis of the opening being directed from side to side; while the orifice of a virgin uterus, such as this, is much smaller and more nearly circular. The os of the former kind of uterus is not only wider than that of the latter,

Fig. 3.—The point of the staff used in the introduction of intra-uterine pessaries.

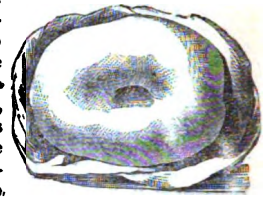


Fig. 4.—Sketch of the virgin os uteri.

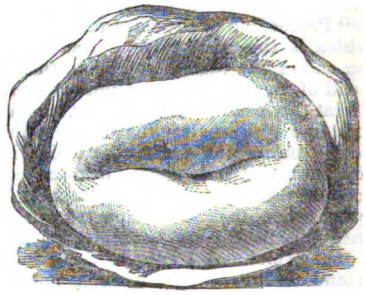


Fig. 5.—Sketch of the os uteri of a woman who has borne children.

but its form is different; and while by means of bougies or sponge-tents you may render the opening of the virgin uterus for a time sufficiently patent, you cannot by such means impart to it that longitudinal form which seems to counteract its tendency again to contract on removal of the dilating force. But all this you can effect at once, rapidly and certainly, by making incisions of sufficient depth into both sides of the cervix uteri. To make such incisions, you require to introduce this instrument or metrotome as far as the os internum, where the incision begins—at first quite shallow, and then make it deeper as the instrument is withdrawn, till at the os externum the cervix is cut across in all its thickness. An incision of this nature into both sides of the cervix makes its canal wide and pyramidal in form, so as easily to admit the finger; and in healing leaves the orifice more like that of a uterus from which an impregnated ovum has been expelled. The first patient on whom I performed this operation, in 1843, was a lady of high rank, who had been married for several years, without having had a family, and who used to suffer at each menstrual period from most excruciating pains. She had heard about the dilatation, and had got up the whole subject—anatomy and all—and came to Edinburgh with the view of obtaining relief by that means. I explained to her that the process would occupy a considerable period—two months or more, when she at once said that the time was too long, and that unless she could be cured by some speedier method she would not submit to be treated at all. I then told her that I had often thought of dividing the cervix in such cases; and that though I had never yet put it in practice, I believed it would be both a speedy and a most effectual means of procuring relief. She readily comprehended what was meant, and seeing the feasibility of the proposal, at once said that I must perform the operation on her as the first patient. I made the incisions as I have

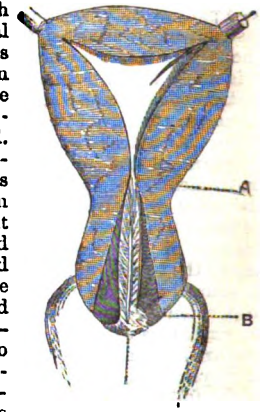


Fig. 6.—Section of the uterus. The dark triangular portion on either side between A and B is intended to show the extent to which the incision should be made for the relief of obstructive dysmenorrhœa. It ought, however, to have been carried more closely to the reflexion of the roof of the vagina on both sides.

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told you, but with a very imperfect instrument, and the patient soon was perfectly well, and about four months afterwards I heard that she had become pregnant. I was afraid that the cicatrix might present some obstruction to parturition, and so was Sir Charles Locock, who was to attend her in her confinement in London. I was waiting very anxiously to know what effect the operation might have had on the labour, when a letter from Sir Charles relieved me from my anxieties, for he told me that the labour had not only gone on quite favourably, but had even been remarkably easy for a first confinement. Since that period I have performed the operation in a very great number of cases. Last week, for example, I had recourse to it in not fewer than five cases. In fact, it has come, with me, to be the usual mode of treatment for all cases of dysmenorrhœa depending on contraction of the os or cervix uteri.

How are the incisions to be made? The instrument which I use for the purpose is a sort of concealed bistoury such as I now show you. The patient being placed on her left side, the point of the instrument is passed up to the os internum, and when there is a stricture at that point—which, however, is rarely the case—a slight notch is to be made there on either side. This, I say, you will rarely find it necessary to do; what you most commonly require, is to incise and open up the canal of the cervix and the external orifice. To do this you must introduce the instrument nearly to the internal os, and then, as you withdraw the instrument, press out the blade and cut through the cervix on one side in such a way that at first only the internal fibres are divided, and the incision, as it becomes lower, becomes also always deeper till the point emerges somewhat below, where the mucous membrane of the vagina becomes reflected on the cervix, and below this point the portio vaginalis uteri is divided in all its thickness. You then turn round the instrument, and make a similar incision on the other side. When you have thus divided either side you will feel that a conical opening has been left, the base of which includes all the thickness of the portio vaginalis uteri. The canal may contract to some degree afterwards when the wounds heal, and to prevent this I have sometimes made use of sponge-tents or intra-uterine bougies. But the introduction of these instruments in such cases causes pain and irritation of the raw lips of the wound; and you will find that by opening up the wound every two or three days for a time with the finger, you can effectually prevent all union by the first intention, and in this way provide against the chances of a recurrence of the stricture: or you may touch the corners of the wound with a piece of nitrate of silver with a like good result. Hæmorrhage may sometimes follow division of the cervix, more particularly if you cut too deeply in the upper portion of it, where you run the risk by so doing of wounding some of the veins of the plexus uterinus; and it ought always to be guarded against by plugging the vagina immediately after the operation with some pieces of sponge. In some few instances the hæmorrhage is pretty smart; but I have never seen it occur to any very alarming extent. Inflammation may sometimes be set up and spread to the surrounding loose cellular tissue; and though this rarely goes on to any dangerous extent, yet you may expect sometimes to meet it, and you must always be prepared to treat it, and treat it according to the principles which I shall have to explain hereafter when I come to speak of pelvic cellulitis in general. Attended with such rare and slight risks, the operation is a very safe one; and there is only this further to be observed in connexion with it, that unless all the fibres are fully divided, there is sometimes a chance of the wound healing too rapidly, and the stricture being reproduced. But altogether, I believe I am entitled to say, that there are few operations in Surgery so perfectly simple in their performance, and so entirely satisfactory in their results, as division of the cervix uteri in cases of obstructive dysmenorrhœa and sterility.

Fig. 7.—The hysterotome or metrotome. To allow of the protrusion of the blade *a*, to the desired extent, the rod *b* in the handle must be screwed out to the proper distance.

ORIGINAL COMMUNICATIONS.

A CASE OF DROPSY OF THE AMNION—TWINS.

By FRANCIS H. RAMSBOTHAM, M.D.

Obst. Physician to the London Hospital, &c. &c.

On Thursday, February 17, 1859, I saw, in consultation with Dr. Tunaley, Mrs. B——, of Camden-square, aged 33, about five months advanced in her eighth pregnancy. Although she had quickened, she could not well have exceeded that period, for her last child was only eight months old. She was a stout woman, of sedentary habits, who could scarcely ever be persuaded to leave her house, and she lived well. Her last labour had been rather tedious; and for two hours, while the head was in the pelvis, she suffered from convulsions. They ceased, however, as soon as the child was born, and she had a good recovery. She went through the early part of this pregnancy as well as usual, but about the middle of January she began to increase in size very rapidly. This was particularly the case during the last fortnight, when she grew visibly larger from day to day. When I saw her, the fundus uteri was fully as high as the scrobiculus cordis, and the whole abdomen was so distended that she was considerably larger than she had been when at the full period with either of her former children. She had not felt any movement for more than a week. For the last four or five days she had been harassed with constant vomiting, as well as great pain over the whole abdomen, and some headache. Since the early part of this morning she had experienced intermittent pains like the commencement of labour. At my visit the face was flushed, or rather of a dull purple colour; pulse more than 100; breathing short and laboured. She had passed of late very little urine; the bowels were in general inclined to constipation, but they had been freely relieved the day before by medicine. There was a sense of indistinct fluctuation over the whole abdomen. I gave my opinion that it was a case of dropsy of the amnion,—so called. On examining, per vaginam, I found the cervix completely developed, so that the upper part of the pelvic cavity was filled with it, as though the patient had been at her full time. I had some difficulty in reaching the os uteri, which was high and much inclined backwards; it would just admit the point of the finger; and the membranes were felt tense, though not protruding. With Dr. Tunaley's sanction, I ruptured them by means of a sound. The moment they were broken the liquor amnii gushed out in a most copious stream, so that the bed was completely flooded; the quantity evacuated could not have been less than six quarts. She immediately experienced great relief. I now felt the presentation to be the head. The vomiting ceased, the uterus began to act, and in four hours a male fœtus was expelled, the head presenting. In two minutes after, a second, a female, feet presenting. There was not more liquor amnii with the second than is common, if so much. Both were expelled dead. With the exception of some considerable abdominal tenderness the next day, Friday, which yielded to opiates and external warmth, and was no doubt occasioned by the previous distention of the uterus, she has recovered well; indeed, her own account of herself is that she feels better now than she has done for two years past.

It is worthy of remark, in this case, that although with the child first expelled there had been such an immense secretion of liquor amnii, with the second there was a very small quantity indeed; and this exactly coincides with a case put upon record by my father,—the 194th of the first, and 123rd of the second edition of his Practical Observations,—where with the first fœtus of twins, at between five and six months, the quantity evacuated was estimated at some gallons, while with the second there was not more than the average at that period of pregnancy.

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CERTAIN MECHANICAL INJURIES TO THE EYEBALL;

IMPORTANCE OF A PARTICULAR METHOD OF TREATMENT—DANGEROUS SYMPATHETIC IMPLICATION AS A CONSEQUENCE OF TRAUMATIC DISEASE—MANNER OF REMOVING THE PRIMARY SOURCE OF IRRITATION.

By HAYNES WALTON, Esq. F.R.C.S.
Surgeon to St. Mary's, and to the Central London Ophthalmic Hospitals.

Many examples of mechanical injuries to the eyeball, some occurring in private, but the greater part as a matter of course, in hospital practice, have been treated by me; and I fancy that I have gathered such surgical and pathological knowledge respecting them, as to entitle me to place my deductions, my opinions, and my line of practice, before my professional brethren.

Mechanical injuries of the eye are common. Seldom (as compared with the number of accidents) is vision at once and completely destroyed, even when the lesion is extensive; and I have found that there is almost as much danger to the destruction of this function, from what would be designated a slight blow from a small body, through concussion, as from an actual rupture of the eyeball with some loss of its contents. It is well that this should be known. I shall, however, confine my remarks to those examples of violence in which either the cornea or the sclerotica is torn through or punctured, or both are rent, with more or less disturbance of the contained parts.

Now, while I recognise, I hope sufficiently, the immense power of natural reparative action, and the danger of thwarting or interfering with it, I am no less sure that much of restoration is either lost or gained, according as there is no treatment, or as judicious means are used. Fortunately, there is no call for the exercise of critical knowledge, of accurate diagnosis, nor is an intimate acquaintance with Ophthalmology needed. Nothing more is wanted than attention to the first principles of Surgery.

Effusion of blood is the common consequence of a severe injury to the eyeball. It always exists when there is rupture of the external coats, and the danger of its presence is in proportion to the quantity effused in the posterior part of the eye.

Adaptation as nearly as may be of divided parts—slight sustaining pressure—local and general rest—are the things indicated, and the objects to be accomplished. When I see a patient sufficiently soon after an injury, I make no further examination than is needed to ascertain its nature, to be assured of the line of action required, and to be able to form a tolerable prognosis. Taking care to exclude all extraneous substances, I close the eyelids, and retain them shut by one or two strips of court-plaster, which fulfils the first two indications,—adaptation and slight sustaining pressure, with the great addition of excluding the atmosphere. When the accident is severe, I enjoin rest of body and disuse of the other eye. The quicker the union of the wound, the more certainly is the desired object gained, the more perfect the result, and the less the suffering.

It is positively hurtful to apply stimulating lotions. Swelling of the conjunctiva, chemosis, as it is called, is the inevitable result of an injury, and readily passes away. The frequent use of cold water, or a cold lotion applied with a rag sufficiently thin to allow of evaporation, is most advantageous, and if much pain exist, the addition of some preparations of opium will generally afford relief. Sometimes warm applications are more grateful, so that the use of either must often be discretional.

I resort now more frequently to the internal use of opium than in the earlier years of my practice, but I give it in very much smaller quantities, and repeat the dose often: so that although in the end I might prescribe as much, I am sure that I obtain a far better result. I affect the patient's system sufficiently, and keep it so influenced, without that knock-down prostrating result so likely to follow the large dose. I have met with cases in which nothing short of the local abstraction of blood would give ease.

I learned in the operations for the extraction of cataract and for artificial pupil, how much is to be gained by not opening the eye for at least a week after it had been incised and that knowledge I apply here. I am wholly unaware of a single object that is to be gained by an earlier inspection, or one from day to day, as has been advocated by some Surgeons. If matters are doing well it is not needed, and if any untoward events supervene, their existence is always manifested in appearances of the upper eyelid, and then it is, more than at any other period, that opening the eye is likely to be hurtful. Usually I do not remove the plaster for a week, and then I prefer that the patient should of his own accord, and after the tarsal margins have been duly cleansed, open the eye. The act is then devoid of suffering. The application of the Surgeon's fingers is very apt, where there has been much lesion, to produce pain, and that often of long duration.

But what is to be done when the iris is more or less prolapsed through the cornea, or perhaps through the sclerotica? The latter state is the more common. The sclerotica is more easily ruptured than the cornea, and the giving way is generally close to the attachment of one of the recti muscles. Most assuredly, as a rule, the less that is done the better. But very seldom, indeed, can it be necessary to interfere. I have a very few times thought it prudent, from the amount of the prolapse, from the very large bit that was hanging out, and to lessen irritation, to reduce the flap with a pair of scissors; but I repeat, that in general nothing of the kind is needed. By a natural and a safe process, whatever is superfluous and not wanted in the progress of plugging and cicatrisation is removed. The application of nitrate of silver cannot be beneficial. I know that it destroys primary cicatrisation, and besides, increases inflammatory action, so that it is doubly hurtful. I say this after much investigation of the subject and a thorough conviction. In ulceration of the cornea the iris often protrudes in a bladder-like form, being pressed forwards by the aqueous humor. It is often advantageous to puncture the protrusion and produce collapse. I have not, so far as I remember, met with a parallel example from an injury.

Constitutional treatment must not be neglected, and all measures likely to reduce chronic inflammatory action; I include even mercury carefully and judiciously given, must be adopted if a case calls for it.

I emphatically caution my professional brethren—of course I do not include those who are professedly ophthalmic—as well as general Surgeons, not to let any extent of injury short of actual collapse, destroy hope of being able to restore an eye to some degree of usefulness. I beg them to take my word for it, that many a golden opportunity is lost, simply because in the first instance a case has been thought hopeless. To strengthen my assurance, I would add that physical repair and degrees of functional restoration, are now and then under the circumstances almost incredible, and even surprise those practically well versed in Surgical diseases of the eye.

It is well that every Medical practitioner should have some correct notions respecting sympathetic influence of the eyes. I mean the effect that disease of the one has on the other, by which organic charges are induced. Such a condition has long been recognised, but it has also been associated with error. The implication of the second eye is often wrongly attributed to sympathy, being often nothing but the same local manifestation of constitutional taint that appeared in the other, and secondary only in the order of time. As the result of idiopathic disease it is very rare, and so far as I know does not exist, except the eye primarily attacked has undergone some disorganisation. It is to the morbid changes in an eye, induced from accident, that sympathetic ophthalmitis is chiefly to be witnessed. All that I have said to establish the propriety of not abandoning an injured eye, strong as it may be, receives great additional weight from the safeguard it affords to the prevention of sympathetic implication.

If the direct inflammatory effects of an injury are quickly got over, the chances of the other eye ever suffering from irritation are immensely lessened. If inflammation lingers, many of the tunics are involved, pathological changes ensue, and the other eye is threatened.

But what are the symptoms of dangerous sympathetic implication? Intolerance to light. Some form or other of impaired sight is the next bad omen. Loss of focal adjustment; incapability of sustaining the focus on minute objects; loss of definition, generally called feeble sight; abundance of muscæ, spectra flashes, stars, corruscations, pain, together with inflammatory action; loss of pupillary movements;

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a change of iris colour, and softening of eyeball are the later manifestations. The danger of sympathetic implication continues so long as the excitement produced by traumatic disease lingers, and the excitement may be so slight, and of such long duration, as likely to escape observation. A member of the Harveian Society, Mr. Wall, called me to a patient whose left eye was fast failing in the manner described, without any very apparent cause. The other eye had been wounded two years ago with a packing-needle, the cornea torn across, and sight destroyed. Occasional paroxysms of pain and tenderness under touch, convinced me that sympathetic disease was at work. I acted in the manner to be described with perfect success. The eye was completely restored.

Drugs have no influence in removing or even checking the sympathy. Many eyes are sacrificed in abortive attempts with medicines. The traumatic disease must be subdued by removing the eyeball, or reducing it. Fortunately, the latter course will generally suffice, as the centre of the morbid action, or the intensity of it, is more commonly near the seat of injury, and therefore in the front of the eyeball. When it is beyond this, for the most part indicated by general enlargement, or staphyloma scleroticæ, either the entire contents of the diseased globe must be evacuated, or extirpation adopted. I find it difficult to understand how it is, that the smallest quantity of pus, a drop or two just behind the cornea, or a slight change of texture of some of the tissues of the eye, can exert so baneful an effect. Some years ago I drew the attention of the Profession to dangerous sympathetic action in general, and advocated the system I now propound, in papers with detailed cases, published in the *Medical Times and Gazette*. Soon after, one of my colleagues at the Central London Ophthalmic Hospital, Mr. Taylor, gave to that journal some valuable communications on the same subject.

Success in practical Surgery, and especially in the ophthalmic department, very much depends on the manner of operating, and I consider it well to tell how these operations should be done. First about the reduction of the eye. Always bear in mind the principle that the less the eyeball is reduced, the less will be the deformity, and the better fitted the stump for an artificial eye, should one be desired. In more than two-thirds of the cases I have operated on, I have made my incision a line or two behind the cornea, whereby the iris, or whatever part of it remained, has been taken away. The eyelids having been retracted, transfix the cornea or the staphyloma corneæ, as it may be, with a cataract needle or a curette, and make the incision with a small scalpel, as gently and rapidly as possible. Should the lens be present, whether opaque or not, I remove it. If I find the vitreous humor healthy, I try to prevent its escape by gentle manipulation and rapid closure of the eyelids, and sometimes none of it is lost. If it be otherwise, I would rather some did run away. What should follow is important. There is no more necessary step in the whole proceeding, and without it there may be copious bleeding and suppuration in the stump. Cotton, wool, or what is next best, a pledget of lint, should be quickly placed in the closed eyelids—maintained by a bandage, and kept on for two or three days. The more the eye generally is diseased, the quicker, and the more copious is likely to be the bleeding. The source of blood is not the central artery of the retina, as is generally supposed, but the vessels of the choroid. The stump heals by the cicatrising of the cut surface, and its rapidity depends on the healthiness of the vitreous humor. It is not unusual to find it sealed up at the end of a week or ten days.

I pass to the excision of the entire eyeball. I know that this is often unnecessarily done, when partial removal will suffice. I have been told that it is preferable solely because of the risk of bleeding that attends the other operation. I have shown how hæmorrhage is to be entirely prevented; but let me inform you that in extirpation, I have seen bleeding from the ophthalmic artery that needed a firm compress to check. The distressing unsightliness that it occasions should deter one from resorting to it from choice. It renders the adjustment of an artificial eye difficult, and it is impossible that the false member can have the movements which are requisite to complete the counterfeit.

As to the plan of executing it. The proper way is to remove the diseased eyeball alone, and not the other contents of the orbit, by dissecting it from its cellular sheath, as proposed almost simultaneously by Dr. O'Ferrall and Monsieur Bonnet. By it much bleeding is avoided, and the parieties of the orbit not being stripped, there is less chance of dangerous inflammation. The commissure of the eyelids is to be divided, although this is not always necessary, the conjunctiva cut through, the attachments of the recti and oblique muscles severed, and the scissors passed along the sheath of the eyeball, and the optic nerve divided.

I conclude this short and fragmentary sketch by noticing a principle which, as yet, writers on Ophthalmic Surgery have not recognised. When it is clearly ascertained, however early, that a wounded eye is decidedly lost, and that the secondary action, which is tolerably sure to be suppurative, is attended with pain and constitutional disturbance, a portion of the eyeball should be removed (a mere incision will not answer), or excision after Bonnet's plan adopted. Possessing such means for safe and instantaneous relief, and by which besides, the greatest protection is afforded to the other eye, we ought not to allow a continuation of suffering and prostration which no other treatment will check, and which ceases only after certain consecutive morbid changes in the lost organ.

89, Brook-street, Hanover-square.

ON THE MEDICINAL ACTION OF GLONOINE.

By G. S. BRADY, Esq. M.R.C.S.

Since the publication of the experiments of Drs. Fuller and Harley, I am not aware that glonoine has obtained any notice in the Medical periodicals. I presume, therefore, that there is a pretty general acquiescence in the conclusions arrived at by those gentlemen, viz. that glonoine "may be taken with impunity in considerable quantity," and that the symptoms following its administration (as described by Mr. Field) are, in great degree, the result of mere nervous apprehension. I believe, however, that this impression of the inertness of the compound is quite erroneous, and not unlikely to prove dangerous: and further, that glonoine is a very valuable agent for the relief of neuralgic pain. The following brief notes will illustrate my reasons for these statements, and may, perhaps, induce others to give the remedy a more extended trial than has yet been accorded to it.

In December of last year I was in attendance upon a lady suffering from severe facial neuralgia, which was very little benefited by any treatment, either local or constitutional, which I could devise. I at length determined to try the effect of glonoine, and gave two minims and a-half of Morson's solution (containing 5 per cent. of pure glonoine) in a teaspoonful of water. In the course of two or three minutes she began to complain of sickness and faintness. These rapidly increased: there was, for a few moments, unconsciousness, accompanied with convulsive action of the muscles of the face, and stertorous breathing. The face became pale, and the pulse alarmingly feeble. After swallowing some brandy and water, which was given as soon as practicable, she vomited, and the unpleasant symptoms gradually subsided. The pain had vanished, and never returned with any severity.

The relief afforded in this case induced me to give the glonoine a further trial; using it, of course, in much smaller doses. I have now prescribed it in seven or eight cases of neuralgic pain, and have not once failed to give speedy, and sometimes permanent relief. One minim of Morson's solution appears to be quite a sufficient dose. I have generally dissolved it in the proportion of eight minims to an ounce of water, and directed a teaspoonful to be taken every twenty minutes until the pain is relieved. One dose, however, will generally suffice.

I am also able to note another case (not occurring in my own practice) where the glonoine gave marked relief. A strong labouring man, subject to periodical attacks of neuralgia, so severe as to "make the tears run down his cheeks," and to necessitate the administration of large doses of morphia, was ordered during a paroxysm, a drop of the glonoine solution, the effect of which was most satisfactory. He has repeated the dose on different occasions, when the pain has threatened to return, and always with equally good result. But sometimes even this small dose may be too much. A relative of mine, a chemist, knowing the success which I had had with the glonoine, and being himself tormented with face

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ache, took a single drop of the solution in water. Shortly afterward a feeling of sickness and pain at the epigastrium came on, and he left his desk to pace about the shop, thinking to walk the uncomfortable sensations off. Instead of this they grew worse, and an intolerable sense of oppression and swimming in the head, with spasmodic twitching of the limbs supervened. He had barely time to call his assistant, when he fell back insensible. Cold water was freely dashed over the face, and the unconsciousness soon passed away. No vomiting ensued, but the sensation of sickness lasted for some time. The face-ache has not returned.

I cannot explain the very different results obtained by Drs. Fuller and Harley, except by supposing great difference in the quality of the preparations used. It is well known that many organic compounds are totally changed by very slight and almost inappreciable causes occurring during their preparation, and something of this kind may have been the case here. Mr. Morson informs me that considerable difficulty, and even danger, from explosion, was at first experienced during the manufacture of glonoine in the laboratory. That which he now prepares, may, I believe, be fully depended on as being perfectly uniform in composition.

I may add that the symptoms observed in animals seem to form no safe criterion of the effects of glonoine on the human frame. At least on one occasion I gave ten drops of the glonoine solution to a kitten (in divided doses of two, three, and five drops at short intervals) without finding any effect beyond great temporary aggravation of the animal's playfulness, followed by a corresponding amount of torpor. I should not myself venture to take one-fourth of this quantity, as I find half a minim to produce painful throbbing and fulness of the head, with a sense of constriction about the pharynx.

Sunderland.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

THE LONDON HOSPITAL.

DIRECT INGUINAL HERNIA IN A FEMALE.

(Under the care of Mr. CURLING.)

H. T., aged 60, had been the subject of an irreducible inguinal hernia on the left side for nineteen years. She was admitted into the London Hospital under the care of Mr. Curling, February 14, 1859, symptoms of strangulation having been present for four days. The swelling was about the size of a hen's egg, and occupied the left labium. It was tense, extremely tender, and received no impulse on coughing. There were marks of recent leech bites over it, and it was cold from the contact of a bladder of ice, which had been kept applied during her removal to the Hospital. Symptoms of peritonitis being present, very little attempt was made with the taxis, but an operation was recommended at once.

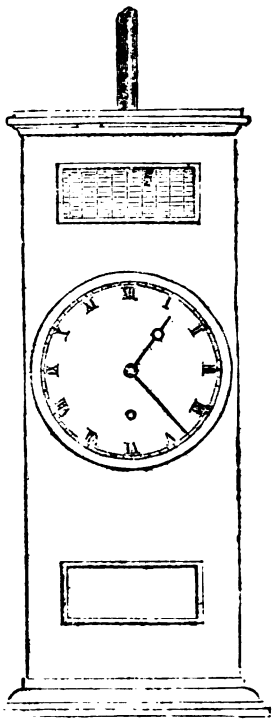
Operation by Mr. Curling. The incision was made close to the pubes, and after a slight attempt to divide the structure external to the sac, the peritoneum was opened, when a quantity of dark bloody serum escaped. A very tight stricture was found and divided, and a small portion of dark congested small intestine returned. A quantity of irreducible and adherent omentum was excised, and the wound was thus closed. She sank twenty-one hours after the operation.

Autopsy.—The portion of strangulated intestine was about three inches in length, was of a claret-colour, and contracted at one part to about half its normal calibre. The peritoneal and mucous surfaces, both exhibited effused lymph; the gut had the consistence of wet leather. A portion of omentum was seen to pass into the external ring on the left side. When traced this omentum conducted the finger into a hernial sac of about the size of a hen's egg, and containing a considerable quantity of infiltrated omentum. The "neck" of this protrusion was internal to the epigastric artery, which was distant from the upper part of the "neck" about one-quarter of an inch; the "neck" was also two inches distant from the femoral ring. The conjoined tendon appeared to be wholly on the inner side of the hernia; the parts, however, were much infiltrated, and consequently difficult of recognition. The round ligament was traced through the internal ring and inguinal canal, and no hernia was found to accompany it.

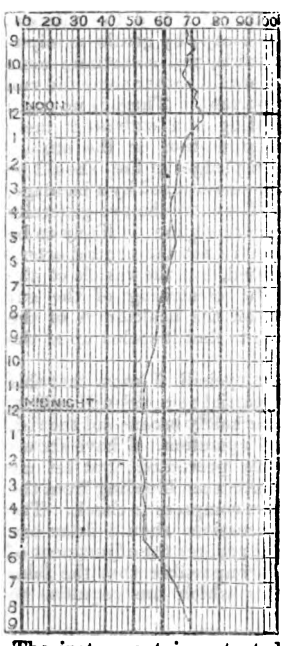
HOSPITAL NOTES.

THE CHRONOMETRICAL THERMOMETER.

For some months past an instrument has been in use at the Samaritan Hospital which deserves to be more generally known, as it serves to keep a permanent record of the temperature of a ward or sick room day and night. The annexed cut is a good representation of the instrument, showing the clock face below, the thermometer slip above, and at the top a portion of the metallic tube which is used in place of mercury.



The thermometrical tube is connected with a clock movement, which puts in motion a drum, to which a strip of paper is attached. The thermometric tube expands and contracts as the temperature varies, and the motion thus produced is conveyed to a pencil that inscribes a line upon a strip of paper. This line is the permanent record of the temperature. When the strip of paper is filled up, a fresh strip is attached. These strips are ruled. The vertical lines represent the thermometric scale. The horizontal lines correspond with the hours of the day and night. The strip of paper shows at a glance what the temperature of the sick room has been during any moment of the day or night, the precise moment when a change took place, and how long such change continued. The clock movement, which consists of an excellent eight-day time-piece, not only propels the strip exhibiting the temperature, but also shows the time. The action of this thermometer is very quick. Changes of temperature, however slight, are instantaneously indicated. This arises from the large amount of metallic surface exposed to the air. The mercurial thermometer, on the contrary, is very slow in indicating slight changes of temperature. This is owing partly to the substance of the glass opposing an obstacle to the transmission of heat to a certain extent, and partly to the bulk of the mercury offering so small a surface to be acted upon by heat, which must be diffused throughout the mass before any true indication can be given. This property of instantaneous indication renders the Chronometrical Thermometer peculiarly valuable for scientific purposes, and adds greatly to the value of the instrument for hospital use, as if a nurse or patient close a ventilator the elevation of temperature is at once detected and recorded. The annexed slip (reduced in size) exhibits the temperature of the Royal Agricultural Society's Show Yard, at Chester, July 22nd, 1858, written off by one of these instruments, to which was awarded the Society's silver medal.



The instrument is patented by Mr. Gauntlett, of Middlesbro-on-Tees. We shall be glad to hear that it is brought into general use in hospitals.

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THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

THE READING HOSPITAL.

SUPRA-RENAL DISEASE, WITH BRONZING OF THE SKIN.

The following particulars of an interesting case have been sent us by the House-Surgeon to the Reading Hospital:—

A Practitioner of Reading was sent for to see a man said to be very ill at a lodging-house in the town. Upon his arrival he found a young man in a moribund state, vomiting, pulseless, and in a completely prostrate condition. In spite of all remedies he died after a few hours. Upon inquiry, it was elicited that his age was twenty-six, and his occupation that of a travelling musician. Three days before his death he had been attacked with vomiting, for which he refused to have any medical aid until he was reduced to an extreme state. He had generally enjoyed good health, was of temperate habits, and much respected by his companions. No cause whatever could be discovered for the sudden symptoms which proved fatal. At the post-mortem examination of the body no disease could be discovered sufficient to account for death, for with the exception of some old pleuritic adhesions on the right side of the chest, all the viscera were in a healthy state. In this state of uncertainty the supra-renal bodies were removed, and so extensive an amount of disease was found as to draw immediate attention to them. Both bodies were greatly enlarged, particularly the right one, solid, and displaying on section complete disorganisation. Not a trace of the normal structure was visible, the greater portion of each organ having been converted into a greyish, tolerably firm tissue, with occasional patches of well-marked calcareous degeneration, and in some parts the tissue had assumed quite a diffluent state. After this discovery, further inquiries were made, and the man's wife stated that she had remarked a decided alteration of colour in the surface of his body within the last few months, so that, to use her words, he was "like a gipsy." It also appeared that his change of colour had been a topic of conversation among his companions, they attributing it to "the jaundice." He did not seem, however, to have ever suffered from vomiting previous to the fatal attack, and he had been engaged at a travelling theatre as musician up to the time of its occurrence.

The post-mortem examination was made in a dark room by candle-light, and no reliable peculiarity of colour in the surface of the body was visible.

LEEDS GENERAL INFIRMARY.

POPLITEAL ANEURISM TREATED BY COMPRESSION AND MANIPULATION.

(Under the care of Mr. THOMAS P. TEALE.)

[Reported by Mr. T. R. JESSOP.]

JOSEPH M. aged 48, a labourer, who had been discharged from the army five years ago, was admitted into the Leeds Infirmary, on October 26, 1858. Three months before admission he first observed a slight swelling of his left leg, which was soon followed by pain around the knee and along the calf. He attributed his ailment to a sprain received the day before while he was exhibiting to his companions a piece of military drill, consisting of arching the trunk forwards and backwards so as to touch the ground with his hands in both directions. Two or three days afterwards he discovered a small prominence, like a marble, in the ham, which has continued to increase until the present time. It is a remarkable fact that during the Crimean war Mr. Teale had at one time in the hospital three cases of popliteal aneurism, the subjects of them all being militia men. On the admission of M. into the Infirmary an oval tumour, about the size of a small lemon, occupied the left ham, and exhibited the usual signs of aneurism.

October 26.—On this day at noon, treatment by pressure of the artery as it passes over the pubes was commenced by means of the fingers, several students having kindly undertaken the treatment in turns.

30th.—This treatment was continued during twelve hours of the day, and left off during the night, until the present date. The tumour has become a little smaller, and perhaps harder; but as the improvement is not greater than has been frequently derived from mechanical pressure, the gentlemen were released from their compressing duties, and pressure by the ring tourniquet at the upper and middle portions of the thigh was substituted for manual pressure. The patient was taught the course of the artery, and was directed to vary the seat of pressure from time to time as the part became painful. He was moreover instructed to leave off the pressure at night, so as to secure sufficient rest.

November 2.—Size of tumour not much lessened, but its walls feel thicker; pulsation is somewhat less, and is controlled by a slighter amount of pressure. At the outer side of the knee a branch of an artery can be felt pulsating.

5th.—Another enlarged anastomosing branch felt at the inner side of the knee.

9th.—Tumour slightly diminished in size, and more firm to the touch.

12th.—Not much change since the last report. Mr. Teale now made an attempt to disturb the fibrine within the sac by moderate manipulation.

14th.—No material change since the last report. Mr. Teale repeated the manipulation with much greater freedom, kneading the tumour in various directions. This was done at 1 p.m.

15th.—An hour and a-half after the last manipulation the tumour had entirely ceased to pulsate, and had become a solid mass.

26th.—The tumour having rapidly decreased in size, the patient left the Hospital this day cured, having been able to walk about the ward for a few days.

Mr. Teale, addressing the students, made the following observations on this case:—"You would observe, gentlemen, that on the seventeenth day of treatment, at which time the aneurism had been very slowly diminishing in size, and increasing in solidity, but still retaining a rather strong pulsation, I resorted to a new method of treatment, namely, manipulation of the tumour, in the hope of hastening the cure. For the introduction of this new element in the treatment of aneurism, we are indebted to Mr. Fergusson, who in 1856 brought the subject under the consideration of the Medico-Chirurgical Society. This gentleman referred to cases in which 'spontaneous cure' was brought about apparently by the displacement of fibrine within the sac. He proposed to imitate nature in this respect, and by manipulation of the aneurism to displace portions of fibrine, which might obstruct the distal end of the aneurism, and might also, by the irregularity of surface, resulting from displaced masses of fibrine, afford new points for more speedy deposition, and the consequent consolidation of the aneurism. The treatment was adopted by Mr. Fergusson in two cases of right subclavian aneurism. Following his example, on November 12 I manipulated the aneurism by a kneading kind of pressure with the fingers. No particular result followed. On November 14 at 1 p.m. I repeated the manipulation much more forcibly, and at 2.30 the same day the tumour had become perfectly consolidated, and had ceased to pulsate. No further treatment was adopted. Absorption went on rapidly, and the patient left the Hospital cured on November 26, or thirty-one days after the beginning of treatment, and twelve days after the second manipulation. I think it is impossible, in this case, not to connect the sudden solidification of the tumour, with the free manipulation practised an hour and a-half before. So strongly do I believe that the ultimate cure was owing to this proceeding that I intend hereafter to put this mode of treatment, in cases of aneurism of the limbs, to the test of further trial. But, gentlemen, let me guard you against adopting this practice in aneurism of the carotids or of the innominate artery; or, in other words, in aneurism of arteries leading to the brain. In such cases you might run the risk of detaching small portions of fibrine, which being carried along the current of blood to the brain might then produce the serious mischief of that organ, and the consequent paralytic affections described by Dr. Kirkes in a paper of great value published in the 'Medico-

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Chirurgical Transactions' for 1854. And this is not a mere speculative evil, as you will perceive from the following case which I will briefly notice, and which I regret has not been published in an extended form. In the year 1847 I was one of a numerous consultation on a doubtful case of carotid aneurism. The subject of it was a middle-aged female, in good health in other respects. She was seated in a chair while the tumour was examined by several persons in succession, and subjected by them to repeated handling and compression. While this was going on, she suddenly became pale and slipped off the chair. On being raised she was found to be hemiplegic. After lingering in this state a few weeks she died. The tumour was found, after death, to be aneurismal. It was not, however, until I read the paper by Dr. Kirkes, that I fully appreciated the pathological bearings of this case. Now that we do understand it, let me urge upon you to bear it in your minds, and let it be a warning to you, in carrying out Mr. Fergusson's valuable suggestion, to limit the treatment by manipulation of the tumour to aneurism of the extremities. I may also add that, in one of the two cases of aneurism of the subclavian artery, which are published by Mr. Fergusson, hemiplegia occurred very shortly after manipulation. It is not improbable that the aneurism in this case extended to the innominate artery. Mr. Fergusson alludes to the possibility of the hemiplegia being produced in the manner explained by Dr. Kirkes."

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Medical Times & Gazette.

SATURDAY, MARCH 12.

VENEREAL DISEASE IN THE ARMY.

We have received a letter (printed in another part of the journal) from Dr. Robinson, fully corroborating the statement we lately made concerning the immense injury inflicted on the health of our soldiers and sailors by syphilitic diseases. Three-fourths of the sick of his battalion, he writes, consist of venereal cases; many are permanently injured by the disease, and many, for a very long period, rendered incapable of duty. Dr. Robinson recommends the establishment of Lock Hospitals in garrison towns as the remedy for the devouring evil. When discussing last year the subject of Prostitution, generally, we pointed out how impossible it is upon any fair or proper grounds to make any especial provision for the cure of this class of diseases; that is to say, to take more care of, and to foster more kindly the victims of this disease, than the many sad objects of suffering which everywhere demand our care, and whose calamities are not the results of their immorality. Certainly there ought everywhere to be the freest means of cure open to all sufferers from all diseases; but it will never do to pet in an especial manner this class of sufferers—to bestow care and attention upon them such as the innocent sufferers from disease cannot obtain. We said then, and we repeat it, that we must look to the elevation of man's moral nature as the true extinguisher or mitigator of this great social evil; and the moral movement going on in the Army at this moment assures us that we shall soon have proofs of the correctness of our views, in the lessening of the number of cases of syphilitic diseases. So long as the only objects of enjoyment which a soldier or a sailor has before him are a glass of gin or beer, and rioting with harlots, the results must be what they have hitherto been. What can be more sad, what more disgraceful to the governing powers, than the fact, that all the hard earnings won by the long struggles and blows of a sailor's life should be recklessly squandered away in a few days of drunken debauchery. Captains of vessels, we are told by authority, are wont to send their men on shore "to get rid of their money"—in other words, to become mad with drink and saturated with syphilis; and then the captains complain that their men are incapacitated for their work by disease!

We are delighted to see that officers in command are really beginning the work of true reformation in the Army,—witness the lectures at Aldershott, and at Woolwich, and elsewhere; witness the attempt to create libraries, and to promote the means of acquiring knowledge for the soldier. These and such like efforts we look upon as the most powerful of antivenereal appliances. In the Navy too, it is high time that poor Jack should be thought of when turned adrift on shore, with no compass to steer him, and at the mercy of his wild passions. *We must teach.* Civilisation must descend from above. When the people of a nation are sunk in vice and brutality the blame of their condition rests not upon themselves but upon their rulers. The best cure for this evil is manifestly the mental cultivation which is gradually, though too slowly, finding its way into the Army and Navy.

"ENGLISH GUANO," ITS USE AND ABUSE.

The Quarterly Returns of the Registrar-General, from which some weeks ago we gave important extracts, furnish an official statement of a state of things among us, the alteration of which demands the prompt interference of the Legislature; and in the meantime calls for the persevering application of all the influence at the disposal of the Medical Profession.

It is shown that the excessive mortality of last year in England and Wales was attributable, among other causes, "partly to defective supplies of pure water, and partly to the prevalence of the epidemic of diphtheria." The Return also refers to the fact, "that one great nuisance perpetually increases as the population increases, and that no effectual provision has yet been made for getting rid of it from human dwellings." It is referred to several times in the notes of the Registrars, in "towns which have been most heavily afflicted." The document, as a specimen, quotes the case of Brighton, where the deaths were 386 and the births only 375 in the parish of St. Peter's, in which the local Registrar observes "the inhabitants of the sub-districts in which this excess of mortality occurred are chiefly artisans, mechanics, and labouring poor." In many of the dwellings a very insufficient supply of water has been available to them, "owing to the dryness of the weather in the first portion of the quarter, the water in the wells in use having been very low. There is no effectual drainage, and the cesspool system is in general use."

The object of the writer of the report is to impress on the public mind the necessity of the immediate transference to the soil of all human *dejecta*, for the purpose of cutting off a source of a large class of diseases, and also for giving to the ground the benefits of this English guano as a fertiliser. It is in the power of the Profession to aid the former of these objects pending the delay that may take place before any efficient legislation can be secured. Indeed it may be doubted whether if we were in the most favourable circumstances in which Parliamentary enactments could place us, it would not still be found necessary to employ the voluntary aid of the Profession to secure the co-operation of the public in its own defence.

We believe it is in contemplation, as soon as there is suffi-

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cient public opinion enlisted in favour of the measure, to ask for such an enactment as is expressed in page 7 of the Quarterly Returns, viz.—

"Seeing that English Guano is a fertilising manure in the soil, and is a loathsome, shameful, and poisonous nuisance in or near dwelling-houses, be it enacted, that the retention of any such manure in cesspools, in privies, in middens, or in any other form whatsoever, in or near a dwelling-house, shall render the owner or occupier of the place in which it is found liable to a fine not exceeding shillings a-day."

It is in the power of the Profession materially to aid such an enactment as is proposed, and we need do no more than indicate the value of such aid in order to secure it. It may be expected that if people were told by all their Medical attendants of the ills to which they expose themselves and their children by the failure to remove offensive matter from their houses and neighbourhood with all possible despatch, they would very materially assist in the work which the Legislature is to be called upon to enforce. At the very least, if the morbid liking for physical impurity should in some cases prevent success, our Professional co-operation on an extensive scale would yield to the Government a very powerful moral support.

Would it not, therefore, be well if every gentleman while pursuing his practice, were to intimate the very close connexion between *diphtheria* and that atmospheric condition which is produced by the neglect to remove that which in the house or around it is a nuisance, but which if applied to the ground (the natural disinfectant) would prove a valuable fertiliser? The ravages produced by diphtheria have created a salutary terror, which might be now employed to quicken the sanitary industry of the people, and render a legislative measure welcome.

Typhoid fever, traceable as it is to fæcal emanations, can also be spoken of for the same purpose. The public, without being able to enter into the philosophy of disease, will be found sufficiently intelligent to comprehend the principle that typhoid fever is engendered by emanations from human excreta, and may be avoided by simple cleanliness.

With regard to the zymotic class of diseases generally, it may be hoped that if the Profession were earnestly to preach up a crusade against the fruitful causes by which the diseases are fed, a large amount of success would be obtained. It is well known that many persons whose morbid opposition to legislative interference, even for their own benefit, leads them to resist sanitary enactments, or to evade them, would very earnestly co-operate with "the doctor" to cast aside whatever he assures them is sure to carry sickness, and it may be death, into their families. These suggestions, so important and so much called for by our excessive mortality, will, we may be allowed to hope, secure for the country and the Legislature, a large amount of Professional and voluntary co-operation in the cause of Sanitary Reform.

THE WEEK.

ADVANTAGE has been taken of the Medical Act undergoing amendment as to the date of registration, to alter the form of the Register by the omission of the title column. This column was left in the Bill by the accidental omission of an erasure, and the erasure has now been made—so that the Register will appear after the form of Schedule D, without the fourth or title column, with only the three columns for name, residence, and qualification of the gentleman registered. The amended Bill just printed by the Lords, contains two new clauses, viz. No. III., which says, the fourth or much debated *title-column of Schedule* D, shall be repealed and omitted; while clause No. IV. states, "the term *Member* shall be added after the term Fellow to the qualifications described in the first line of Schedule A," thereby enabling the proposed new designation of "Member" instead of "Licentiate" of the Royal College of Physicians of London, to be registered. These are judicious alterations, and solve many legal doubts or difficulties.

The judgment of the Lord Chief Justice has been given in the case of Robinson *v.* Robinson and Lane. Every one must remember the particulars, which have been several times prominently brought before the public, of this very remarkable case. The judgment records what must have been generally anticipated, the entire acquittal of Dr. Lane. It has been evident, almost from the first, that Dr. Lane has been the victim of the erotic maniacal ravings of the unfortunate woman who was proved to have committed adultery in her heart.

Mr. Sidney Herbert is a man who speaks with considerable force when he touches upon matters relating to the army. He has indeed had the very best opportunities for learning why and wherefore so many screws have been found loose in certain parts of its organisation. Simple, plain, sensible words, therefore, like the following, which from their very simplicity and good sense would shock red-tapeism, if they came from a mere man of science, may perhaps be listened to from the mouth of Mr. Herbert:—

"It ought to be impressed not only upon the Medical officers in charge of troops, but upon the councillors themselves, that to provide for the preservation of those who serve under them is one of their first duties."

Mr. Finch of the Fisherton Asylum, near Salisbury, has brought prominently before the public the case of Mary Newall. The sad history of this wretched woman made a painful impression upon the public some few months ago; and it is impossible not to feel interest still in her final destination. On her recovery of her reason, she will be returned in custody to Reading Gaol, to be disposed of according to Her Majesty's pleasure. We trust this case may be used as an occasion of calling attention to the destiny of those who are saved from the hangman's hands, by the fact of their guilt being the consequence of their insane state of mind. We never could understand why criminal lunatics (as the law absurdly designates this class of evil-doers) should suffer for life the consequences of a deed committed when they had no control over their reason — and such consequences as our criminal lunatics are made to suffer. Surely if they recover their intelligence they are entitled to some consideration. When it is remembered that they are not responsible for the crime they committed, it surely is most unjustifiable to subject those who may wholly recover their reason, to the fearful torture of perpetual incarceration in a lunatic asylum. Especially is it in cases like this of Mary Newall, in which the act was manifestly one of temporary frenzy, that this perpetual immolation becomes terrible. To a sane person, to one who has perfectly recovered his senses, lasting confinement must be a punishment a thousand times more severe than any suffered by the guilty homicide doomed to hard labour for life.

A charge of manslaughter against a member of our Profession, which has resulted in his being sentenced to twelve months' imprisonment, has just been tried at Durham. If a case of this kind had happened in the hands of an irregular practitioner we should have exclaimed in unqualified terms of indignation at the nature of the treatment pursued; and still more must we do so now when one of our Profession has been guilty of such rashness and ignorance. Nothing but

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the excuse of drunkenness, which was alleged, can palliate the abominable nature of the treatment adopted. A poor woman, who had borne twelve healthy children, was in labour of her thirteenth child. She was attended on this occasion by Mr. Ives, the assistant of Mr. Carnes, of Coxhoe. The labour was slow, the woman became dissatisfied, and desired that Mr. Carnes should be sent for; but Mr. Carnes could not attend. Eventually, Mr. M'Hugh, the prisoner, was sent for. He proposed craniotomy, and Mr. Ives objected; but, as the woman insisted, he gave in. Mr. M'Hugh then proceeded to perform the operation, and there can be no doubt that, in his attempts to do so, he destroyed the unfortunate woman's life. He appears to have acted in a very violent manner, according to the evidence of Mr. Ives. Four times he introduced the perforator and the crotchet. Once he exclaimed that he had gone through the walls of the uterus. With the crotchet he brought away a piece of flesh. On the fourth occasion of his introducing the perforator, there was a gush of arterial blood, and the woman died almost immediately. What he had done was revealed at the post-mortem examination. There was a jagged wound of the uterus; and there was a wound also, the length of a man's nail, in the iliac artery. The child was in a natural position, and there was nothing to warrant or call for the performance of the operation of craniotomy. The whole history of this case is sad and disreputable; and we are forced to admit that Mr. M'Hugh thoroughly merits the punishment to which he is sentenced.

The rascality of a set of vagabonds who have been for some time past successfully engaged in swindling the public, has been happily exposed and arrested by the London Medical Registration Society's instrumentality. The exposure of the doings of these people is worth recording, as an instance of one of the back scenes of civilisation. They assume, of course, the title of Doctors, their line of business being in the curing way; and to prevent any inconvenient inquiries have several aliases, and more than one address. They make the deaf to hear; and at 32, Spring Gardens, there is the British and Foreign Ear Infirmary—standing demonstration, they wish it to be understood, of their great knowledge of their subject, and of their respectability. As sea breezes are occasionally desirable also in the cure, they have a branch at Brighton under the superintendence of Miss Bennett, the *Doctor's* sister. The business was a thriving one, that is, these gents knew how to make it thrive. They were, indeed, up to a trick or two; for, as it appears, before they took up this line of medicine, they had been in the card-sharping business. Their ambition was great too. They did not confine their attention to their own countrymen, but generously permitted the Continent to partake of their good things, and even the Yankees were not excluded. The "infallible" cure was despatched in packages of £5, £50, and even of £100 over the earth's surface. What the profits on the articles despatched must have been we will leave our Readers to calculate, observing only that the remedy consisted of a mixture of "urine and alum." It appears that the concern—these respectable card-sharpers—netted one year something like £4000. Their prey was of this kind: an elderly gentleman saw a remarkable cure of deafness of twenty-three years' standing in the papers, and put there by one of the *Doctors;* and, as elderly gentlemen will do, he took himself to Spring Gardens. Of course he received assurance of a cure, through a wonderful remedy discovered in Japan. He paid £12 12s. and £18 19s. 6d. for his treatment. Another flat fish was one Jamie Crichton, who came all the way from Fifeshire, to have his deafness put away: all the cannie Scot, however, leaves behind him in London is his money. Happily a sudden conclusion has been put to these rascalities; the magistrate having issued his warrant for the apprehension of the fraternity, who have, however, made themselves scarce. We can only hope that the Registration Society, with its energetic secretary, may be enabled one fine day to throw its net over sharks of a like kind, but of a still more abominable and wicked nature. There is really something of the insolence of the Macaire family in these alum and urine doctors; and besides the fact of filching money from the pockets of the credulous, there is little to be said against them—they are clever sharpers. But as for that band of double-dyed villains, who fatten on the weaknesses of human flesh, and bring torture and mental agony into the minds of men and families—the seminal weakness gentry—no punishment can be too great for their iniquities. We trust the Society will keep a sharp eye on these bearded ruffians; and squeeze him to the death if happily they tangle one of them in their toils.

Our readers may remember that a few years ago the old Medical Society of London passed a law relating to the election of officers, by which its previous constitutional history was abrogated, a nomination committee appointed, and a virtual dictatorship established. At that time we warned the Fellows rather to bear the ills they had than fly to others more dangerous, because more obscure. The warning was not taken, and the result has been a gradual disappearance of that life, energy, and usefulness, which formerly characterised the meetings and labours of this assembly. So small by degrees, and beautifully less, became the actual working part of the Society, that its existence became questionable. Within these last ten days the times have changed; the pre-existing clique has been dispersed in all directions, and the Society made to rest again on its original constitutional basis. By a large majority Mr. Hilton has been elected President; and the officers throughout who have been elected, may be considered as representing every class and interest. It is natural that some discontent should have arisen among some of the late members, who have been dispossessed of place. But we know that towards these all proper personal respect has been sustained, and that the universality of the change had for its groundwork the removal of invidious representation. The Medical Society of London, now reorganised, freed from its exclusiveness, and freed from an arrogance, in tone or manner, assumed by one or two of its former dictators, which would ruin any institution, stands well for the future. Let its Fellows remember their common cause and common brotherhood. Let them jealously guard against small organisations or usurpations: and let those who have taken part in the present bold and healthy movement show by their continued liberality of action that they are above personal considerations. The following is a list of the new officers:—*President*, Mr. Hilton; *Vice-Presidents*, Dr. O. Rees and Dr. Greenhalgh, Sir John Fisher and Mr. Wade; *Treasurer*, Dr. J. Bird; *Secretaries*, Dr. Mackenzie and Mr. Bryant; *Orator for* 1860, Mr. Gay.

Baron Watson describes a man who had, by his ignorance, destroyed the life of one he pretended to cure in the following terms:—"Such a person is a great injury to society; he deprives persons of those they loved dearly and tenderly, and renders their last days most miserable and unhappy." We trust the Judge's words will find a hearing in the breasts of the manifold amateur quacks who torment society by their ignorance. There are thousands of ignorant people, stuffed up with their own vain conceits, who are daily engaged in a minor degree, in the same employment as the village blacksmith, and who deserve, equally as he, three months' incarceration for their presumption and folly. Benjamin Crook, the village Vulcan, undertook to cure of a cancer a certain James Wicks, who had been pronounced incurable by scientific Sur-

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geons. Over-persuaded by his friends, Wicks at last let Ben. Crook have his way with him, and a short way it was. The blacksmith applied "some oil" to the poor man's face, and then a powder, which produced intense agony, almost driving him to distraction. The victim, at last exhausted, laid down on his bed, from whence he never rose again alive—perishing miserably after nine days' unceasing suffering. Death, as it afterwards appeared, resulted from the application of a caustic, which was corrosive sublimate. In a word, Wicks the wheelwright had been sent out of the world before his time—poisoned; and, through the avaricious ignorance of Crook the blacksmith; we say avaricious, because he made a charge for the business of 50s. Hear! all ye *dilletante* ignoramuses, male and female, who daily dabble in the cure of diseases, what the Judge says of you:—"If an ignorant man act without skill, it is an injury and not a benefit to mankind. When a man is given up by men of great skill and ignorant men step in, they often render the last days of a sufferer most miserable and painful, if they do not cause death." It may seem strange that we should say we rejoice to hear such words from the Bench, for they would appear to be the natural language of every man of learning and sense; but the truth is, we have for so long been accustomed to see the Bench take men of the Ben. Crook class under its protection, that we hail any sign which indicates a return to a more healthy system of ethics.

We have received a Statistical Paper, very elaborately drawn up, exhibiting in a tabular form a great number of particulars connected with the administration of Poor-Law Medical Relief, and the remuneration of the Poor-Law Medical Officers, in the Unions of England and Wales. In this paper, the Unions are arranged under eleven divisions, as established by the Poor-Law Board, namely, the Metropolis, the South-Eastern, the South-Midland, the Eastern, the South-Western, the West-Midland, the North-Midland, the North-Western, the York, the Northern, and the Welch divisions. A few particulars will perhaps be read with interest. The number of Medical officers employed in these eleven divisions amounts to 3301, of whom it appears that 630 possess only a single qualification; the number of Medical officers appointed annually is 709, and the number of those who are permanently appointed is 2549; the number of out-door cases treated by the Medical officers in the year 1856-57, was 1,094,946; the present salaries of the Medical officers of districts amount to £150,941 3s. 11d.; but if the average amount of payment for each out-door case were to be five shillings, the aggregate salaries would then be £273,734. On the other hand, if the total payment "by case and by pauper, as proposed by Mr. Estcourt," were one shilling and sixpence, then the total amount of salaries would amount to £141,454, showing a small gain to the Medical officers in some districts and a great loss in others, if the plan of Mr. Estcourt were to be adopted. The average payment for each out-door pauper in receipt of relief varies very considerably in the different divisions: the South-Eastern appearing to be most favoured in this respect, as the average payment is 6s. 4½d. The Eastern comes next, in which the average payment is 5s.; the South-Midland gives 4s. 11¾d.; the Metropolis, 4s. 1d.; and the lowest is the North-Midland, which gives only 2s. 0¾d. The payments made to the Medical officers exhibit, as may be supposed, the same variety, although none can be considered as very tempting to the Profession: thus we find that the greatest number of Medical officers, namely, 1581, receive each for their yearly salary less than £50; 1092 receive more than £50 and under £100; only 516 receive more than £100 and less than £200; 33 receive more than £200 and under £300; and only 6 receive more than £300. Again, under the head of extra Medical fees, the largest number of Medical officers, namely, 825, receive annually less than £5; and only 39 receive more that £60. This statistical table is certainly a very instructive document, and it must prove to the satisfaction of every rational person that the remuneration accorded to the Poor-Law Medical Officers is the reverse of liberal; while the aggregate amount paid by the country for Poor-Law Medical relief is far from adequate to the benefits received.

REVIEWS.

On Dropsy connected with Disease of the Kidneys (Morbus Brightii), and on some other Diseases of those Organs, associated with Albuminous and Purulent Urine. Illustrated by numerous Drawings from the Microscope. By W. R. Basham, M.D. 8vo, 241. London: 1858.

This great merit of Dr. Basham's labours demanded a much more early recognition of this volume at our hands. If anything had been wanted to establish the position of the microscope as an absolutely necessary instrument or means of diagnosis, sufficient evidence of its great practical value is to be found recorded in the history of the cases detailed by Dr. Basham. The microscope as an instrument of investigation must now be to diseases of the kidneys what the stethoscope is to diseases of the lungs. We must carefully look in the urine for those materials and products thrown off from the kidneys, "which, when carefully studied, become safe and reliable exponents both of the nature of the disease and of its advance or decline." The main object of Dr. Basham's volume is to illustrate the aid which the microscope affords in the diagnosis and prognosis of renal disease. He interprets for us the signification of the tube-casts, cells, and other deposits found in the urine in renal dropsy. He believes that in the specific cell-character of these deposits a more certain guide in prognosis can be found than any other property of the urine can furnish, or than any symptom of disease which the patient experiences. Thus other elements of certainty are gradually being added to those which already detect special forms of renal disease. One great practical difficulty in dealing with morbus Brightii is mainly attributable to the impossibility of determining the stage at which the disease in the kidney has arrived, and the rate of progress at which it is advancing.

To acquire such information from an examination of the microscopic characters of urinary deposits is the object which Dr. Basham has in view in the treatise before us, and he shows that there is only one condition of the urine from which information may be derived expressive of the progress of renal degeneration, namely:—"The special character of the tubular or organic deposit thrown off from the kidneys. A comparison of the appearance of the sediment in the early stage of the disease, during or immediately after the period of hyperæmia of the organ, with what is found at the latter period of the same case, after it has become protracted into a chronic disease, will convince the observer that material changes in the character of the sediment have taken place; and if it can be shown that during the intermediate period between these extremes the casts and their contents undergo a definite process of change, the inference must be that these gradual transformations will represent periods or stages, progressive or retrogressive, of the disease." A microscopic examination of the urinary deposits thus holds out a promise of becoming a steady guide to determine the stage at which the disease has arrived. Not only would our prognosis then become more certain, but our treatment, adapted specially to a known period of the disease, would be thus directed with a fairer prospect of success.

In the chapter on the microscopic objects seen in albuminous urine, Dr. Basham very properly guards us against the error of supposing that one single examination is sufficient to determine the stage of the disorder. On the contrary, it is by comparing the character of the deposit of one period with another, and by carefully noting the altered appearances of the casts and cells, and the detection of whatever change is taking place, that a correct estimate is formed of the advance of the disease. Hence Dr. Basham gives us a series of excellent drawings, whose apparent sameness is thus

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explained; the object being to compare one stage of the disease with another throughout the progress of the case. The observer is thus able to see the various metamorphoses of cell structure in albuminous urine; and so judge of their pathological significance. The reader has brought under his notice "the blood casts;" "the fibrinous or coarsely granular epithelial cast;" "the finely-granular semi-transparent cast;" "the hyaline waxy, or transparent casts, and the oily or fatty casts." The significance of each and all of these is fully expounded; while it is no less clearly shown that "attention to the microscopic character of these casts will at any time enable the practitioner to estimate the nature and intensity of the disease, its advance or decline, its form and its probable termination."

Dr. Basham makes some valuable statements also regarding the treatment of the various stages of Bright's disease. He notices especially the rapid improvement which is sometimes effected by preparations of iron; and the harm that is done in cases of renal dropsy by keeping the patient too long under the depressing influence of antimonials. The form in which he recommends iron to be administered, as most agreeable and efficacious, is that in which the tincture of the sesquichloride of iron is combined with the liquor ammoniæ acetatis and acetic acid;—the liquor ammoniæ must first be rendered acid before the tincture is added, otherwise the ammoniochloride of iron is precipitated.

Some very interesting cases are detailed in full by Dr. Basham. Some of these illustrate very clearly, we think, the constitutional origin of Bright's disease, more especially when studied in connexion with the observations of Parkes, and of Lehmann, Bernard, and Pavy in relation to the excretion of a substance by the liver, and the formation of sugar when that substance comes in contact with albumen.

The observations of Drs. Wilson Philip, Tweedy Todd, Sir James Clark, Bennett, Ancell, and others, have long ago fully shown that symptoms of cachexia precede and accompany the formidable constitutional disease of tuberculosis. Advancing a step further, Mr. Hutchinson shows that there is a peculiar form of dyspepsia which has a natural tendency to end in phthisis. We find again, on referring to Dr. Parkes' experience (recorded in this journal for April, 1854, p. 394, et seq.) that "There are many cases of kidney disease which seem to be most probably of blood origin; and that among the common antecedents of Bright's disease are circumstances of diet and mode of living, which would be likely to impair the processes which should go on in the stomach or liver. In how many cases of Bright's disease have dyspeptic symptoms been present for a long time before renal signs have shown themselves; and in how many other cases are signs of liver diseases coincident with renal signs." Lastly, Dr. Basham states,—"The renal engorgement is not the first in the order of morbid change: it is most certainly secondary to more remote morbific action pervading the system throughout. . . . . An altered, defective, or contaminated state of the blood is the source, in all probability, of the morbid phenomena which follow. A careful inquiry into the antecedents of those patients will exhibit the predisposing causes of their failing health; and these will ever be such as exercise a marked influence over the quality of the blood, rather than having any special reference to the kidneys. Thus the most frequent and patent of these predisposing causes are habits of intemperance, inducing an alcoholised state of the blood; the various febrile poisons, particularly the scarlatinal; the scrofulous habit of body; the tuberculous constitution." We see here a wide field for future exploration, especially in discriminating the forms of dyspepsia which precede these cases, and which are frequently to be seen among the wandering uncertain crowds who frequent the out-door or Dispensary practice of our Hospitals.

In the morbid anatomy, also, of Bright's disease, and diseases generally of constitutional origin, the glandular structure of the stomach and intestines, as investigated by Handfield Jones, Schäpfer, Habershon, and Foxe, promises to yield important results in connexion with the early history of such cases.

We cannot too strongly commend Dr. Basham's work to the notice of the clinical student and General Practitioner.

A magnificent Dissecting Establishment is to be erected on the site of the present filthy old Ecole Practique, and the parts immediately surrounding it, at Paris.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ANOTHER DEATH FROM CHLOROFORM AT PARIS.

M. Marjolin, at the meeting of the Paris Surgical Society, February 9, read a carefully drawn up account of another death due to the administration of chloroform.

A girl, aged 7½ years, was laid, February 3, flat on the bed for the purpose of undergoing forcible extension of a contracted hip-joint. A few drops of chloroform having been placed on a sponge, this was brought gradually near to the child's nose by M. Marjolin himself. The pulse was found on both sides to be full and regular, and nowise accelerated, as it is usually observed to be in children alarmed at an approaching operation. The strings of the cap were loosened, and the chest was largely exposed, in order that the respiratory movements might be more accurately observed. The child, contrary to what is usually the case, offered no resistance. During the early inspirations no change was observed in the rhythm, power or frequency of the pulse. A little more chloroform was poured on the sponge, and a sufficient degree of resolution obtained to allow of the limb being moved as desired. While flexion and extension were thus being made by M. Marjolin, he handed the sponge to M. Guibert, who had also been watching the pulse constantly. Scarcely were the movements commenced, when the child cried out, became agitated, and sought to carry its hand towards the hip, so that the pulse could no longer be followed. Finding thus the resolution only incomplete, a little more chloroform was poured upon the sponge, the child possessing consciousness sufficient to inspire it, and the pulse being then good and regular. In a few instants the anæsthetic sleep was produced again, but it was not at all deep, for as soon as the limb was moved, the cries and agitation recommenced. All of a sudden, however, they ceased. On looking at the child her head was found thrown back on the pillow, with the eyes fixed and half opened, the face having more colour than a short while before. Neither pulse nor movements of the heart were perceptible, and three or four inspirations, each feebler than the other, closed the scene. Mouth to mouth insufflation and other means of artifical respiration, together with the application of electricity, were perseveringly tried, but in vain. The child was as if thunderstruck, passing instantaneously, without any sensible transition, from the extremest agitation into the stillness of death, the termination of its cries alone intimating that it had ceased to exist.

At the autopsy, twenty-four hours after death, extreme cadaveric rigidity was observed. On the lungs being carefully divided the tissue was found somewhat redder than usual, and some deep red ecchymoses were observed. The blood which flowed out was black, but no exhalation of chloroform was perceived. The cavities of the heart were distended with very fluid blood, dark, like that issuing from the sections of the lungs. The vessels of the neck were also distended with the same fluid blood; and the blood of the liver was as fluid and as dark. The cerebral sinuses were distended with blood, and the substance of the brain was rather more injected than usual. The blood collected from the vessels had not coagulated four days after, and M. Berthelot failed to detect any traces of chloroform in it.

M. Marjolin commented upon the rapidity of this death, in spite of all the precautions taken, and the small quantity of chloroform (3j.) employed. He believed that in this child there was a lesion of the innervation, due to debility of the nervous system—a condition peculiar to children addicted to bad habits, which, on examination of the genitals, seemed to prove this child to have been. M. Chassaignac observed that when we administer chloroform we should always assure ourselves that the patient is not liable to syncope, and that the nasal fossæ are perfectly unobstructed. A patient to whom he administered chloroform was well nigh succumbing on account of the existence of a nasal polypus. This having been removed, he was submitted to the action of chloroform on a future occasion without inconvenience.—*Union Médicale*, No. 19.

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TRACHEOTOMY IN A CASE OF APPARENT DEATH FROM CHLOROFORM.

By Professor LANGENBECK.

A man, aged 58, of meagre aspect, but who had enjoyed good health, was admitted into the Berlin Clinic in order to undergo the extirpation of a tumour deeply seated in the upper part of the cervical region. On January 17 he was laid on the operation-table and carefully chloroformed. Two drachms of chloroform had not been employed when the patient became restless, his face being of a dark red, and his respiration laboured. The face was sprinkled with cold water, ammonia was applied, and the respiratory movements maintained by pressing the diaphragm upwards. There was a regular and well-developed pulse; but the respiratory movements becoming more and more feeble, entirely ceased after a few minutes. The lower jaw was pressed down with some difficulty, and a large silver catheter introduced, the point of which was felt by the finger to have passed an inch within the larynx. On insufflating through this catheter, very slight distension of the thorax was produced, the air for the most part returning by the side of the catheter with a gurgling noise. During this experiment the pulse became first feeble and irregular, and then ceased some two minutes later than the respiratory movements. The countenance assumed a completely cadaverous appearance; the lower jaw sank, and the hitherto strongly contracted pupils of the widely-opened eyes became somewhat dilated. While all the bystanders were convinced that a dead body lay there, the author at once made an incision through three rings of the upper part of the trachea with a common scalpel, and kept the edges of the wound wide open by means of hooks. So completely was the circulation arrested, that not a drop of blood flowed during this rapidly-executed operation. A large elastic catheter was introduced down to near the bifurcation of the trachea, and while the edges of the wound were brought close around it artificial respiration was kept up through this. When inspiration and expiration had thus been imitated from six to eight times, the pulse returned, at first weakly, irregularly, and disappearing for a time; but after a while, under a continuance of the artificial respiration, becoming stronger and more regular. Some blood now flowed from the wound and entered the trachea, but neither it nor the catheter excited any irritation therein. While the edges of the wound were kept asunder by Burow's spring forceps, the various means of restoration, as friction, sprinkling with water, etc. were uninterruptedly continued, the rekindled life threatening every instant to expire. The countenance retained its doubtful aspect, and one of the pupils of the widely-opened eyes was considerably more dilated than the other. Pinching the skin of the thorax excited reflex contractions of the upper extremities, but produced no movement of the countenance. Galvanism, too, applied by means of a rotatory apparatus to the chest and neck, only excited similar movements of the upper extremities. After these restorative procedures had been continued for nearly an hour and a half, the first paroxysm of coughing occurred, expelling bloody mucus from the wound. The patient having now been brought back to his ward, violent contractions of the extremities and muscles of the face, sometimes clonic, sometimes tetanic, together with gnashing of the teeth, made their appearance. The pulse, however, was regular and about 90, and respiration was performed freely through the wound, interrupted occasionally by cough and expulsion of blood and mucus. Whenever the forceps were removed from the wound, however, it became very laboured. Consciousness was still absent, the eyes remaining open and fixed, and the left pupil still the most dilated. There were no signs of paralysis of the motor apparatus indicative of cerebral effusion; and after the cessation of the spasmodic movements, the incessant, though unconscious, efforts made by the patient to leave the bed, compelled the application of a waistcoat. Under the conviction that the chloroform poisoning had here induced cerebral irritation, cold was applied to the head, and a large sinapism to the epigastrium, strong coffee being injected into the stomach, and a musk glyster administered. Quietude for some time ensued, and when the restlessness returned four grains of musk and two of opium were again given as an enema. A good night's rest followed, and the patient awoke perfectly well, no traces of the influence of the chloroform remaining. The respiration was now quite free when the wound was closed, and the pulse, between 85 and 90, was regular and strong.—*Deutche Klinik*, 1859, No. 4.

EXCERPTA MINORA.

Revulsive treatment in Chronic Affections of the Eyes.—This, when properly applied, M. Tavignot regards as a valuable adjuvant. He employs two kinds simultaneously—1. a *cutaneous* revulsive, of which the following is the formula: Resin, yellow wax, of each 100; turpentine, 50; powdered euphorbium, 25; powdered cantharides, 15; and croton oil, 5 parts. This is less painful than antimonial revulsives, and may be kept applied to the nape if both eyes are affected, and behind the ear if only one, for two or three weeks without inducing excessive irritation. 2. The *mucous* revulsive is formed of—powdered iris, 25; calomel, 4; and camphor two parts. This is used as snuff five or six times a-day, after blowing the nose. It excites the pituitary membrane very advantageously in nervous affections of the eyes.—*Moniteur des Hôp.* 1858, No. 152.

Another Series of Lyon's Formulæ.—1. *Anti-dyspepto powder* (Dr. Bonnet).—Subn. bism. ʒv. chlorhydrate of morphia, gr. j. Divide into twenty powders, one to be taken immediately before breakfast and dinner, in some sugared water. It is especially useful when there is tendency to diarrhœa. 2. *Pills in urethral fever* (Dr. Petrequin).—Aqueous ext. of opium, 1 gr. ext. of bark and of valerian, of each gr. iii. sulph. quin. gr. iii. camphor gr. iv. In six pills, one to be taken immediately after catheterism, and repeated every quarter of an hour, when there is reason to apprehend the occurrence of this fever. These pills have succeeded well in the most irritable persons, rendering the attack of fever very mild even when they have not prevented it. 3. *Collyrium in chronic ophthalmia* (Dr. Rivaud—Landrau).—Dist. water, ʒxxxii. tinct. aloes 10 drops, liq. ammon. 4 drops, sulph. copper, 1 grain. To be applied for two minutes twice a-day. It is especially indicated in chronic scrofulous ophthalmia, accompanied by obstinate ulcers of the cornea, and should never be used until all signs of acute inflammation have disappeared. 4. *Collyrium for hastening the absorption of hypopion* (Ibid.).—Dist. water, ʒxxxii. tr. iodine 15 drops, iod. potass. 1 gr. It is useful in hastening the removal of the little purulent deposits which take place in the anterior chamber during inflammation of the internal membranes of the eye; but it must only be employed after the decline of the phlegmasia. 5. *Ointment in chaps and open chilblains* (Dr. Bron).—Yellow wax, 16 parts, melt in 30 parts of linseed-oil; stir well in a mortar, and then add 8 parts of tincture of benzoin and 14 of glycerine, scenting with lavender-oil. 6. *Nocturnal enuresis in children* (Dr. Faure).—Subc. of iron, gr. iij. ext. belladon. powd. nux vomica āā. gr. ½ to be given in a single dose daily. In a week or ten days the cure is usually completed. 7. *Ointment in acne* (Dr. Rodet).—Washed lard, 50, sublim. sulphur, tannin of each 4, and laurel-water 5 parts. The proportion of sulphur and tannin may be increased to 6 or 8 parts. It is useful in all forms of acne, and may also be employed in sycosis when the inflammation has been attacked, and the crusts are detached. 8. *Laudanised squill wine* (Dr. Teissier).—White wine 18 oz. squill in powder ʒij. Sydenham's laudanum (*vinum opii*), ʒviiss. Very useful in dropsies, especially when they follow pulmonary catarrh or emphysema. 9. *Sedative topical application* (Dr. Diday).—Ext. of belladon. 6 parts, Sydenham's laudanum, 2 to 3 parts, rub in a mortar, and add 4 parts of chloroform. To be applied three or four times a-day to parts the seat of neuralgia or acute inflammation. It adheres to the skin, and the medicinal effect is much more prolonged than when a mere ointment is used. 10. *Resolvent topical application* (Ibid.).—Ext. of belladon. 6 parts, water from 15 to 20 drops, add 6 parts of tinct. of iodine, and mix. This application is both sedative and resolvent, and is of great use in epididymitis, when acute inflammation has been relieved.—*Bullet. de Therapeut.* 1859, No. 2, p. 91.

Otorrhœa after Scarlatina.—Dr. Turnbull calls attention to the importance of endeavouring to prevent this by paying more attention to the state of the ear during the attack of scarlatina. When there are signs of acute inflammation present, we should employ local depletion as far as the child's strength will permit; and when this is not admissible, counter-irritatives and purging should be resorted to. If suppuration has commenced, and the membrana tympani

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looks red and swollen, this should be punctured by a delicate cataract needle, rather than be allowed to ulcerate. When there is subacute otitis, with purulent discharge, such means of general treatment as improve the condition of the blood are of most consequence; while locally, the nitrate of silver should be applied to the region of the Eustachian tube, and weak astringent washes thrown into the ear, while active counter-irritation is kept up outside.—*North Amer. Med. Chi. Rev.* January, p. 142.

Chloride of Sodium in Chronic Ulceration of the Cornea.—M. Tavignot states that since he first recommended this substance in 1843 he has met with numbers of cases, all exhibiting its remarkable efficacy. His formula is 15 parts of the chloride to 125 of filtered water.—*Moniteur des Hôp.* 1858, No. 152.

PROVINCIAL CORRESPONDENCE.

IRELAND.

DUBLIN, March 3, 1859.

In the last volume of Drs. Ranking's and Radcliffe's Half-yearly Abstract (vol. xxviii. p. 41), there is quoted from the *British Medical Journal* for August, 1858, a paper by Dr. Handfield Jones on the subject of Fever.

In the article referred to, that gentleman observes that he gives "a general view of the principal phenomena of the febrile state, regarding their pathology from the point of view so well indicated by Parkes and Virchow."

The views entertained by Virchow, as to the nature of fever, were not published till the year 1853. Those of Dr. Parkes were delivered before the College of Physicians in 1855.

In some of the more important considerations brought under observation by Dr. Handfield Jones, there appears to be a close coincidence of opinion with views upon the same subject, advocated by Dr. Freke, of Steevens's Hospital, in this city, so far back as the year 1851; and published in the *Dublin Medical Press* for the years 1851-52 and 53. The coincidence referred to may be recognised in the following comparison:—

Dr. H. Jones on Fever in 1858.	Dr. Freke on Fever in 1851.
"1. Fever may result from pure nervous exhaustion. I am acquainted with two Medical men who have suffered attacks of fever, to all appearance in consequence of fatigue in walking. In such cases it may be presumed that the sympathetic system has become affected, as well as the cerebro-spinal."	"What is the immediate or proximate cause of death, in the case of an animal hunted to death? It is, as I regard it, an inability on the part of the ganglionic system of nerves to develope an amount of nervous influence or force proportional to the amount of stimulus that has been applied to those nerves. The foregoing may serve as an example of what I mean to express by the terms 'febrile element,' or essential element of fever."—*Dub. Med. Press*, vol. xxix. p. 324.
"2 and 3. The nervous power of the cerebro-spinal system may be extremely depressed without fever being produced. Paralysis of the vaso-motor (sympathetic) nerves is probably essential to all fevers."	"Hence it is that I have ventured to propose the following definition of Fever, viz. that the essential element in fever (whatever be its type) is a demand on the ganglionic centres of the nerves of the circulating system for a greater amount of nervous influence than those ganglia are adapted for generating in a given period of time."—*Dub. Med. Press*, August 6, 1851.
"7. In the sthenic and inflammatory fevers, the heart's action is excited and increased in force, as well as in frequency. The cause of this may be presumed to be that the blood being hotter than natural stimulates the heart unduly."	"The very same pathological condition (viz. the essential element of fever) may be also produced if the blood should from some cause or other become abnormally stimulating. To the febrile element, so caused, we may apply the term 'Sthenic Fever.'"—Vol. xxix. p. 371.
"14. The treatment of fever is to be ruled essentially by discriminating observation of the predominant pathological state, whether this approach nearer to excitement and irritation, or to pure debility and asthenia."	"That pathological condition to which I have ventured to apply the term 'febrile element,' may itself depend upon a variety of different proximate causes, each of which gives origin to some special variety in the type of the fever which results" . . . "each of which may require a treatment peculiar to itself, the predominating element being the one which more especially demands the Physician's attention." — Vol. xxix. p. 372.
"In the latter case (asthenia) it is the nervous system which most of all feels the effect of the poison, and it is reasonable to address our remedies to it."	"The indication for its removal (adynamia) must, as I regard it, be this—viz. the restoration of the ganglionic nerves to their normal condition."—Vol. xxix. p. 372.

The above quotations have been confined to what appeared to be possessed of novelty, omitting the introduction of more generally recognised principles.

UNIVERSITY OF DUBLIN.—At the Spring Commencements, held, according to custom, on Shrove Tuesday, the 8th inst. in the Examination-hall of Trinity College, the Degree of Doctor of Medicine was conferred upon Christopher Thompson, and that of M.B. upon Daniel T. Maunsell and George C. Gribbon. The Degrees were conferred by the Right Honourable Francis Blackburne, Lord Justice of Appeal, Vice-Chancellor of the University.

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, March 7.

In Medical circles, and indeed among all classes of the French metropolis, Dr. Vriès, better known under the name of the "Docteur Noir," forms the almost universal topic of the day. Is this Dr. Vriès a charlatan, and his system consequently an immense hoax; or is he really a scientific man, and the discoverer of a remedy for a disease, which up to the present time has continued an opprobrium to the healing art? are questions which in a few short months will be finally and decisively answered. The opportunities which have been publicly accorded to him of establishing his claim to be considered perhaps one of the greatest benefactors of the human race, are, through the instrumentality of M. Velpeau, such as no charlatan (if such indeed he be) ever before enjoyed; and should the experiments he is at present engaged in prove successful, M. Velpeau will be equally entitled to the gratitude of the world, for having laid aside for a time his preconceived notions, in order that a great and important fact might have an opportunity of being publicly proclaimed. Nor will the utter failure of M. Vriès diminish our sense of gratitude to M. Velpeau; because by the frankness and generosity of the latter a notorious system of imposture and humbug will be most effectually demolished, and its author will consequently be condemned for the future to speculate only on the credulity of the ignorant. I have all along believed that M. Velpeau was actuated by no other motive than the love of truth, when he invited the "black Doctor" to a clinical competition in the treatment of cancer; and if I am correct, he is entitled to the utmost praise. But not a few of his professional brethren, without calling in question his motives, consider that his conduct has, to say the least of it, been rash and inconsiderate; and that his acknowledgment of Vriès, by inviting him to his wards, was an honour to which the posi-

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tion and precedents of the latter did not entitle him; and further, that it was giving him a footing in the estimation of the world, which he might turn to his own advantage, to the detriment of the honest practitioner, and, what is worse, to the mortal disappointment of many an unfortunate sufferer.

These very evils, which certainly M. Velpeau did not foresee, are now beginning to develop themselves. Scarcely had the noise of the *pretended* cure of M. Sax (for cure M. Velpeau does not yet consider it) ceased to ring in the ears, when forth comes another statement (by whom made or in what quarter it originated it is not difficult to divine) to the effect that the "Administration des Hôpitaux" (*and not M. Velpeau on his individual responsibility*) had actually invited M. Vriès to undertake, in the wards of "La Charité," the treatment of certain diseases deemed incurable by the ordinary Surgeons of that institution. Not content with this glaring perversion of the truth, M. Vriès, or some one interested in him, has caused to be inserted in some of the public journals certain paragraphs, wherein we are informed that his success in the Hospital is beyond a doubt, sundry of the cases under his care showing not only marked symptoms of amendment, but inspiring the most sanguine hopes of complete recovery. M. Velpeau, who has all along been carefully watching the progress of these cases, and who has not been able up to the present moment to discover the slightest improvement in any one of them, was naturally much irritated by these falsehoods, and on last Thursday morning he attacked M. Vriès in no measured terms, while the latter was engaged at the bedside of one of his patients, and a scene ensued such as I never before witnessed in the wards of an Hospital. Really it was painful and undignified, and yet, at times, it bordered on the ridiculous. Velpeau accused Vriès of wilfully perverting the truth, both in verbal declarations, and in newspaper paragraphs; of bribing the patients to conceal their real feelings in replying to the questions of Medical men who visited them, and of having recourse to many other base subterfuges, with a view to the concealment of the truth, and the establishment of his own popularity. "You were invited here, Sir," said M. Velpeau, "in order that your system might be fairly tested; and on your accepting the invitation it was expected that you would act with a certain amount of honesty and good faith. This you have not done, and it remains for me now to assure you that I will not be your dupe. You, with great assurance, told me that you would cure all the cases which were then put under your care; but you have not succeeded in producing the slightest amelioration in any one of them; and what is more, I feel justified, from what I have observed, in adding that you will not cure one of them." M. Vriès retorted by denying the charges made by M. Velpeau, and declared that the latter, through his "internes" and nurses, had thrown every possible obstacle in his way; and that, should the same unjust treatment be persevered in, he would leave the hospital, and transfer all the cancer patients to a "Maison de Santé," where he would maintain treat, and cure them entirely at his own expense. We should be sorry indeed were M. Vriès to carry his threat into execution, as, by his so doing, the very end M. Velpeau has in view would be most certainly defeated. In a large public institution like the Hôpital "La Charité," with the eyes of scientific men constantly on him, M. Vriès must, and assuredly will, soon be judged according to his merits or demerits—there, certainly, the truth will be made manifest. But if M. Vriès has recently had his troubles in "La Charité," he has not been altogether free from annoyance at his own home. Denounced by some *kind friend*, his domicile was rudely invaded the other day by a Commissaire de Police and his satellites, who "*de par la loi, sans cérémonie*," laid an embargo on his goods and chatels, his nostrums and his stuffs, accusing him at the same time of an illicit exercise of a sacred profession over which the State had thrown its mantle of protection against charlatans, impostors, and indeed all men not duly authorised by the licensing powers of France. The poor doctor, whose assurance and self-importance are quite in keeping with the mission which he believes he has been sent into the world to fulfil, waxed exceeding wrath, and, bounding like an angry tiger from one end of the room to the other, threatened to annihilate the presumptuous official and his gang. He declared that he was no charlatan; and throwing open the folding doors which communicated with the antechamber where his patients happened to be assembled, he exclaimed, "There, gentlemen, are the living monuments of my Science, and there the evidence of the healing virtue of my Medicine." In this motley crowd of patients, comprising individuals of all classes of society, and representing almost every variety of incurable disease, there chanced to be one whose good fortune it was to enjoy imperial favour, and whose face was not unknown to the police agent charged with the razzia. This party, overflowing with gratitude for the relief, real or imaginary, which he had experienced at the hand of Dr. Vriès, generously took upon himself the office of mediator, and finally succeeded in obtaining from the Chief of the State permission for him to continue the practice of his art for twelve months, together with a promise of a continuance of the privilege in the event of the experiments he is at present engaged in having a successful issue. This descent of the police brings vividly to our recollection a somewhat similar one made in 1850 on our worthy confrère and compatriot Dr. Moffat. He unfortunately had no powerful friend at the helm, and was compelled to wait with dignified patience until justice should be done to his merits. In his case, however, the razzia was effected—his valuable books and instruments were taken off to the Prefecture, and he was formally interdicted from the practice of his profession. Month after month passed away, during which he several times petitioned the National Assembly, but to no purpose. A political change having taken place in 1851, and the Doctor's property having been restored to him, he once more recommenced practice, and for the last eight years has encountered, so far as we know, neither interference nor opposition. He is now in the enjoyment of a select and lucrative practice, and duly and justly esteemed by all his Medical brethren. Dr. Moffat will, we hope, excuse us for thus introducing his name in connexion with that of a man whose reputation, for the present, at least, is of a somewhat doubtful nature; but we have been led to do so from a thorough appreciation of the marked difference between the harsh treatment which he, a truly solid and scientific Medical man, received at the hands of the authorities, as compared with the concessions so speedily granted to one whose qualifications are founded on mere popular clamour. Dr. Moffat was known to many of the leading members of the "Académie de Médicine" as a graduate of the University of Edinburgh, as well as the intimate friend of Professor Simpson, by whom he was strongly recommended; besides, his intention was to exercise his calling solely and exclusively among his own compatriots resident in Paris. But notwithstanding all this, he was subjected to the greatest possible persecution, and compelled to sustain the heavy pecuniary loss which an entire year's suspension naturally entailed. We learn, on the contrary, from the *Annuaire Médicale*, that Dr. Vriès is simply a graduate of the University of Leyden, and that his precedents consisted of a few years' travel and practice among the demi-savage tribes of South America; yet notwithstanding this extraordinary difference between the claims of the two, Dr. Vriès has in reality, up to the present time, suffered no interruption, but continues to practise on all and sundry, on French, as well as on foreigners. His house is crowded with patients from morning to night, and his receipts are said to be enormous. Whether from a conviction that the gratitude of a patient is greater under a promise of certain cure than after the cure has been effected, we do not pretend to say; but acting, we presume, in the belief of the former, he insists on being paid before commencing the treatment.

The two deaths from chloroform which have recently occurred in Paris, and which we noticed in former communications, have produced no small amount of sensation; and it is to be feared that should one or two more fatal cases take place, many of the Surgeons who have hitherto been in the habit of employing it will follow the example of their brethren of Lyons, and abandon its use altogether. On the subject of chloroform, as indeed in reference to many of our leading therapeutical agents, opinions differ very widely. On one side we have those who maintain the perfect innocuity of this anæsthetic, provided only the two following conditions be observed:—1st, That the chloroform be perfectly pure; and 2nd, That it be properly and cautiously administered. On the other side we have those who believe that there is no danger in the agent itself, no matter how pure it may be, or how competent and experienced the individuals who administer it. Of course there are many others who hold, as it were, intermediate ground between these extremes, and who maintain that

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chloroform, harmless though it may be in a large majority of cases, is nevertheless fraught with danger in the presence of certain diseases and certain peculiarities of constitution. M. Sedillot, a learned professor of Strasbourg, and who has had great experience in the use of chloroform, has recently presented himself as the champion of the first section in a letter he has addressed to the editor of the *Moniteur des Hôpitaux*, apropos of some remarks made in that Journal in reference to the death which occurred about three weeks ago in the hands of M. Marjolin at the "Hôpital St. Eugenie." M. Marjolin, it may be remembered, attributed the death in that instance, not directly to the chloroform, *per se*, but to the agent acting in combination with a peculiar condition of the patient's system favourable to syncope, and which condition he believed had been induced by manustupration. M. Sedillot, in his letter, takes quite a different view of the case, and discovers in M. Marjolin's report nothing calculated to shake his previously expressed conviction that chloroform, pure and well administered, is incapable of producing death, Nay, more, he finds in the very words of the report that, during the second time the state of anæsthesia was induced, the Assistant who was charged with this delicate matter had been watching the movements of the operator's hands, instead of having his attention exclusively directed to the respiration of the patient. Further, M. Sedillot, in analysing the physiological conditions presented by the patient, comes to the conclusion, that the death did not take place from *syncope* but from *asphyxia*, and that the peculiar idiosyncrasy alluded to as induced by onanism and favourable to syncope must be entirely thrown aside. In criticising the means employed by M. Marjolin with a view to the recovery of the patient, he maintains that they were not of a nature to ensure success, but that, on the contrary, they were calculated to produce the very result which it was M. Marjolin's object to avoid. Instead of throwing open the windows of the apartment, slapping the face, and afterwards endeavouring to renew the act of respiration by insufflation, "bouche à bouche," the latter of which M. Sedillot considers highly reprehensible, had the following simple precautions been adopted when the first symptoms of danger made their appearance, viz. opening the mouth of the child, introducing the index finger into the throat so as to pull forward the tongue, and thereby permit the free ingress of air into the larynx, the fatal result might have been prevented.

GENERAL CORRESPONDENCE.

THE ESCAPE OF A CALCULUS FROM THE GALL-BLADDER INTO THE ABDOMINAL CAVITY.

LETTER FROM MR. JOHN SHARMAN.

[To the Editor of the Medical Times and Gazette.]

SIR,—Recently in a female brought into the anatomical room of the London Hospital there was found by one of the pupils (Mr. Little) a calculus of the size of a blackbird's egg, located at the acute margin of the liver, and surrounded by a firm cyst in close proximity to the gall-bladder.

The peritoneum had been the seat of old inflammation, as evidenced by firm adhesions of the intestines to the great omentum, as also to each other. The peritonitis was probably an extension of the local inflammation which was established by the stone perforating the coats of the gall-bladder.

On account of the rarity of such a spontaneous cure, I thought it worthy of notice in your Journal.

I am, &c. JOHN SHARMAN,
Demons. Anat. at Lond. Hosp.

2 Montague-place, Duncan-terrace, Islington, N.
March 4, 1859.

VENEREAL DISEASE IN THE ARMY.

LETTER FROM DR. F. ROBINSON.

[To the Editor of the Medical Times and Gazette.]

SIR,—I forward you some extracts from a letter addressed by me to a General Officer as far back as November 1857. You will see that the views you have recently expressed as to the direct and indirect loss to the country by the great amount of syphilis in the army, are fully borne out by my experience:—

"Windsor, Nov. 4, 1857.

"To a General Officer,—

"The diseased condition of the men in the battalion under my Medical charge having led me to consider very seriously, whether any precautionary or sanitary measures could be adopted, I trust the importance of the subject may be admitted as a sufficient plea for me to solicit attention to the matter.

"Three-fourths of the sick of this battalion consist of venereal cases; and with a nominal strength of 659 non-commissioned officers and men, 30, or about 4½ per cent. are in Hospital with that disease—many men suffering from a form of it so severe as to render them inefficient for a considerable time—notwithstanding careful measures to ensure an early discovery of its existence. This circumstance speaks for itself, and scarcely needs any representation of mine of its importance, viewed in the various relations—national, financial, and social. The large number of men at all times under treatment for syphilis in Military Hospitals in Great Britain must, necessarily, detract from the efficiency of a corps should its services be suddenly required in the field, and thus render calculations as to the number of men available, liable to inaccuracies. Regimental Surgeons are well aware how often the finest men in their corps are affected with venerea. disease; how many such men have their constitutions so much impaired as to render them incapable of duty either for a considerable time or permanently, and that a very large proportion of soldiers are annually discharged from the service, directly or indirectly owing to the effects of syphilis. Not unfrequently, a strong robust recruit is admitted into Hospital when he has scarcely been dismissed from his drill to duty; and I have repeatedly watched the careers of such men who have been discharged from the service at the end of two years or a shorter period—their constitutions completely broken up, either from the consequences of the original disease, or of a second inoculation. During the interval I have alluded to these men have only performed duty for two or three months in the aggregate. The loss to the country, pecuniarily, must, consequently, be very considerable; and it is on this ground more especially I desire to advise the expediency of State interference, with the view of lessening—if not removing—the evil. I apprehend that statistics deduced from documents at Chelsea, would afford very conclusive and startling corroboration as to the great cost incurred by the loss of the services of young soldiers arising from syphilis; and cases in which the seeds of hereditary and other forms of disease have been brought into action by the taint of syphilis would render the total of men discharged—directly and indirectly—from the effects of that malady, still more formidable. The social and moral results it has been less in my province to notice; but it may be readily assumed that drunkenness and other kinds of vice are frequent consequences; and too often the unfortunate offspring of soldiers suffer for the sins of their parents in stunted growth, scrofula, and other constitutional affections.

"During a service of five years with a line regiment in Ireland an opportunity was afforded me of observing the extent and severity of venereal disease in the army there—especially at the large garrison towns of Limerick and Clonmel. In the latter place, at one period, nearly one-tenth of the 74th Highlanders were in Hospital affected with syphilis. It is almost unnecessary for me to add that in the first-named town the Lock Hospital was so small as to be of very little use in lessening the disease, and that at Clonmel there was no asylum for the unfortunate women, who were, consequently, terribly diseased.

"I fear it is much easier to point out the desirability f hygienic measures than to devise means for removing the evil; but there can, I apprehend, be no question of the great benefit that would be afforded to the army by the establishment of Lock Hospitals in all garrison towns.

"As regards the pecuniary means, I would beg to suggest that it should be defrayed in part by the local civil authorities, in part by Government. The necessity for Reformatories in connexion with encampments was brought before the public by a clergyman at Aldershott, some months ago. His opinions were corroborated by other gentlemen who had noticed the wretched condition of the women there; but no

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one appeared to advocate the establishment of Lock Hospitals as an important, almost indispensable, auxiliary to the effective working of Reformatories. Were the first-named asylums erected, doubtless philanthropic individuals would step forward and further more effectually the great boon that would be afforded to our soldiers, to unfortunate women,—the horrors of whose mode of life can scarcely be conceived,—and society at large.

"I must apologise to your Lordship for the imperfect nature of the views I have advanced. Should the subject, however, appear to you such as to call for further investigation, alike on the grounds of humanity and economy in State expenditure, my object will be gained.

"I have the honour to be,
"Very faithfully yours,
"Frederick Robinson,
"Battalion Surgeon, Scots Fusilier Guards."

POOR-LAW MEDICAL REFORM.

Letter from Mr. Griffin.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have the pleasure to lay before you the accompanying letter from the Right Hon. T. Sotheron Estcourt, in reply to one I addressed to him a few days since. I much regret he has ceased to be President of the Poor-Law Board, of which, however, he is still a member in virtue of his office as Secretary of State for the Home Department; but I am glad to find that his successor in office, Lord March, "will attentively consider the bearings of the question with a view to a practical measure." I expected to forward to you last week a report of the proceedings of the Deputation to the Poor-Law Board, but circumstances, beyond my control, have delayed it; but I hope in a few days it will be in your hands; should, however, any gentleman not receive a copy by the 15th inst, he may conclude his name has been accidentally omitted, and he shall receive one on application. It is my intention to forward a copy to each of the Members of both Houses of the Legislature, as the pamphlet contains the materials for future legislation.

I am, &c.
Richard Griffin.

12, Royal-terrace, Weymouth, March 7, 1859.

(Copy.)

Home Office, March 4, 1859.

Dear Sir,—I assure you that it is a matter of regret to me, that I should be transplanted to a new office, from one where I had gradually become exceedingly interested in the management, and where I was engaged in watching the progress of certain proposed improvements, and hoped to have been permitted to bring them to maturity. Among those I need not tell you, the scheme for an alteration of the method of Medical relief holds a chief place; and I am anxious to lose no time in informing you, and through you the gentlemen with whom you are associated in this matter, that my successor, Lord March, expresses to me a wish to identify himself with me in the course which I have hitherto followed in this business: that it will not be necessary to reproduce before him the papers and documents, or to restate the arguments which you have already furnished to me, and that he will, at as early a period as other business will allow, attentively consider the bearings of the question, with a view to a practical measure.

I am, &c.
T. Sotheron Estcourt.

R. Griffin, Esq. Weymouth.

"The temperature of man is 98°—this is his standard—no matter what the external heat. Under the tropics with the thermometer at 110° or even 130°; at the arctic zone with the thermometer at 90° and even 102° below freezing point—amidst these extremes of heat, the temperature of the human body varies but slightly. The bulb of a thermometer under the tongue of a soldier at Delhi is very nearly on the same height as one under the tongue of a sailor at the polar region—and this with a scale of variation in temperature of nearly 200°. He still holds his average 98°."—*Blackwood.*

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

March 2, 1859.

Mr. Fergusson, President, in the Chair.

Dr. Wilks showed a specimen of

PILIFEROUS OVARIAN CYST CONTAINING LIQUID FAT.

Dr. Wilks stated that it had been surmised whether the fatty or suet-like matter in these cysts did not exist in the fluid state during lifetime, and Dr. Hare especially, as recorded in one of the volumes of the Society, had stated his conviction that a tumour which was found to have solid contents, presented all the physical signs of a fluid cyst during life, and that some of these fatty contents, when submitted to heat, melted at the temperature of 85°. In the present case the opinion was confirmed and the fact demonstrated, for on opening the cyst the contents resembled melted tallow, and immediately consolidated into a layer of fat as they escaped on the table. The patient had died rather suddenly of apoplexy, and the body was examined eight hours after death.

Dr. Wilks also showed specimens of

TWO CASES OF CHOLESTEATOMATOUS TUMOURS OF THE BRAIN.

These were sent by Dr. Tyerman of the Colney Hatch Lunatic Asylum. They were situated at the base of the brain, as in other recorded cases, and were composed of delicate cells and cholesterine, resembling what is found in sebaceous tumours. The object of recording them was to discover, when a sufficient number of cases had been collected, whether there was any truth in the belief that they occurred more frequently in the insane. Those which had already been observed by members of the Society, by Cruveilhier and others, led to the confirmation of the opinion that the central symptoms occurring in connexion with these tumours are not the result of their presence, but to a previously disordered state of the brain which favours the development of the local growth. Whether, however, as cause or effect, they were associated not only with symptoms which commonly result from a local disease of the brain, but with those denoting a general derangement of the organ, as is only met with in insanity.

FATAL OBSTRUCTION FROM TWISTING OF THE MESOCOLON.

Mr. Gay related a case of a man, aged 45, who was attacked on November 10 with diarrhœa, which ceased on the 12th. On the 13th he became occasionally sick, and complained of some pain deep in the vesical region, which became paroxysmal and progressively severe, the paroxysms intermitting every twelve or fifteen minutes until his death. The abdomen became generally painful and tympanitic especially along the whole of the left side, where an unusually hard and broad ridge was felt, extending from the region of the stomach to the bladder. He passed an abundance of urine; his pulse was rapid and feeble; his tongue clean; features anxious; and he was especially desirous to avoid the recumbent posture, or exposure to heat. A hot bath, which was ordered, embarrassed his respiration, so that after a very few minutes he was obliged to be removed from it for fear of asphyxia. On the 15th he died, almost suddenly, after complaining of severe oppression at the præcordia. The body was examined twenty-four hours after death. It was muscular and well covered with fat. The peritoneum contained a considerable quantity of bloody serum. In the epigastric region was seen the transverse colon with the omentum stretched and adherent to the abdominal parietes over on the left of the umbilicus. The convolutions of small intestine on the right side were healthy, but distended with flatus. The left side of the cavity was entirely occupied by the sigmoid flexure, lying, as an enormous knuckle, obliquely from the diaphragm, which it had forced high up into the chest to the

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promontory of the sacrum. Here the mesocolon, which was greatly thickened and elongated, had made a twist and a half on itself, the intestine accompanying its mesocolon, so that the first portion of the flexure had wound itself around and firmly girthed the last portion. The whole of the gut was enormously distended by flatus and fluid fæcal matter, and was livid by recent but complete strangulation of its vessels. Mr. Gay thinks the difficulty in recognising this source of obstruction during life is not so great as other forms, and detailed some cases, in order to show that the setting in of the final symptoms by diarrhœa, which does not always give way to complete obstruction, the slight vomiting, abundance of urine, the left abdominal ridge of distended and tympanitic bowel, and the use of O'Bierne's tube, are generally sufficient to indicate the disorder. Mr. Gay observed, during the post-mortem examination, that the tightness of the twist was in proportion to the distension of the bowel. If the bowel were partially untwisted, and then released, it would spring back forcibly to its abnormal position; but this tendency became less strongly marked as the bowel was evacuated of its contents, until at length it required but a little gentle manipulation to restore it, and that without any marked disposition again to become twisted. With a tube, per rectum, the bowel could, after some little trouble in passing it, be relieved of its contents; and then, by rolling the body over, the bowel righted itself. Mr. Gay thinks that by these means, during life, the obstruction in these cases might, in all probability, be overcome. The application of cold, Mr. Gay thinks, has an important advantage over heat in the treatment of most cases of intestinal obstruction. The latter, by rarifying the air in the bowels, tends generally to embarrass the respiratory functions as well as to aggravate the physical condition of the intestine upon which the obstruction depends.

Mr. Gay related a case of

IDIOPATHIC OPISTHOTONOS,

which occurred under the immediate care of Dr. Down, in a male idiot 20 years old, at the Asylum, Earlswood. Four years since he was noticed to have purulent discharge from the right ear, which continued to within about four months of his death. His carriage was always remarkably stiff, and he kept his head and upper extremities fixed in every movement of his body. On December 22 his neck was observed by an attendant to be rigidly bent back and his mouth forcibly closed; no loss of sensibility or power of voluntary motion in his arms and legs. On the following day his head was still more violently bent backwards, and the whole of the spine, although not to such an extent, had become implicated in the curve. The sterno-mastoid muscles were relaxed, and he had some rotatory power of the head. Any attempt to draw the head forwards elicited expressions of great pain. He partook freely of bread-and-milk, and was very eager for fluids. In the evening the curve of the neck had so increased that the thyroid cartilage seemed as though it would burst through the integuments; and at seven o'clock he became, although anxious for food, quite unable to swallow it. On the following day he became suddenly asphyxiated and died, the symptoms generally having become aggravated. His craving for drink became excessive, and there was no embarrassment of breathing until his last moments. On making a post-mortem examination twenty-four hours after death, Dr. Down found an abscess in the Pons Varolii about the size of a walnut. The anterior wall had given way at its lower part, and the matter had found its way beneath the pia mater, below both hemispheres of the cerebellum, along the surface of the medulla oblongata, and down the anterior surface of the cord as far as the fourth spinal nerve. "Does not the order of the organs involved," writes Dr. Down, "satisfactorily explain the succession of symptoms:—1st, the backward curve of the neck and back; 2ndly, dysphagia; and lastly, asphyxia?" There was no disease of the cranium.

Dr. Budd exhibited a specimen of

MALIGNANT TUMOUR PRESSING UPON THE RECURRENT LARYNGEAL NERVE.

The patient from whom the parts shown had been removed was an old man under care in King's College Hospital. He had suffered from most urgent paroxysms of suffocation, dyspnœa, and had finally died in one. The propriety of performing tracheotomy had been considered by the House Physician on the occasion of the last attack, but unfortunately the operation had not been done. The autopsy showed that the trachea had not been compressed. The tumour involved the left recurrent laryngeal nerve, and the dyspnœa had no doubt been caused by spasmodic closure of the glottis. The operation of tracheotomy might therefore be expected to have averted death.

Mr. Spencer Wells detailed the particulars of a case in which he had performed tracheotomy on account of spasmodic dyspnœa induced by destruction of the recurrent laryngeals by malignant disease of the pharynx and œsophagus. The operation had been quite successful, and the patient had lived several months afterwards.

OBSTETRICAL SOCIETY OF LONDON.

Thursday, March 3, 1859.

Dr. Rigby, President, in the Chair.

The minutes of the last meeting having been read and confirmed, the names and qualifications of fifty-nine practitioners were read as candidates for the Fellowship. At a later period of the evening, the ballot was taken, and these gentlemen were afterwards declared to be unanimously elected.

A paper by R. W. West, M.D., was read, on

A CASE OF MEMBRANOUS CROUP.

One evening Dr. West was sent for to see a child, eight years old, suffering from advanced croup. He ordered an antimonial emetic mixture, and a blister to the throat. The vomiting which resulted caused the expulsion of a large quantity of shreds of membrane, and a large piece which was evidently a cast of the trachea. This membrane he now wished to show to the Fellows.

A paper by Graily Hewitt, M.D. was read, on

A NEW METHOD OF EXAMINATION IN CASES OF SUSPECTED CYSTIC DISEASE OF THE OVARY.

The author commenced by showing the many questions which the Physician or Surgeon anxiously puts to himself when called upon to administer relief in cases of presumed ovarian cystic disease, and more especially the question which he has to consider as to the particular method of treatment to be adopted. Thus, a case of considerable enlargement of the abdomen may come before us in which the shape of the abdomen, the nature of the visceral displacement, the general symptoms and previous history of the patient, render it tolerably certain that a tumour connected with the ovaries is present. But it is extremely desirable that we should also be able to learn the exact nature of the ovarian tumour, and the presence or absence of complications, more especially if we have to decide whether ovariotomy or simply paracentesis and injection should be resorted to. Dr. Hewitt proposes, by means of an instrument which he names the "ovarian sound," to probe the interior of the cavity in which the fluid is contained. The instrument to be thus used consists of an ordinary canula and trocar; but the canula is provided with an india-rubber diaphragm, having a small perforation in its centre, through which the trocar passes. The sound is a slender rod, composed of the same metal as the ordinary uterine sound, and, therefore, flexible, graduated in inches, and fourteen inches long. It is provided with a smoothly-rounded extremity, and is fixed in a handle of convenient size. The trocar and canula having been passed through the abdominal wall, the trocar is withdrawn; the sound is then introduced through the canula before the contents of the cyst have been allowed to escape, and the operator examines the interior of the cavity leisurely and safely.

INTRA-UTERINE WOUND (?)

Dr. Priestley exhibited a drawing taken from the head of a new-born child, which presented a curious appearance of wound of intra-uterine origin. Directly over the posterior fontanelle there existed a wound of the scalp of a perfectly circular

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form and about the size of a shilling. The bones and pericranium were entire, and the latter formed the floor of the excavation. The edges were sharply defined, as though a piece of scalp had been punched out by some circular instrument, but the injury was healing at the time of birth. There was no skin eruption or other history to account for it.

A paper by CHARLES WALLER, M.D. was read, on

TRANSFUSION OF BLOOD—ITS HISTORY AND APPLICATION IN CASES OF SEVERE HÆMORRHAGE.

Having given an interesting historical introduction, Dr. Waller went on to relate a case in which he seems to have saved life by the operation of transfusion. The patient had a severe attack of flooding after labour, and when seen by the author was insensible, the extremities and general surface were cold, the respiration was laborious, the eyelids closed, and no pulsations could be felt in the radial or carotid arteries. The first injection of two ounces of blood rendered the beat of the artery discernible; and after the introduction of an additional six ounces the patient rallied, and recognised her Medical attendant. A little brandy was then given, and recovery gradually took place. The author concluded with a few remarks on the best mode of performing the operation.

In reply to some questions by Dr. Tanner, the author stated that he had resorted to transfusion altogether in five cases, and that four had recovered. He also explained that, though careful not to allow any air to pass into the vein, yet he did not think this occurrence would be always attended with those formidable results usually predicted.

DR. BARNES observed that every one who had seen a woman perish from flooding must have been haunted by the regret that he had not been prepared with the means of transfusing. It was much to be desired that this operation should be brought to a state of practical perfection. There were yet, however, several points which required investigation. He was glad to learn from a letter from M. Brown-Séquard, that that distinguished physiologist contemplated delivering in London a series of lectures on the means of preventing death from asphyxia, in the course of which he (Dr. Barnes) trusted that the whole question of transfusion would receive a thorough elucidation. The experiments related in his *Journal de Physiologie* were replete with interest. The leading facts established were, that all the contractile and nervous tissues may recover their functions under the influence of blood charged with oxygen, and that the success of transfusion depended upon supplying blood-globules, charged with oxygen, as the essential condition. It appeared that venous blood, bearing an excess of carbonic acid and less oxygen, was not so useful. The fibrin was of no use; and in order to obviate the risk of coagulation, it was better to remove it by whipping it out. By this process, the red-globules would also become charged with oxygen, and fitted for transfusion. Thus the objection to using venous blood, which was much more convenient to obtain, was removed. Among many deeply-interesting experiments, M. Brown-Séquard had shown, that by transfusing blood, the function of irritability in the muscles of an amputated arm might be restored many hours after separation from the body. In illustration of these views, Dr. Barnes cited seven cases of transfusion, related by Mr. Higginson, of Liverpool, in 1857. Two of these cases were perfectly successful, and it could not be said that the others died from the operation. In one, however, the operation was impeded by coagulation of the blood, and in two others it was stated that the blood was dark and sluggish. It was highly probable, then, that the mode adopted by Dr. Waller, of injecting venous blood direct, was not the best, and he looked forward with extreme interest for the further researches of M. Brown-Séquard.

A paper, by ROBERT DUNN, F.R.C.S. was read, on

A CASE OF EMOTIONAL MONOMANIA RECURRING DURING SUCCESSIVE PREGNANCIES.

After making some general observations on the effect of bodily states upon mental manifestations, Mr. Dunn proceeded in the detail of a striking instance of the dominant power of emotional apprehension—the sheer dread of bodily pain—in upsetting the balance of the mind, in the case of an intelligent but highly impulsive and excitable lady, during the parturient state in several successive pregnancies. The patient was under Mr. Dunn's observation from 1848 until 1854, when she left London. She died eighteen months afterwards, and unfortunately no post-mortem examination was made. In her first labour she underwent severe bodily pain and suffering; and the great fear of pain in prospect embittered the period of gestation in her four subsequent pregnancies, the dominant and depressing feeling of her mind constituting a kind of monomania. After the birth of her last child, favourably accomplished while under the influence of chloroform, the fear of death took possession of her, and she tortured herself with thinking of the pain and agony of the act of dying. It was in vain to attempt to reason with her; she became violent and excited at times, and it was necessary to have a female attendant from an asylum to take care of her. For the rest of her life she remained an invalid; her fears continued undiminished; and she became exhausted and attenuated to the last degree, until at length she sank, her perceptions remaining acute until the last hour of her existence.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FEBRUARY 14, 1859.

DR. FULLER, V.P. in the chair.

DR. FULLER introduced to the Society a morbid specimen of the effects of

DIPHTHERIA.

The patient was 9 years old, and had been ill fourteen days before he saw her, though she did not complain of anything but sore throat until one or two days before death. When seen the throat was deeply ulcerated, covered with grey sloughy matter: over the pharynx was a false membrane. Tongue was clean, pulse 140, urine limpid, and there was some glandular swelling. Wine, iron, and quinine were ordered. The next day she was sinking; but there was no difficulty in swallowing, and she vomited a piece of false membrane. Difficulty of respiration came on, and she died in the evening. After death the tonsils were ulcerated, in the larynx, trachea, and first division of the bronchi was seen a delicate false membrane, which was absent, however, from the pharynx. He remarked upon the little constitutional fever and disturbance that occurred in these cases, and upon the necessity there was for the free use of stimulants, and iron, and quinine. The membrane consisted of inspissated mucus, and of epithelium and granular matter, and was not plastic exudation at all. In fourteen or fifteen cases which he had seen ulceration was only present in half the number.

Dr. FULLER also exhibited an

INSTRUMENT FOR THE INJECTION OF SEDATIVE SOLUTIONS INTO THE CELLULAR TISSUE.

It consisted of a small syringe the piston of which worked as a screw, the value of each turn of which being known, the amount of fluid injected could be satisfactorily determined. He recommended a solution of morphia to be used, 10 grains to the ʒj. of water, and of this three minims alone were to be injected.

A paper by Dr. BARCLAY was read, on

THE REAL VALUE OF BLOOD-LETTING IN ACUTE DISEASE.

The author's avowed object in bringing this question before the Society was rather to elicit the opinions of others than to express any positive views of his own. He began by pointing out some of the causes which had led to the abuse of this remedial means, which he traced rather to blindly following a theory than to want of accuracy in observing facts. He next attempted to analyse the meaning of the term disease, both as applied to external agencies and to the processes of change set up in the organism itself, pointing out the great variations that occur both in the intensity of the impression, and in the receptivity of the individual at various times. But it was not on any supposed change of type in disease that the argument ought to rest. We might, indeed, speculate on the cessation of the plague, and the appearance of cholera; but with our present knowledge they could only

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be barren speculations. There is no proof one way or other whether the force of the impression, or the receptivity of the whole population, has undergone a change, such as might account for these facts. Passing on next to a consideration of the application of the term disease to processes set up in the organism by the combination of these two causes, viz. the impression and the inherent tendencies of the organs to certain modes of action under this impression, he endeavoured to show that although we designate them as morbid, they are in fact reparatory. This circumstance is perhaps too often overlooked; and if these reparatory processes do end in death, it is not because the action is one of unmixed evil, but because of imperfection in its progress and completion. It may either exceed the limits compatible with the maintenance of other functions, or it may fall short of the requirements of the case, whether from deficient energy from the commencement, or from failure of the powers of life to carry it through. The progress of small-pox was taken as an illustration. Here a poison being introduced, the consequent change in the blood is recognised by fever and pustulation; and either of these circumstances may kill, yet they are not to be regarded as destructive, because without them there can be no recovery after the introduction of the poison; but just as in inoculation the same process is sometimes gone through with only a few pustules on the arm, so we believe that these processes may be very much in excess of what is absolutely needed for recovery. The issue, he thought, must be determined by the answer to these questions—whether these reparatory processes when in excess can be held in check by blood-letting; and whether the loss of blood at an early stage really does tend to prevent their being carried to a successful issue after the inflammatory fever has subsided. He thought the argument brought against venesection in acute disease, that it did not affect the distended capillaries, was a fallacious one, because its use was for a wholly different purpose: if antimony and starvation can and ought to be employed in the treatment of acute disease, blood-letting ought also to be employed, because it fulfils the very same indications in a speedy manner. The author alleged that his own experience did not teach him that robust persons were now-a-days apt to die worn out by the continuance of the disease and inability to complete the process of repair; but that they died in the first few days from the severity of the attack. He felt that there was a great danger of the abuse of the doctrine of stimulation, and he believed that its indiscriminate advocacy would be followed by a reaction just as violent in favour of venesection.

Mr. James Lane related the history of a case of

FRACTURE OF THE LOWER JAW.

In this case there was unusual difficulty in maintaining the fragments in apposition by any means or appliances in ordinary use, but in which accurate union was at length obtained by an apparatus made by Mr. Howard Hayward, Dentist. This consisted of a silver plate moulded so as to fit accurately upon the teeth, and taking hold of three or four teeth on each side of the fracture. From this plate two pieces of metal projected at the angles of the mouth, and were tied by string to a small piece of pasteboard placed under the chin. Thus was immobility of the fracture secured, and the patient relieved from a condition of extreme distress, and enabled, without pain, to open and close her mouth for the purpose of taking food, and also to articulate with tolerable clearness.

Mr. Martyn related the particulars of

A CASE OF ABORTION,

which occurred about the fourth month of gestation. In this case the placenta was retained without any symptom at all for three weeks, when considerable hæmorrhage occurred at the time of its expulsion.

The Society then adjourned.

MEDICAL SOCIETY OF LONDON.

The anniversary meeting of this Society was held on Tuesday, March 8, at the Thatched-house Tavern. Many distinguished members of the Profession were present. The new list of officers having been read, Dr. Routh proceeded to deliver the oration. After a few introductory remarks and allusions to the eighty-six past anniversaries of the Society, its former patrons, and the value of their writings, he then proceeded to give an outline of the origin and growth of Medical Societies in London. The Royal Society was the first, and had but small beginnings, established in 1645 by a Physician (Dr. Goddard), its subsequent division in 1648 into a London and Oxford branch, reunion again in 1660, and incorporation in 1663, were referred to. The secessions from it did not occur till the middle of the last century. Quoting from the "Medical Register" of 1783, he proceeded to give a short account of these secessions. The Medical Society of Mitre Tavern, established in 1752, with six volumes of "Transactions;" of which Dr. W. Hunter was president in 1783: the Society of Physicians, holding its meetings at the Old Slaughter-house, attended and established by the Fellows of the Medical Society of London, with its gold medals, etc.: the Medical Society of London, founded by Lettsom in 1773, then holding its meetings in Crane-court, Fleet-street, at first limited to 30 Physicians, 30 Surgeons, and 30 Apothecaries; its removal in Bolt-court in 1788: the Society for the Improvement of Medical and Chirurgical Knowledge, established by J. Hunter and Fordyce in 1782, for publication of "Transactions." This was also patronised by most of the old Medical Society's Fellows: the Lyceum Medicum Londinense, established also by Hunter and Fordyce in 1785. This and the last-named Society were supposed to have merged in 1809 into the Westminster Medical Society. Dr. Routh showed that this was an error. The former becoming more and more exclusive, at last died a natural death about the time of Hunter's death. The latter, on its wane in 1793, ceased its meetings prior to 1805, having never properly amalgamated with the Westminster: its accumulated property in the Funds having been given to the Widows and Orphans Friend Society by its surviving Fellows in 1838. The Westminster was established in 1805 by Sir C. M. Clarke, and Sir B. Brodie, its first presidents, and subsequently elected in the late members of the Westminster Medical in a body. So far the two societies united into one. It was known that the Westminster Medical and Medical Society of London were united into one society a few years ago. There were some curious facts mentioned about these two societies. 1st. the Medical: Its funds the first year amounted to £73, and fell in 1780 to £22. At times it was so greatly in debt as to be obliged to borrow money. But its members were very liberal, £10, £30, and even £100 being given by its Fellows. Its highest income was in 1821, when it reached £703, and large investments were made. Books were often received as munificent donations from its members. The bulk of the library was, however, bought of Dr. James Simms for £500 and an annuity of £30 upon himself and wife. Dr. James Simms possessed great power in the Society, having got himself appointed President for several years; in fact, commanding the election for himself and friends. This tenacity of office on his part led to a secession, and to the establishment of the Medico-Chirurgical Society. Some of its older fellows about that time were very peculiar, several *desagrémens* having occurred in the Society; attendance was bad, frequently only six or seven members being present, once only four. The copyright of its Transactions sold, however, well, £50 each volume. It had also sectional committees in 1790, only more numerous than at present. Dr. Routh then entered into the history and occasion of the establishment of the several medals of the Society. The Bolt-court premises had now been ceded in perpetuity to the Society by Dr. Lettsom's heir-at-law, on the recommendation of Messrs. Clifton, Headland, and Hancock. The Westminster Medical Society had a similarly chequered existence. Violent altercations had likewise occurred in it. Once it became so poor that it must have ceased to exist, but for the generosity of Dr. Chowne, and the exertions of Messrs. Hird and Hancock. The orator then drew from this hasty sketch, the conclusion, that in order to maintain the life and usefulness of this Society, it should be kept especially as an arena for discussion and debate on papers read; that it were wise to change the Council pretty frequently; but that it was important that old friends should not desert the Society, but come more frequently to assist in the discussions. He then proceeded to give a short account of the founders — Lettsom — his education, pecuniary difficulties, final success, and noble character. Sir C. M. Clarke, his meritorious professional life and success. After passing a high eulogy on Sir B. Brodie, his fine character, and

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upon his election as President of the Medical Council, he proceeded to give an account of the allegorical representation which stands over the premises of Bolt-court, and made this the text of his peroration. There was no branch of science which was not graced by its Medical representatives. He drew a vivid description of the fine Medical characters of the day: as discoverers in torrid zones, Mungo Park, Barth, and Livingstone; as determined navigators and preservers of men, Stanger and McWilliam; as unequalled for resolution of character, the Arctic explorer, Kane; as the brilliant and gallant warrior, Wilson; as the noble and disinterested minister of mercy, Kennedy; as the calm, holy, enlightened minister of Christ, Gutzlaf. So it was in any emergency; the finest characters were often found in the Medical Profession. Dr. Routh then drew attention to their devotion and zeal in their attendance on the poor at all times, and the necessity there often was in practice for exceeding knowledge and moral courage. He drew a touching picture of children mourning for their parents, and parents for their children—husbands for wives; and their agony of mind, if these could not be relieved when laid low by illness; the consolation and resignation induced by a knowledge that our beloved dead had had all done for them that human skill could do. Drawing next a striking picture of a hurricane at sea, in which the helmsman alone was unmoved, and acting without fear, he applied the simile to the enlightened Medical man often witnessing the struggle between life and death of those committed to his care, and bringing them safe through disease. He concluded by an appeal to all to imitate Drs. Lettsom and Fothergill, eminent physicians, but more eminent Christian men. The oration was received with unusually warm demonstrations of satisfaction by the audience, which the above imperfect sketch of a very interesting oration will show was fully merited.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.—Monday, March 7.

VACCINATION.

Earl Granville, in putting a question to the President of the Council, as to whether any regulations had been issued by the Privy Council in respect to vaccination, under the second clause of the Act of last session, said that, notwithstanding the ample evidence which had been laid before Parliament and the country during the last fifty years as to the advantages of vaccination, we were yet far behind many of the smaller nations of Europe in the facilities which were afforded for putting it into practice. The report of the Registrar-General showed that in 10 towns in England one quarter of the deaths proceeded from small-pox, and in that very district of London there had been 228 cases of death from small-pox within the last seventeen weeks, whereas, in the preceding eighteen months there had only been 225 cases. In 130 districts small-pox was now prevalent in a greater or less degree. There was very little doubt that the increasing number of cases of small-pox was attributable to neglect of vaccination and to bad vaccination. It was clear that after the compulsory Act passed the proportion of children vaccinated to the number of births increased very largely indeed. The percentage in 1854 was 65; but in 1855 it fell to 56; in 1856 it fell to 54; and in 1857 it fell to 52. There was no return which showed the result last year. With regard to the neglect of vaccination, it was owing to the apathy of the parish officers, to the apathy of the public vaccinators, and to the apathy of the population, of whom no penalties were demanded. With regard to the badness of vaccination, Dr. Jenner had stated that, although the art was very easy to learn, unless it was properly learnt, vaccination was absolutely good for nothing. Mr. Marsden, of the Small-pox Hospital, stated that in the course of sixteen years of 3098 cases of small-pox which had been brought under his notice, he found only 268 cases in which the marks of the best vaccination appeared, and of those 268 cases three only terminated fatally. It was a proof of the value of good vaccination, and, at the same time, of the prevalence of bad vaccination. And he would suggest that the Privy Council should provide some means of instruction to those Medical men who wished to become public vaccinators, and require from them, before being appointed public vaccinators, some proof of their being well informed on the matter with which they would have to deal. It would be of the greatest advantage if some general regulations and instructions were issued under the authority of the Privy Council as to the mode of performing the operation, and if steps were taken to insure a supply of good lymph. It would also be very desirable if the district vaccinators informed the Privy Council when cases of small-pox occurred, and if the Privy Council sent immediately to such a district a competent Medical authority to examine into the mode of vaccination and to stimulate the population to avail themselves of so great a benefit. He thought that no delay should be permitted in dealing with the subject.

The Marquis of Salisbury concurred in thinking it a most important though almost exclusively a Medical question. The Government had had their attention directed to the subject, and had taken measures to secure a supply of pure lymph and the more general practice of vaccination. He regretted that the proportion of cases of vaccination had diminished. In 1849 the number of persons vaccinated was 345,315; of persons successfully vaccinated, 333,248; of registered births, 558,102. In 1854 the number vaccinated was 698,935; of successful vaccinations, 677,886; of registered births, 623,699. In 1858 the number of persons vaccinated had diminished to 468,008: successful vaccinations, 455,004; registered births, 654,914. In November, 1858, the National Vaccine Board called the attention of the Privy Council to the increasing deficiency of the supply of vaccine lymph, stating that in 1838 the number of vaccinations performed by their establishment was 18,659; that the average number in 1850, 1851, and 1852 was 10,713; and the average of 1854, 1855, and 1856, 8207; while in 1857 the number was only 6327, adding that ordinarily that board distributed about 215,000 charges of lymph; but that under peculiar circumstances the demand had risen (and might again rise) to about 320,000 charges—an amount nearly 60 per cent. higher than was supplied in 1838, when the sources of supply were nearly three times as numerous as at present, and suggesting an inquiry into the state of vaccination in certain large towns. At the end of the year 1858 the Medical officer of the Privy Council proceeded to Liverpool and Manchester, and made arrangements in the latter place which would ensure a supply of from 20,000 to 30,000 charges of reliable lymph. Communications subsequently addressed to the metropolitan boards of guardians would, it was hoped, enable their Lordships to secure a further large increase of trustworthy lymph. As soon as the Registrar-General's Returns were completed up to the end of the year, their lordships directed communications to be addressed to those boards of guardians in whose unions there appeared to be a considerable disproportion between the number of births registered and the number of certificates of successful vaccination received by the registrars of districts. 194 letters were accordingly written on the 22nd of February to call attention to the disproportion, and to urge the boards to use their utmost efforts to diffuse the benefits of vaccination.

The Earl of Shaftesbury said it was matter for astonishment and alarm that one of the best remedies against one of the most grievous diseases was falling into disuse, and that the deaths by small-pox were increasing annually. The deaths by small-pox by no means measured the amount of misery, because the disease, when it was not fatal, frequently left the seeds of inherent and long-established complaints. Parliament had passed an Act making vaccination compulsory, and, to meet the prejudices which existed in many quarters against the practice, the Privy Council appointed vaccinators throughout the country rightly to perform the operation, and took other measures to secure the purity of the lymph. Penalties were imposed by the eighth section of the existing Act for the neglect of vaccination, but it was found that parties refused to allow their children to be vaccinated, and stated as a reason that they had no confidence in the vaccinators or in the purity of the lymph. This was an additional reason for issuing regulations on the subject as soon as possible, and for taking care that confidence should be felt in the purity of the lymph.

Lord Redesdale knew that very great prejudices existed among the lower classes, who thought that diseases were conveyed by the lymph, and who from this circumstance had neglected vaccination. There was no objection usually to

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having a child vaccinated from some other healthy child in the neighbourhood who was known, but there was a prejudice against the vaccination from the lymph sent down from London, which it was highly necessary to remove.

Earl GRANVILLE said he was glad to hear that the subject was engaging the attention of the Government.

The conversation then dropped.

HOUSE OF COMMONS.

THE ASSISTANT-SURGEONS AT LUCKNOW.

Mr. RIDLEY asked the Secretary of State for India, whether it is the intention of Her Majesty's Government now to confer any mark of distinction upon those Assistant-Surgeons, late in the service of the East India Company, who formed part of the garrison during the whole of the siege of Lucknow, and who were recommended in the despatch of General Inglis, of the 26th of September, 1857, to the particular attention of the Government of India; or, if the rank of Assistant-Surgeon does not allow such distinction to be conferred at the present time, whether he will cause the recommendation to be noted in the books, so that on their obtaining the rank of full surgeon they may receive a corresponding distinction to that already conferred on the four surgeons named in above-cited despatch?

Lord STANLEY: The assistant-Surgeons who were named in Sir John Inglis's despatch of the 26th of September, 1857, were five in number. I am glad the hon. member has given me an opportunity by his question, of paying, however tardily and casually, a tribute of respect to these gentlemen, who did their duty so well, under circumstances of very peculiar difficulty and danger. With regard to the mark of honour which the hon. member suggests should be conferred upon them, he is, I think, aware that, holding the rank of Assistant-Surgeon, they are not eligible, according to the existing rule, for the distinction of the Bath. This disqualification they only share with other subalterns. With respect to the recommendation that they should be noted in the books, so that on attaining the rank of full Surgeon they might receive corresponding distinctions to those already bestowed on the Surgeons mentioned in Sir J. Inglis's despatch, I have to state that the practice of recording names for future distinctions, which the persons in question are not at the time fully qualified to receive, is one to which great objections, on general grounds, are entertained, and which is very rarely followed. At any rate, it could not be adopted without a previous recommendation from the Governor-General and the Commander-in-Chief; and in the present case we have not received any such recommendation. But though I am compelled to give the hon. member this answer, which he may deem unsatisfactory, I have no hesitation in saying, on the part of the Government of India, that they will be glad to take every opportunity which may offer of recognising, as they deserve to be recognised, the services rendered by these five gentlemen.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examination for the diploma, were admitted members of the College at a meeting of the Court of Examiners on Friday, the 4th instant:—

BOLTON, W. T. Durham.
BLUNT, G. V. Birmingham.
BROWN, J., Oldbury.
CLARKE, J. H., Gerrard-street.
COOPER, RICHARD WISEMAN.
HOLDITCH, St. Thomas's Hospital.
PAGE, A. H., Corfu.

Also on the 7th inst.:—

ALDERSON, JOHN, Aslackby, Lincolnshire.
O'BRIEN, DANIEL, Piccadilly.
BAYLIFFE, CHARLES SEARLE, Chippenham.
NICHOL, HENRY, Haddenham, Cambridgeshire.
MURPHY, BROWNELL RICHARD, Royal Navy.
MARTIN, GEORGE WHITE, Rochester.
PALATIANO, GEORGE, Corfu, Ionian Islands.
PUGH, HUGH LEWIS, Dolgellan, North Wales.
RICHARDSON, WILLIAM HENRY, Clifton, Yorkshire.
STEWART, JOHN EDMONDSTOUNE, Port Royal, Jamaica.
VERRY, GEORGE, Kilburn.

The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery, at a meeting of the Board, on the 3rd inst.—

BATE, HENRY FRANCIS, Cross, Somerset.
DOWNING, EDWARD, Deptford.
DAVIS, WILLIAM, Wellington, Salop.
HUNT, JOHN, Great Tachbrook-street, Pimlico.
HICKS, GEORGE BORLASE, Old-street-road.
NOBLE, THOMAS, Charing-cross.
THOMPSON, ROBERT FARRER, Jarrow, Durham.
TAYLOR, WILLIAM, Cardiff, Glamorganshire.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine and received certificates to practise, Thursday, March 3, 1859:—

ASH, THOMAS LINNINGTON, Storton, Cornwall.
CARVER, FREDERICK CHARLES, Royston.
CARDELL, GEORGE, St. Columb.
DAVIES, DAVID, Aberdare.
DONNE, JEREMIAH MAUTTON, Castle Carey, Somerset.
FINEGAN, JAMES, Liverpool.
GODDARD, ROBERT WALKER.
NEWMAN, AUGUSTUS, Oxford.
WATSON, JAMES, Loughborough.
WRIGHT, JOSEPH HIVES, Evesham, Worcestershire.

The following gentlemen also on the same day passed their first examination:—

ILLINGWORTH, JOHN A. Mainder, Newport, Monmouth.
KENNARD, DAVID, Lambourne.
KIRBY, THOMAS CHARLES, Bodicole, Oxfordshire.

APPOINTMENT.

COOPER.—The Queen has been pleased to appoint William White Cooper, Esq. to be Surgeon Oculist in Ordinary to her Majesty, in the room of Henry Alexander, Esq. deceased.

DEATHS.

HANDEY.—On the 2nd inst. at Wapping, James Handey; aged 72.

WILKINSON.—On the 2nd inst. at Bedford, Charles Wilkinson; aged 60.

GEOLOGIST'S ASSOCIATION.—The third ordinary meeting of this Association was held at St. Martin's-hall, Long Acre, on Tuesday last, when Professor Tennant, F.G.S. delivered a lecture on Mineralogy applied to Geology.

PORTRAIT OF MR. HOLDEN.—Mr. Stone has enriched his Medical Portrait Gallery with an excellent likeness of Mr. Holden, extremely well drawn and engraved by Mr. Maguire.

AT the Annual Meeting of the Medical Society of London on the 8th inst. the Fothergillian gold medal was presented to Mr. A. T. H. Waters, of Liverpool, for his essay on "The Anatomy of the Human Lung."

A MONUMENT FOR HUNTER.—The Council of the College of Surgeons have obtained from the Dean and Chapter of Westminster, permission to deposit the remains of John Hunter in Westminster Abbey. The authorities say, "they shall be proud to be the guardians of the ashes of so great a man." A monument must follow.

GRATIFYING TESTIMONIAL.—A most gratifying testimonial has been presented by the guardians of the Stratford-upon-Avon Poor-Law Union to Mr. Pritchard and his son, Mr. Frederick Pritchard, on the occasion of the former resigning the office of Surgeon to the Union House and the district attached thereto, an appointment which he has held ever since the formation of the Union in 1836, having been previously Surgeon to the poor of the borough for thirty-five years.

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WE find the following cool piece of modest assumption in one of our French contemporaries:—"The English and American genius are exposed to temptations unknown to our French reserve. With them, a new discovery would be thought defective, if instead of modestly exposing, as we do, the immediate consequences, the author of it did not increase its value by provisions and anticipted realisations."

ONE of our French brethren asks, why so many deaths occur from chloroform, and he answers himself by saying that the reason is, the chloroform is so unscientifically administered. If you were giving a dose of arsenic, he says, you weigh it out carefully; but in the case of this most powerful poison, you administer it in the most careless haphazard manner.

THE GREAT NORTHERN HOSPITAL.—A most successful concert took place on Tuesday, at St. Martin's Hall, in aid of the funds of the Great Northern Hospital. Mr. Leslie's "Judith" was performed for the first time in London; and Madame Viardot, Miss A. Goddard, Sig. Belletti, and other artists appeared to give great satisfaction to a crowded and fashionable audience.

ROYAL COLLEGE OF PHYSICIANS.—Upwards of 100 applications have been received for admission under the new bye-laws published at page 191. The Lectures commence this season on Wednesday next, the 16th instant, at 4 p.m., and will be continued at the same hour every succeeding Friday and Wednesday till the 13th of April. Members of the Profession are admitted on presenting their cards. A deputation on the subject of the repeal of the stamp duty on the diploma of a Fellow and on the licence to practise Physic granted by the College, have had an interview with the Chancellor of the Exchequer. The Deputation consisted of Dr. Mayo (President of the College), Dr. Francis Hawkins, Dr. Alderson (Treasurer), Dr. Sutherland (Senior Censor), Dr. Pittman (Registrar), and Mr. Barrow, M.P.

SMALL-POX IN MARYLEBONE.—Dr. R. D. Thomson, in his last monthly report says:—"Two cases of death from small-pox are recorded in St. John's District. The infection in the first case was communicated to his landlady by a lodger, who caught the disease in the neighbourhood of Great Portland-street; she gave birth prematurely to a boy, and both mother and child died of the disease, while the lodger recovered. I have not ascertained that the mother was properly vaccinated. I think it desirable, that in accordance with the statute, the Vestry should authorise some official to take legal proceedings against parties who neglect to vaccinate their children after being duly warned that the Act 16 and 17 Vict., cap. 100, authorises the infliction of a penalty for such omission."

AT the last meeting of the North London Medical Society, held February 9, the following gentlemen were elected officers for the ensuing session:—*President.*—James Copland, Esq. M.D. F.R.S. *Vice-Presidents.*—J. Russell Reynolds, Esq. M.D.; W. A. N. Cattlin, Esq.; Robert Greenhalgh, Esq. M.D.; Edward Cousins, Esq. *Treasurer.*—William Adams, Esq. *Hon. Secretary.*—Robert Charles Croft, Esq. *Council.*—S. S. Alford, Esq.; H. C. Andrews, Esq. M.D.; C. C. Claremont, Esq.; J. Hainworth, Esq.; John Havers, Esq.; T. Carr Jackson, Esq.; W. E. Jefferys, Esq.; C. F. J. Lord, Esq.; J. Part, Esq.; H. Pointer, Esq.

"OUR OWN CORRESPONDENT'S" ACCOUNT OF THE ILLNESS OF THE KING OF NAPLES.—"His malady, it is positively affirmed to me now, is 'coxalgie,' or 'coxarthocaca.' It is ordinarily the result of scrofula, begins with a deep heavy pain in the top of the thigh, and extends even to the knee. This pain, lameness, and the prolongation of the limb, mark the first period. These are followed by other painful symptoms; the foot and the knee turn outwards, abscesses form in the articulation and the surrounding region, and the patient often sinks under the attack, or, at the best, remains incurably lame."

HER MAJESTY'S LEVEE.—The following Medical men were presented to the Queen at the last levée:—Dr. Armstrong, R.N. on promotion to the rank of Deputy-Inspector of Naval Hospitals and Fleets, by the Right Hon. H. Corry, M.P.; Assistant-Surgeon B. Burland, on appointment to Royal Artillery, by the Director-General, Army Medical Department; Mr. W. H. Clarke, Surgeon, R.N. on promotion and return from foreign service, by Sir J. Pakington; Assistant-Surgeon J. B. Cockburn, M.D. on appointment Royal Horse Artillery, by the Director-General, Army Medical Department; Assistant-Surgeon J. Fiddes, on appointment Royal Artillery, by the Director-General, Army Medical Department; Dr. Fyfe, by the Secretary of State for India; Assistant-Surgeon W. Graves, on appointment to the Royal Artillery, by the Director-General, Army Medical Department; Assistant-Surgeon J. Griffith, by Colonel Key; Assistant-Surgeon M. G. Jones, on appointment to the Royal Artillery, by the Director-General, Army Medical Department; Dr. W. J. Moore, by the Secretary of State for India; Assistant-Susgeon J. Robinson, on appointment to the Royal Artillery, by the Director-General, Army Medical Department; Assistant-Surgeon W. Temple, R.A. on appointment, by Colonel Bingham.

VITAL STATISTICS OF LONDON.

Week ending Saturday, March 5, 1859.

BIRTHS.

Births of Boys, 1001; Girls, 940; Total, 1941.
Average of 10 corresponding weeks, 1849-58, 1702·5.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	618	597	1215
Average of the ten years 1849-58	605·8	593·1	1198·9
Average corrected to increased population..	..	..	1318
Deaths of people above 90	3	1	4
Deaths in 15 General Hospitals	23	15	38

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	3	6	6	4	..	5
North	490,396	4	10	6	8	12	4	7
Central ..	393,256	5	5	5	2	10	2	2
East	485,522	10	3	11	4	10	2	1
South	616,635	3	5	22	7	15	7	8
Total	2,362,236	22	26	50	27	51	15	23

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30·101 in.
Mean temperature	48 4
Highest point of thermometer	63·0
Lowest point of thermometer	49·3
Mean dew-point temperature	42·5
General direction of wind	S.W.
Whole amount of rain in the week	0·00 in.
Amount of horisontal movement of air in the week ...	925 miles.

TO CORRESPONDENTS.

M.R.C.S.—No payment on withdrawal.

Mr. Ewins's paper has been accidentally delayed. It shall appear in an early number.

A.B.—All Parliamentary papers can be procured at Hansard's, Great-Turnstile, Holborn.

Droit.—According to Art. 206, a district Medical officer must attend on the written or printed order of the Guardians, or of a relieving officer of the union, or an overseer.

A or An.—According to Walker, the H is silent in Hospital, and *an* Hospital is correct. Custom is divided, and it is quite as common to say and write *a* as *an*, though the latter is more correct, if we follow Walker's authority.

A twenty years' Subscriber.—The unqualified assistant cannot be interfered with unless he assume a title to what he has no claim; but it is a question whether the principal can recover charges for the attendance of an unqualified assistant.

Cambria.—1. We shall publish a Clinical Lecture shortly on the treatment of Pneumonia by stimulants. 2. The wet and dry bulb thermometer, barometer, and Lankester's ozonometer. 3. All expenses

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strictly incurred for carrying on his Profession. 4. West on the Diseases of Children.

A.H.B. Ipswich.—The next Examination for Assistant Surgeoncies in the Army will take place at No. 6, Whitehall-yard, on the 11th of April. Subjects and mode of Examination:—1st day, 10 to 1, Translating Celsus; 2 to 5, Written Questions on Anatomy, Surgery. 2nd day, 10 to 1, Practice of Medicine, Midwifery; 2 to 5, Chemistry, Materia Medica, Botany, etc. 3rd day, 10 to 5, Viva voce on the same subjects, Hygiene. Examination in drugs (from specimens), their mode of preparation and doses, writing prescriptions for the treatment of diseases (specified). The Examination is competitive; but a certain standard must be attained.

The Dose of Chloroform.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As I should be very sorry to be the means of misleading any of my various friends in town or country in such a serious matter as the application of chloroform, perhaps you would allow me to send you the rule of administration, copied correctly, now adopted with very great success.

In all operations of Surgery where chloroform is respired for five, or under five minutes, lithotomy, for instance, chloroform should be given boldly but carefully, in maximum doses (3iss) so as to get over the stage of vomiting and convulsive action quickly; while in all slow or tedious operations, such as those for necrosis, resections, etc. the minimum dose from the commencement is safest (3ss). I am, &c.

Sackville-street, Piccadilly, March 7, 1859. Charles Kidd, M.D.

M.B. and M.D.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As an M.B. (Lond.) of 13 years' standing, I have ever been addressed as Dr. by the Profession, its societies and its journals. I have never asserted my right to place any other letters after my name than the above, and I do not know an instance of such dishonesty. The universal courtesy of the Profession gave me the title which one of the Physicians in my neighbourhood, an M.B. (Cantab.) also enjoys. In companionship with some of the greatest ornaments of the Profession in London I intend to tax the courtesy of my Medical brethren, in spite of the late dictum of the Senate. I beg to submit that the Degree of M.B. (Lond.) is superior in value to that of the M.D. Degree of Dublin, St. Andrews or Giessen; and that its intrinsic value is greater. The M.B. (Lond.) gives by one of the Acts of her present Majesty, a right to practise as Physician out of London. If the title of Doctor be taken from my class, I must, although a family man, call myself Mr.: Bachelor; or become a full-blown M.D., by transmitting my Diploma and a consideration to Germany.

I am, &c. A Provincial Physician.

March 7, 1859.

Weiss's Inhaler.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I wish, with your permission, to add a few remarks, supplementary to my recent paper on the administration of chloroform.

In stating that I did not think that the existence of serious organic disease, even of the heart (fatty degeneration, or serious obstructive disease), disqualified a patient from the safe inhalation of chloroform, I should have added, "provided the administrator be thoroughly careful, and his apparatus be in thoroughly good order." Unquestionably, however, it would be dangerous for an unskilful operator to administer chloroform in such cases, because so much less of clumsiness would here be required to produce a fatal paralysis of the heart, than in a healthy subject. I may take this opportunity of stating that in further experience of the new inhaler of Weiss described in my paper, I believe that the principle on which it secures the dilution of the vapour with atmospheric air is the most satisfactory which has been yet devised. The removal, also, of the inspiratory valve of the face-piece, which in Snow's machine gave a good deal of trouble, and caused some danger, by its liability to get out of order, is an important advantage.

I am, &c. Francis E. Anstie.

Onslow-square.

London Smoke.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—A public benefactor, in the person of J. Bruce Neil, by a suggestion equally simple and efficacious, proposes to rid us of this monster nuisance, "which is offensive to our senses, and injurious to our lungs." By this process the smoke is entirely decomposed and destroyed; while the atmosphere is freed from the empyreumatic oils, and other noxious matter given off by the soot and smoke. The plan is to place small tanks of water over every chimney (with the chimney-pots fixed inside the tanks), these last terminating in a spiral or bent form; and having their ends or extremities buried in the water. The chill of the water gradually condenses and congeals the smoke; which falls into the water, somewhat in the form of mineral tar. The water is turned off daily, and conveyed by the gutters into the sewers. Here let us remark that, if a fire originates in the chimney, the flames must be instantly suppressed, as they cannot spread; the water in the tank extinguishing them; the only alteration required in adopting this plan, being a slight alteration in ventilating our apartments. From time immemorial, the Persians have always contrived to carry their smoke by pipes underground. Will the Legislature, the Society of Arts, or the Board of Works, offer a premium to the first person who improves upon Mr. Bruce Neil's plan? Juvenis.

Medical Titles in England.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—It seems clear that all British M.D.s are legally entitled to the appellation of "Doctor," and that M.B.s are not; it is also clear, that the best of Scottish Degrees proves nothing more than an ordinary Medical education, and that they are conferred on lads of twenty-one. Now as the English M.B.s are known to be men of extended Medical and sound preliminary education, it occurs to me that it is morally unfair to deny them the title of Dr. (though all intelligent people would style them so), while our northern friends in practice here are to rejoice in a title which implies superior qualification. I would, therefore, suggest as a means of avoiding future misunderstanding that the latter add the word "Scotch," to the letters M.D.

What on earth would be said, if the mass of Surgeons in general practice were styled "General Practitioners," while the M.R.C.S. only, also in General Practice, was classed with the *purest*? Then admitting the legality, where is the moral right of placing all Scottish M.D.s in one upper house, and depriving other men of a title we know they thoroughly deserve, and have enjoyed from time immemorial? I enclose my card, and I am, &c.

Every Bird to his Own Nest.

Bromide of Potassium in Uterine Affections.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—From a consideration of the sedative effects of the Bromide of Potassium upon the genital organs of the male, as evidenced by its power of curing Chordee, I was, about two years ago, led to make some trials of it in Menorrhagia, Dysmenorrhœa, and various painful uterine affections. Over most of these I found it to possess unquestionable influence, and I have since that time been in the constant habit of prescribing it, in preference to any other remedy in Menorrhagia, especially that of asthenic character.

My object in making known my experience of its use through the medium of your journal is, merely to substantiate the recommendation of it, given by Dr. Simpson in his course of valuable lectures which are now being published. I am, &c.

James K. Cheetham, M.D.

18, Lord-street, Rochdale, March 9, 1859.

COMMUNICATIONS have been received from—

Professor Simpson; Mr. Teale, Leeds; Dr. Ramsbotham; Dr. Gordon, Dinapore; Dr. Caminhoa, Bahia; Mr. Griffin; Mr. Croskery, Jamaica; Mr. Henry Smith; Mr. Raymond; Mr. Brookes; Mr. Feilding; Mr. Easton; Mr. Nicholson; Mr. Bailey; Dr. Baines; Dr. Coles; Dr. Fyfe; Mr. Colini; Mr. McDermott; Mr. Dolman; Dr. Silvester; Dr. Cheetham; Mr. Hopley; Mr. Kingscote.

APPOINTMENTS FOR THE WEEK.

March 12. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's 2 p.m.; Charing-Cross, 1 p.m.

Royal Institution, 3 p.m. Dr. W. A. Miller "On Organic Chemistry."

Royal Botanic Society, 3¾ p m.

14. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8 p.m. John Gay, Esq., "On the Causes of Varicose Swelling in the Veins of the Lower Extremities."

Epidemiological Society, 8 p.m. Meeting of Council.

15. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Pathological Society, 8 p.m. (Council 7.)

Royal Institution, 3 p.m. Professor Owen "On Fossil Mammals."

16. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

Ethnological Society, 8½ p.m.

17. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

Harveian Society of London, 8 p.m. (Council 7½.) I. Baker Brown, Esq. "On five Cases of Ovarian Disease, in three of which Ovariotomy was performed."

Royal Society, 8½ p.m.

King's College Medical Society. Mr. Atchley "On Hernia."

Linnæan Society, 8½ p.m.

Chemical Society, 8 p.m.

Royal Institution, 3 p.m. Professor Tyndall "On the Force of Gravity."

18. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m.

Western Medical and Surgical Society of London, 8 p.m. Mr. Pollock "On the Importance of Pain as a Symptom in Disease."

Royal Institution, 8½ p.m., Meeting. (Lecture 9 p.m.) Rev. Walter Mitchell "On a New Method of rendering visible to the Eye some of the more Abstruse Problems of Crystallography, hitherto considered only as Mathematical Abstractions."

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

By Mr. Fergusson—Lithotomy; Prolapsus Uteri. By Mr. Bowman—Plastic on Face.

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture IX.

On Closures and Contractions of the Vagina, etc.

Gentlemen,—In the last of my Clinical Lectures I was speaking to you of dysmenorrhœa and the treatment of it, and more particularly of that form of the disease, which is produced by a contraction or stricture of the canal of the cervix, or of the os uteri, offering a partial obstruction to the free escape of the secreted catamenial fluid. It sometimes happens that the catamenial discharge is impeded, or, indeed, arrested by such a contracted state of the os uteri, or more frequently of the vagina, as amounts not to mere stricture, but to actual obliteration or closure of the maternal canals. In cases of this kind, there is not merely dysmenorrhœa;—you have amenorrhœa in addition. I allude to this subject on account of the circumstance that we have at present in the Hospital a case of this kind, where retention of the menses has occurred in consequence of morbid contraction and closure of the vagina, and probably of the os uteri also. The account of the case, as it stands in the Hospital records, is as follows:—

"I. A., aged 21; admitted January 3. Usually very healthy, until her confinement with her first child, eighteen months since. She then gave birth to a male child after a protracted labour, attended with great suffering, and lasting for two nights and one day. Living at the time in the country, she was attended during the labour by some female friends only; the Medical practitioner of the district being from home at the time, and not able to see her until five hours after the birth of the child, when he removed the placenta, which had been retained in utero until his arrival. The removal of the placenta was attended with much pain. She states that she suffered from 'inflammation' for some time after delivery; but does not remember having had any purulent discharge from the vagina. It was six weeks before she left her bed, and four months before she was quite convalescent.

"Previously to her pregnancy and delivery she had menstruated at somewhat irregular periods,—the catamenia being occasionally absent for two months together, but never exceeding that interval. Since her confinement she has never once menstruated; but at first suffered considerable pain at the usual monthly periods, although the catamenia did not appear externally. This pain she describes as of a lancinating character, accompanied by 'bearing-down feelings,' and the presence of a defined tumour in the lower part of the abdomen. This tumour disappeared partially after a variable time, being tender on pressure, especially on the left side. She has been under medical treatment at different times; blisters and counter-irritation to the surface of the abdomen having been tried, but without success. No local remedial measures have hitherto been adopted.

"On examination a roundish tumour can be felt in the suprapubic region, extending as high up as three inches above the pubes; somewhat tender on pressure, and with its fundus leaning to the left side.

"About an inch above the orifice of the vagina, that canal is felt suddenly contracting. The contraction is so great as only to leave an orifice large enough to admit the tip of the little finger. Above this orifice a canal runs upward for an inch or more, as ascertained by the passage of a probe or sound. On January 4, this contracted orifice was begun to be dilated by the introduction of a sponge-tent. A tent of a larger size was introduced on the 5th.

"On the 6th, the first contraction was found completely dilated by the tent, and the finger could now be readily passed into the upper portion of the vagina, to the extent of two inches, when a second and closer constriction was discovered.

"On January 7 the patient was put under the influence of chloroform, and Professor Simpson, upon examination, found that the narrowing was not so much of the nature of a stricture as an adhesion of the walls of the remaining upper part of the vagina. This adhesion was easily broken down by the finger; but the os and cervix could not be completely exposed, owing apparently to the presence of a septum still intervening. The os and cervix appear to be much inclined to the left side. There was slight hæmorrhage after this breaking down of the adhesions between the vaginal walls."

I would only add further, in regard to this case, that the patient looks healthy and strong; and that the difficulty in making out the state of matters in the generative organs was increased by the circumstance that the uterus is partially displaced, the os being bent down to the left side and fixed there. A slight degree of febrile action supervened on separation with the finger of the vaginal adhesions. This irritation we must allow fairly to subside before we take any further steps for our patient's relief. When she is quite recovered we shall proceed to divide the intervening septum of which you have heard, and try to afford an exit to the accumulated catamenial fluid.

I.—Causes of Occlusion and Stricture of the Vagina.

1. *Contraction and Closure of the Vagina as a Result of Difficult Parturition.*—In relation to occlusion of the uterine or vaginal passages causing retention of the menstrual fluid, let me state, that when this occurs as a consequence of parturition, it is usually due to inflammation excited during the process by the long-continued pressure of the child's head on the maternal soft parts, and which ends in sloughing and adhesion of opposing raw surfaces. Such destructive gangrenous inflammation in the maternal passages is more frequently owing to the want of operative interference than to the improper use of instruments; for, in most of the cases where this accident has happened, it might have been avoided by applying instruments to hasten the labour, and by relieving the parts more early from the fatal continued pressure to which they are subjected. Pressure, however slight in degree, when applied continuously for a lengthened period to any part, has a much more prejudicial effect upon the life of the structures, than a degree of pressure, however strong, which is only applied during a short space of time. In treating of this point in connexion with parturition, my friend, Dr. Beatty, refers to a fact which is very impressive and instructive, viz. that when a malingerer in the army wishes to produce on his leg, or on some part of his body, a sore which shall cause him to be invalided, he knows that it is not necessary to inflict on himself any great and severe blow to produce the ulcer, but he simply straps down a coin on the chosen spot with a slight degree of pressure, and lets it there remain till such time as the vitality of the tissues pressed upon has been destroyed and the part is ready to slough away;—the pathological fact being, I repeat, that slight pressure long continued is more apt to produce gangrene and mortification of a part, than an infinitely higher degree of pressure applied for a shorter period.

Moreover, when inflammation and sloughing are produced in the vagina, there is in the process of healing, thrown out at the seat of these changes a new sort of so-called "cicatricial" tissue, which induces in the part a very strong disposition to contract in healing. It is the same sort of change which you see occurring in cases of burns on the neck, for example, and the consequences are of the same nature. For, as in the neck, obstinate contractions and almost irremedial deformities occur, so here you have contractions occurring, and deformities and displacements produced by the gradual contractions of the new cicatricial tissue, which it is a matter of the greatest difficulty to reform and remedy. In our case in the Hospital contraction to a great degree has occurred at the lower site of the vaginal stricture; and there was adhesion between opposed surfaces at some points situated higher up in the canal.

Allow me here merely to add in passing, that the vaginal contractions which follow difficult labour are not, by any means, always of course so great as to produce, as in our present patient, entire closure of the canal, and consequent amenorrhœa and dysmenorrhœa. Much more frequently they are less in degree, and cause, in the vagina, only partial contractions and strictures of very various and irregular forms.

2. *Closure and Contraction of the Vagina as a Result of Inflammation, and independently of Pregnancy.*—But you may

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meet with cases of closure of the genital passages of the female which have come on as a result of inflammation, occurring quite independently of labour. Thus you may see inflammation of the vagina, and then usually in its lowest point, in young children, ending in contraction or closure of the canal; and when the patient arrives at puberty, menstruation is interfered with, and there may even be complete obstruction to the catamenial flow. That such cases should ever and anon occur need not be to any of you a matter of surprise; for you have here the constant irritation of urine which is frequently acrid in its nature, tending to excite and inflame the parts; and in very young children, a leucorrhœal discharge, and a degree of chronic inflammation in the lower end of the vagina are phenomena of very frequent observation. But it is not in such cases as these, where want of cleanliness is the chief cause of the morbid condition, that the inflammatory contractions which we are considering are very apt to occur. They take place, I believe, more frequently under quite different circumstances, viz. where under a specific type of inflammation, there seems to be a special tendency in the part to the development of some uniting material, and an almost insuperable tendency to adhesion between opposing excoriated surfaces. This tendency to the union or adhesion is not infrequently seen in young children at the very orifice of the vagina, and is limited to that point and to the portion of mucous membrane, more immediately external to it, without its stretching upwards along the canal of the vagina. I saw two instances of this kind of closure of the vulva, last year, in the cases of children, who were well nursed and attended to, and where there was no want of cleanliness whatever. Yet in both this tendency to adhesion of the sides of the vulvar orifice of the vagina was very marked; and when the adhesions were broken down, and the lips of the orifice separated, they always speedily showed an inclination to reunite. There was here in fact a type of inflammation of the vagina of which no description has yet been attempted to be given, attended with no formation of pus, and tending merely but inveterately to the formation of adhesions. In such cases separation of the opposing surfaces is not enough to effect a permanent cure of the morbid condition. You may tear up the adhesions with a probe, or with the head of a pin, or by stretching the lips with the fingers; but the sides of the canal will again cohere, unless the nurse be taught carefully to introduce some lint steeped in oil or glycerine every day, to prevent the separated surfaces from coming into constant contact. In such cases the adhesion comes on usually without any very marked symptoms. Perhaps in consequence of pain in micturition or other reasons the nurse examines the parts, and is alarmed by noticing the obliteration of the vaginal orifice. On a proper inspection you will find the os vaginæ (as in some cases of congenital closure of the same orifice) closed up by a thin greyish membrane, which is non-vascular; and when this is torn across no hæmorrhage ensues.

You may meet likewise among adults with cases of a kind of adhesive or obliterative vaginitis of an analogous type. But the disease in adults differs from the disease in infants in one or two important respects. In infants this inflammatory closure is usually limited to the very orifice of the vagina, and produces complete occlusion of the canal. In adults it generally commences at the upper part of the vagina, and spreads gradually downward, and seldom causes complete closure. In infants there is commonly cohesion merely of the opposed sides of the orifice of the vagina without any tendency to circular contraction in the calibre or circumference of the orifice. In adults, on the contrary, the state of inflammatory cohesion and obliteration is almost always attended with a simultaneous tendency to circumferential contraction of the canal at the site of the disease, so that when it is limited, as it often is, to the top of the vagina, the os uteri is felt drawn up, as it were, to the apex of a narrow conical or funnel-shaped cavity. I have met, however, with obliterative or adhesive vaginitis without the co-existence of this circular contraction. For example, I saw some years ago a remarkable instance of this form of malady along with Dr. Dickson, in the person of an adult unmarried lady, who was suffering from retention of the menses, and in whom, I found the vagina completly occluded. The occlusion here was due to cohesion of the opposite walls of the canal, which had become glued together in consequence, apparently, of chronic inflammation—not very firmly, but just so that they could be easily separated by the finger, and very much resembling to the touch that degree of adhesion which you often find between the contiguous serous surfaces when making a post-mortem examination of patients who have died of subacute peritonitis or pleuritis. Then there is this peculiarity sometimes noticeable in such cases as these, that the adhesion does not apparently become in any marked degree strengthened by being left undisturbed during a lengthened period; for even where it has existed, or appears to have existed for months at least, and perhaps years, pressure with the finger still suffices to overcome it. Nor does frequency of separation seem to affect much the degree of firmness of these adhesions. You may separate adhesions such as I have been speaking of, several times at intervals of months, and the adhesions which are reproduced after rupture of the pre-existing ones, never seem to be in any degree firmer than those which were originally present. I can only compare the obstinate tendency to recur manifested by these adhesions and contractions in the vagina, to the obstinacy of recurrence seen in cases of flexion of the fingers, produced by morbid contraction of the palmar fascia, after the employment of operative measures for its relief; and it may be that the cause of both forms of affection is the same in kind. There is evidently a tendency in some rare cases to the occurrence of obliterative inflammation of the uterine canal itself; for in the instances I refer to you may open up the canal repeatedly with the uterine sound, and yet they will occasionally come back to you with perfect amenorrhœa, and when you pass again the sound along the canal you will have the sensation imparted to you of the instrument separating the adherent surfaces, just as you can feel the adhesions of the vagina separating under the pressure of the finger. In such cases the inflammatory process seems to have the result of causing the epithelial lining to scale off, and thus permitting the sub-epithelial tissues of opposing surfaces to come into contact and to cohere. In the few cases in which I have noticed this morbid state, the patients were all, or almost all, the subjects of amenorrhœa from an undeveloped or undersized uterus;—a complication to which I will direct your attention on a subsequent occasion.

3. *Closures and Contractions of the Vagina from congenital malformation.*—We have thus seen that occlusion of the vagina may result, first, from inflammation supervening on parturition; and, secondly, from inflammation, or at least, from morbid cohesions, occurring independently of that process. But there is a third class of cases rarer, certainly, in their occurrence, than the two I have been telling you of, but of which instances will occasionally present themselves to you in practice, where the obliteration of this canal is not inflammatory in its origin, but is due to some congenital malformation. Sometimes the orifice of the vagina is completely occluded, or nearly so, in consequence of the hymen being developed to an unusual degree and of unusual thickness, so as to render the vagina imperforate, or to leave an orifice too small to admit of the fulfilment of its functions. If you study the homologies between the male and female organs of generation, you will find, I think, that the hymen is in the female a representative, or analogue, of the fully closed perinæum of the male; and its excessive development in the class of cases I allude to, leading to occlusion of the vaginal canal, and, when complete, to retention of the menstrual secretion, only indicates a tendency in the female to that more complete closure of the perinæum which occurs as the normal type of development in the male. Congenital occlusion may occur not only at the introitus vaginæ, but may be seated higher up; just as we find in the case of congenital obliteration of the bowel, where the seat of closure is usually at the lower end, but is sometimes found in different points of its course. When situated high up in the vaginal canal, congenital closures of it are not generally local and limited to one point. Generally the occlusion is complete from the point you touch with your finger in examination, up to the os uteri. Often, indeed, in these cases where the vagina ends an inch or two above its os, in a cul-de-sac, the uterus itself is imperfectly developed, and rudimentary, or, it may be, altogether absent; so that if you could with the scalpel restore the higher part of the vagina, it would be attended with no practical benefit. Usually, however, when the vagina is completely occluded and closed for any considerable length of its course by congenital malformation, the walls of the rectum behind, and of the urethra or bladder in

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front, are so intimately blended and united, and the amount of tissue existing between them is so slight, as to render any operative attempts at restoring or extending the vaginal canal both futile and dangerous. I have seen this kind of operation repeatedly and cautiously tried, but never with complete and permanent success.

What are the phenomena resulting from this state of affairs? What forms of distress and suffering do these contractions and occlusions of the genital canals entail on the patient, so as to render their investigation a matter of practical moment to us? What, in short, are

II. The Symptoms and Diagnosis?

You will have often patients of eighteen or twenty, or older, consulting you who suppose themselves to be the subject of obstructive amenorrhœa, complaining that the catamenial discharge has never appeared. In these cases, the patient herself is not unfrequently conscious of peculiar sensations and uneasiness in the loins or pelvis, and sometimes of a state of general *malaise*, at particular and irregular monthly periods which seem referable only to a menstrual molimen. In forty-nine out of fifty cases it will turn out to be only an instance of retarded menstruation, but in the fiftieth there is present some mechanical cause. There may be obliteration at the vulva, or os vaginæ either congenital or acquired, or it may be higher up in the vaginal canal, or the uterus may be imperfectly developed and small, though open; or, far more rarely, the os may be closed, and the organ rudimentary or absent. Again, it may be that after a parturition the patient does not again begin to menstruate as before—not even when the period of lactation has been brought to a close; but a tumour begins to be perceptible above the pubis, gradually enlarging month by month, and leading the patient, perhaps, to imagine that she has again become pregnant. In one patient which I saw along with Dr. Keiller, the patient had come to delude herself with this idea. She had had a long and tedious confinement, which led to inflammation and sloughing in the vagina where contraction and adhesion between the opposite surfaces, and finally, complete occlusion of the canal ensued. Every month she had a feeling as if she should be unwell, but no bloody discharge appeared externally. It was, nevertheless, secreted on these occasions; but instead of being allowed to escape it became pent up and accumulated within the cavity of the uterus, which gradually filled and got distended and dilated to such a degree as to form in the end a hypogastric tumour, smooth on the surface and of considerable size. On examination, per vaginam, all that could be felt by the finger, was the upper end of the canal perfectly obliterated, and preventing all possibility of feeling the os uteri. How can you make sure in such a case as that of which I have been speaking, that the enlargement of the uterus is due to an accumulation of the retained menstrual fluid? You can only argue it out rationally in some such way as this:—the patient has had no catamenial discharge appearing externally for some months, although formerly she menstruated quite regularly. Then there is, perhaps, the further history of a tedious labour, producing symptoms of inflammation and sloughing in the vagina, or of inflammation having occurred there from other causes. The patient, moreover, has a feeling of distension referred to the womb; and a tumour slowly and gradually enlarging is felt rising above the pubes, and imparts, it may be, a very indistinct feeling of fluctuation. The fluctuation may be more distinctly felt by the finger introduced into the vagina, or more distinctly still on passing it along the rectum past the point where the vagina is occluded. In most cases where you to have to do with fluid fluctuating collections in the pelvis, the diagnosis can be facilitated, and the nature of the case clearly made out, by introducing an exploring needle into the part and drawing off some of the fluid. But in such cases as we are now considering, this instrument affords us no assistance, for the fluid is then too thick and glutinous to allow of its flowing through such a slender tube. In the case of Dr. Keiller's patient, of whom I have told you, I introduced a common-sized trocar and canula, such as are used for tapping hydroceles, with the view of emptying the uterine sac; but no fluid would come. The fluid is very viscid and glutinous, dark and tarry, and does not flow out except through an opening of considerable size. By due physical examination, with the finger and sound in the vagina and rectum, you can make out much, or it may be everything, with regard to the anatomical site, extent, and character of the contractions and closures that exist, the condition of the uterus, etc.

(To be continued.)

ORIGINAL COMMUNICATIONS.

EXPERIMENTS ON

DR. RICHARDSON'S MODE OF PERFORMING PAINLESS OPERATIONS BY VOLTAIC NARCOTISM,

By A. WALLER, M.D., F.R.S.
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In a recent number of the *Medical Times* there is a communication from Dr. Richardson respecting a mode of producing local anæsthesia, which he terms voltaic narcotism. The subject of anæsthesia by chloroform, sufficiently important in itself, has attracted increased attention lately, in consequence of the numerous fatal cases attending its administration. The importance of either finding some means of obviating the serious disadvantages attendant on the use of this anæsthetic agent, or of discovering some other less dangerous substitute, is most evident.

I believe that any mode of anæsthesia applicable to Surgery, which should be perfectly free from danger, would be gladly welcomed by the Profession and the public, even should it not possess all the advantages of chloroform.

As the means recently proposed by Dr. Richardson of combining the action of galvanism with certain topical applications, appeared to possess the last desideratum, I put the following experiments into execution in order to determine the nature of the process under a physiological point of view, and at the same time to ascertain more exactly its importance as regards its practical application to Surgery.

Before entering upon the more important part of Dr. Richardson's experiments, I may perhaps be allowed to refer briefly to what is evidently an anatomical oversight on his part. Dr. Richardson states that he at first endeavoured to obtain anæsthesia of the skin of the leg by interrupting nervous power; and that by placing the limb in a certain position, or, in other words, by compressing the sciatic nerve or one of its branches, he easily obtained paralysis of the muscles of the leg, without being able to produce insensibility of the skin over the same part. Of this fact he has proposed a peculiar explanation, which I need not enter into, it being obvious that Dr. Richardson has overlooked in these experiments the fact that the leg is supplied with branches from the crural as well as the sciatic nerve—the compression of the latter only producing imperfect results.

But to turn to the more important observations of Dr. Richardson relative to what he terms voltaic narcotism. We find that he states that the application of tincture of aconite mixed with chloroform to any part of the skin, will, when aided by the voltaic current, render the skin perfectly insensible, not only at the spot where the narcotising agents are applied, but over a great part of the limb interposed between the two poles.

Dr. Richardson's most interesting experiment was that of February 3, on the leg of a dog, where, after the application of the narcotic and the positive pole at the upper part of the leg, with the negative pole near the foot, anæsthesia was found to exist over the whole limb interposed, so as to allow of amputation without pain. We are thus led to the conclusions, that by means of voltaic narcotism we may produce—

1st. Complete insensibility of the integument, so as to render operation upon it painless.

2ndly. Insensibility in the parts situated between the poles (experiment of Feb. 1).

3rdly. Insensibility nearly if not quite complete, of the deeper seated nerves.

4thly. That this method is unattended by any complications calculated to render the healing process and recovery more difficult.

In order to determine to what extent these propositions

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could be accepted, I made the following experiments on myself and on others, and lastly, upon animals (a):—

1st *Experiment*.—A mixture of chloroform and tincture of aconite, imbibed in a thin disc of sponge of about the size of a penny, was applied to the upper and anterior part of the forearm. The disc was covered by a penny-piece, its surface being previously well cleaned by and connected with the positive pole of a four-pair Smee's battery, which decomposed water freely. The negative pole was applied to the skin of the wrist, moistened with acidulated water. The first sensation was that of a hot pricking nature, which continued to augment for two or four minutes, after which it gradually subsided. Five minutes after application, the skin around and partly beneath the disc was found to be reddened, and the temperature elevated, while the more internal parts were pale and numbed. After reapplication of the poles for about ten minutes, the sponge having been moistened with fresh narcotic, the part beneath the disc was found to be very pale, corrugated, its temperature much decreased, insensible to pricking with a needle, but still retaining an imperfect sense of pressure when pressed upon by the finger. Around this circular area the skin showed increased vascularity, being reddened, with its temperature and sensibility increased.

About an hour after the removal of the poles and disc, there was much swelling of the skin that had been under the disc. Some considerable smarting and burning was likewise felt, causing much inconvenience for about an hour and a-half, after which it gradually subsided.

Five hours after, burning quite gone, insensibility to pricking over a central area, although pressure of the finger was felt.

On the following day, sensibility over the centre very imperfect, commencement of vesication causing slight inconvenience.

3rd day.—Complete vesication of the skin, sensibility beneath very acute.

4th day.—Inflammation of the cutis so painful that I was obliged to adopt poulticing and water-dressing, which was continued the three following days.

9th day.—The edges of the blister covered with fresh cuticle; but the central parts where the action had attacked the cutis deeper, was raw and very tender. Cicatrisation only after the lapse of fifteen days.

The like experiment was made the same day in the same conditions on two other persons, which I will distinguish as experiments 2 and 3.

Experiment 2 was attended with exactly the same symptoms, except that the vesication was less deep and less painful. On the 8th day it was nearly healed, and on the 14th day, completely healed.

Experiment 3, which was continued for eight or ten minutes, causing some extravasation of blood in the cutis, was unattended by vesication, and simply produced desquamation of the cuticle. The pain, although not so great in this case, was very sharp and inconvenient for three days after.

In the last case, the insensibility was limited to a space of about one inch in length, and a quarter in breadth; around this was a zone of about quarter inch wide, increasing in sensibility from within. Beyond this was a second zone, where the skin was in a state of hyperæsthesia, being very sensitive to pressure, pricking, or to the application of any warm body.

Two other experiments were performed in the same manner, and with the same mixture on Thursday, February 24; the only difference being that the narcotising liquid was applied to the arm near the insertion of the deltoid muscle. These last two experiments were made for the purpose of estimating comparatively the influence of galvanism. The only reason for not applying both discs on the same person, being the amount of pain and inconvenience that would have been entailed by so doing.

In *experiment* 4 the copper surface was in connexion with the positive pole, while the other was placed over the forearm. The battery employed in this case was a very active six-celled one, on Smee's principle.

In *experiment* 5 the same arrangement was made, simply omitting the action of the battery. In both cases the effects produced were in all respects the same, so that it was impossible to discover any accelerating influence on the part of the electricity.

In both a slight tingling existed, gradually increasing until it became of a hot stinging nature about two minutes after the application. The application or cessation of the action of the galvanism was unattended by any perceptible corresponding increase or diminution of the symptoms of tingling or the burning sensation. Ten minntes after the application the surface beneath the discs in both cases was found colder and pale, except on some points which were dyed by extravasated blood. Pricked with a needle, they were both equally insensible, although capable of perceiving a diffused pressure as with the finger.

The region of insensibility corresponded exactly to the surface of the disc, and terminated in a distinct and well-defined line. Beyond this line existed a zone, somewhat variable in breadth, characterised by increased sensibility.

The symptoms observed on the succeeding days were the same in both cases, and very similar to those I have described as experienced by myself, excepting that as the experiments were less prolonged they were less severe.

Five days after the experiment some soreness was still experienced on the spot beneath the disc.

I need scarcely state that I took every precaution to insure the action of the battery and the conductibility of the part interposed in the circuit. I purposed to give exact measurement of the strength of the current with and without the interposition of the living tissues. I was, however, obliged to defer this part of my experiments, as the galvanometer could not be depended upon. To give some definite idea on this point I may mention that the battery was of 12 elements of Smee, with plates 5 inches by 2½ inches; decomposing water rapidly, and that the poles applied to the tongue and cheek gave a smart feeling of burning. When applied to the skin of the arm the poles gave no sensation of electric action nor deflection of the galvanometer, although by a simple thermo-electric action with iron and platinum, the needle was deflected about eight degrees. In a word, the conductibility of the skin was found to be infinitesimally small; only by the galvanoscopic frog of Matteucci, which contracted but weakly, could I obtain evidence of the presence of a current through the arm.

These comparative experiments showed me the non-influence of electric action on the production of anæsthesia. In order, however, to remove any possible doubt on the subject, I proceeded to make some comparative experiments on an animal, as by so doing I should completely obviate any objection that might arise as to the foregoing experiments having been performed on different individuals.

Experiment 6.—Two discs of sponge moistened with the narcotic liquid, covered with copper as before, were applied to corresponding points of each ear of a full-grown rabbit, while the opposite side of the ear was moistened with slightly acidulated water. One ear was interposed between the poles of a four-celled battery.

Fifteen minutes after, the ears on both sides were equally insensible, much colour beneath the discs, and the vessels contracted and nearly imperceptible.

Thirty-five minutes after application, part beneath completely insensible to cutting and pricking. Neither in this case nor in others of the same nature was I able to discover the least difference between the galvanised and non-galvanised ear.

On the following day the spots beneath the discs were cornified or in a state of dry gangrene. Both ears were exactly alike. Similar experiments on rabbits have given me the same results, description of which is therefore unnecessary.

As in all the foregoing observations I observed that the anæsthetic region over the skin was confined to the spot covered by the medicated disc, there obviously existed a discrepancy on this point between the results of my experiments and those of Dr. Richardson, who, as we have seen in the experiment above referred to upon the dog, obtained insensibility of the whole part of the limb placed within the galvanic circuit. I therefore proceeded to repeat the experiments in the same conditions as those stated by Dr. Richardson.

Experiment 7.—A mongrel terrier dog, after a portion of its coat was removed, was examined previously to any application of the narcotic mixture in order to test the sensibility of the

(a) To avoid repetition, I will premise that I always in my experiments made use of chloroform and tincture of aconite, mixed in equal proportions, which I will term narcotic mixture.

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leg, which was found to be so exceedingly obtuse that neither pinching nor cutting through the skin, nor subcutaneous section of the tendon of Achilles produced any perceptible signs of pain. In fact the only points where pain was produced by pinching was over the abdomen, especially at the teats, the ears, nose, and tail, particularly near its extremity, and the ball of the feet and toes.

Experiment 8.—On the following day amputation of the hind leg of the opposite side of the body was performed by Dr. Walker. A circular incision was made, dividing the whole of the skin without eliciting the slightest signs of pain from the animal, whose mouth was left free. Section of the remaining soft parts, muscles, and nerves caused great pain, as likewise the sawing of the bones.

The various sutures, made by a gentleman present (Mr. Finch), with a post-mortem needle, caused no symptoms of pain except at one point where some discomfort was occasioned.

As the animal of this experiment might have been an exceptional case, as is sometimes met with on man, I repeated the experiment of dividing the skin of the leg on another dog without producing any indication of pain.

In order to ascertain the influence of the narcotic mixture on this animal, I applied it first to the external surface of the right ear. Ten minutes after the application the skin had become pale, somewhat swollen, and its sensibility much decreased; ten minutes later, the skin was transfixed over the spot without any pain, while in the neighbouring parts the sensibility was intact. The same experiment, with like results, was made on the inner surface of the left ear.

The animal was then released after both ears had been carefully washed. It was found to be very unsteady, and reached its kennel with the greatest difficulty, where it commenced vomiting and moaning: subsequently respiration became laborious and difficult. As I was very desirous not to lose the animal, I injected water into the stomach, and subsequently sherry and water, as the extremities were cold and bloodless. These means were of no avail, and the animal speedily expired.

The animal's mouth had been carefully tied up, and I could not perceive that any of the aconite had penetrated into the external meatus. I consider the toxic effects to be produced by the absorption through the skin, and over the cut surface exposed by its being transfixed.

If the cause of death in this case should be regarded as somewhat uncertain, whether from absorption through the skin, or from the cut surface, or from both causes, the following experiments are removed from any doubt respecting the cause of death.

Experiment 9.—A half-grown guinea-pig had one of its feet placed in the mixture of chloroform and aconite. After fifteen minutes' immersion the greatest part of the foot was completely insensible to superficial pressure. Skin of leg moistened by the liquid, also insensible. Thirty minutes later the animal's lips were pale, foaming at the mouth, vomiting of bile, which increased, coldness of extremities, sharp convulsive action, and death about two hours after immersion.

Experiment 10.—Exactly the same results were witnessed on a second animal experimented upon.

Experiment 11.—In a third case the animal was full-grown, and insensibility was more slowly obtained. In all these cases the insensibility of the skin and of the toes was complete, while the deep-seated parts still remained sensitive, and painful on strong pressure.

These experiments have led me to the following conclusions:—

1st. Application of a mixture of equal parts of tincture of aconite and chloroform will produce loss of vascularity, and nearly complete anæsthesia after the lapse of ten to fifteen minutes on the human skin.

2nd. This anæsthetic is neither retarded nor accelerated by connexion with the poles of the voltaic battery. (See experiments 4, 5 and 6.)

3rd. The anæsthesia produced is circumscribed to the spot on which the narcotising mixture is applied. (See experiments 1, 2, 4, 5 and 6.)

4th. This insensibility is confined to the integuments, and does not extend to the deep-seated parts. (See experiments 1, 9, 10, 11 *et passim*.)

5th. The conclusions of Dr. Richardson relative to painless amputation of the limb of the dog are not founded on sufficient evidence, as I found that on this animal, amputation of the leg without the use of any anæsthetic means, produced exactly the same symptoms as those observed by Dr. Richardson after the use of voltaic narcotism for upwards of half-an-hour; the section of the skin and of the tendon of Achilles being, according to my experiments on the dog, naturally painless operations.

6th. Dr. Richardson in his experiments on the compression of the sciatic nerve, appears to have overlooked its exact anatomical distribution.

7th. The insensibility is caused by the local absorption of the mixture. (See experiments 8, 9, 10 and 11.)

8th. This absorption is in certain cases sufficient to produce death after the lapse of two hours.

9th. It is not improbable that in infants and children, from the comparative thinness of the cutis, the application of the narcotic over a surface of two or three inches square, would be sufficient to produce death.

10th. In all ordinary cases of abraded or cut surfaces, the application of the narcotic mixture may be attended with considerable danger on the adult.

11th. The use of this anæsthetic agent in cases of tooth extraction is particularly objectionable.

12th. The action of the narcotising fluid, with or without the electric current, when applied to the healthy skin, is attended by a severe local inflammation of a most painful and obstinate character, which would be liable to introduce dangerous complications into surgical operations.

PROFESSIONAL REMINISCENCES IN THE TREATMENT OF CLUB-FOOT,

AND OTHER COGNATE DISEASES.

By FRANCIS ADAMS, M.D. M.R.C.S. Banchory.

The communication by Mr. John Lizars, on Club-foot, in the *Medical Times and Gazette* for December 18, is of such a nature, and exhibits so much disagreement between his views and those publicly taught by an eminent authority on Surgery in Edinburgh, as to put it beyond a doubt that on several practical points relative to an important operative procedure, the most discordant opinions still prevail. I am, therefore, inclined to hope that the results of my own experience in this line, now pretty extensive, and spread over a long period of years, may prove of some interest to the Profession, more especially as having been acquired in a situation where I was in an especial manner called upon to act upon my own judgment, and was little exposed to the risk of being influenced by prevalent routine or authority.

It is now fully twenty-five years since I first performed the operation of Stromeyer for the cure of club-foot. My patient was a girl about 20 years old, who had been afflicted with *varus* from her birth. In this case the only apparatus used by me for stretching the contracted parts and remedying the distortion, was a simple piece of mechanism, consisting of a board about eighteen inches long, gently scooped out in the middle to hold the leg, with another board of suitable size to receive the foot—the two pieces being united behind by a hinge, with stout cords fastened near its extremity, to be attached by suitable holes to the back piece, so as to produce strong extension when thus tightened. This was the whole apparatus, and one may judge of its rude and unpretending character when I say that I am sure the carpenter who made it would have thought himself well paid for his work and materials with eighteenpence! With a knife, constructed for me by an instrument-maker in Aberdeen, agreeably to the description of Stromeyer's knife, I divided the *tendo-Achillis* from within outwards, and afterwards some very tight bands on the sole of the foot. The limb after an interval of two or three days, was fixed to the apparatus, and the process of rectification conducted upon the great Hippocratic principle of *contraria contrariis*, that is to say, every abnormal deflection was counteracted by the application of mechanical force in the opposite direction. All my modes of procedure were so simple and so obvious to common sense that I think it unnecessary to describe them minutely. The result was the complete restoration of the foot, in the course of three weeks, to its natural shape, and, presently, ability to walk

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without lameness or weakness of the limb. Before her death, which happened from consumption, about eight years afterwards, the limb, I believe, was as strong as the other. Certainly for several years she showed no appearance of lameness.

In this way I operated on a good many cases of *talipes varus* and *talipes equinus*, and in all those in adults, to the best of my recollection, I divided the tight bands in the sole of the foot, and applied force to rectify it, by binding the distorted part firmly on the foot-piece of the apparatus, while the general process of extension was going on. To the best of my remembrance, I never failed in an adult case of either *talipes varus* or *equinus*, except partially in one where the disease was connected with paralysis of the muscles, and where, perhaps, it would have been better not to have interfered. Yet even in this case there was some improvement.

I never declined undertaking the treatment of children after the third or fourth month, nor have I seen any reason to regret having followed this course, having never met with a case of relapse, except to a certain extent in one instance, where it was obviously the effect of mismanagement on the part of the child's mother. In infants, as a general rule, I never divide any other part except the *tendo-Achillis*. In their cases I do not recollect having ever interfered with the plantar fascia, nor, considering how extensible the parts of children are, can I suppose it likely that any abnormal tightness in the sole could resist proper force applied by binding it to the foot-board. In all the infantine cases I have put the limb and foot into an apparatus of similar construction to that described above for adults, and manipulated, according to circumstances, for ten days or so. But I have thought that this might be dispensed with by the proper application of bandages—so flexible are the parts in children. After a fortnight the only difficulty that remains is to keep the parts *in situ;* for, it must be admitted, the tendency to relapse in children is very great. To obviate this I have tried various expedients. Sometimes a strip of adhesive plaster may be carried from the outside of the leg round the inside of the foot, so as to effect the purpose required. But, in general, I apply first a laced hose or stocking, extending from the foot to the knee, with a strip to go round the inside of the foot, and be fastened, on the outside of the leg, with small buttons, hooks and eyes, or stitches. The limb is then placed in a firm leather boot, laced along the front, which is to be worn day and night, for the space of at least a year. Until then, it must be admitted, the risk of a relapse is not gone; but, I repeat, from ample experience, I can say that, with proper care, the result will always be satisfactory. Indeed, in a short time the little patient will stand on its feet, and walk about like a child of its years.

Most commonly, whether in infants or adults, I get the patients, when beginning to walk, to put on a half-boot of stout pasteboard, with a sole of the usual material, namely, bend-leather. When the leg is properly secured in it, all risk of displacement is effectually obviated. Adults walk very well with such an apparatus, but infants are apt to trip, and it does not answer so well with them.

I have performed many cases of *talipes valgus*, in which I usually divide the contracted tendons of the *peronæi*, the *tibialis anticus*, and occasionally the *extensores*. The limb, after a short interval, is then laid on an apparatus similar to that used for *varus*, with only this difference, that the board or part behind is extended about eighteen inches beyond the hinge at the heel, to which board, when cords drawn from the extremity of the foot-piece are fastened, the most powerful extension of the parts in front of the ankle can be effected.

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of contracted knee-joint with almost invariable success. One of these was a poor woman about 20 years old, who had passed through all the worst symptoms of what is commonly called white swelling, and had been advised by several Surgeons (including myself) to submit to amputation as a *dernier ressort*. And in this case, although there was apparently a partial displacement of the bones of the leg from the thigh, and although the suppuration in the joint had been most extensive, the recovery was so complete that the limb, except that it is stiff at the joint, is in all respects as useful for every purpose of locomotion as the other. About fourteen years ago, a young lady put herself under my charge for treatment, whose right leg was fixed almost immoveably at right angles to the thigh, and who thus walked with her knee resting on an apparatus similar to what is used in cases of amputation below the knee. In this case the hamstrings on both sides required to be divided at the commencement, and two or three weeks afterwards the *tendo-Achillis*. Extension was perseveringly performed, and patiently endured, for five or six weeks, when the affected limb was found to be as straight and as long as the other; and now it is nearly or altogether as serviceable for walking. In these cases the practical rule is, that when there is even the slightest mobility in the joint, the case may be confidently undertaken. For my own part I can conscientiously aver that I have never stirred up the disease anew; but, of course, this might happen if a proper discretion were not exercised.

And here let me take this opportunity of declaring it as my opinion, that with more confidence in the restorative powers of nature,—more allowance of time for the diseased bones and cartilages to become wasted or ejected—and more skilful manipulation on the part of the Surgeon in restoring distortions, the operations of amputation and resection would not be so frequently performed as they are at the present day. How does it happen that these operations are almost entirely confined to the lower orders? I once asked an eminent Physician in London, than whom no one has enjoyed a wider field of observation in the higher walks of life, whether he often remarked that the members of noble families had undergone mutilation for disease in their limbs? His answer was, "Scarcely ever." I have often lamented that there should not be *sanataria* in some healthy localities in the country, which would admit the children of the poorer class, and provide them with wholesome food, pure air, and suitable treatment, until they might recover from diseases which at present hold forth no alternative for them but mutilation or death.

In treating knee-joint contractions the only modes of apparatus which I have ever used are,—1. A hollow splint with a hinge and screw, on the model delineated by Liston, in his work on Surgery. 2. A straight trough or long piece of the strongest paste-board, such as will more than half enclose the limb, and extending from the middle of the thigh to the calf of the leg, in which, properly padded, the limb being laid, is to be firmly secured at the upper end by a bandage enclosing the limb and the apparatus, and less so at the lower; a strong band being then bound round at the knee (of which the most effectual is a tourniquet), the most powerful extension may be effected. It is scarcely necessary to add, that in treating these and similar cases, it is indispensably necessary that the limb should be frequently freed from the apparatus for a time, and subjected to fomentations with anodyne liquids. Of course opiates at night, and general treatment according to circumstances, are not to be neglected.

Operations for contractions of the thigh on the pelvis do not in general produce any great results; at all events, in cases of morbus Coxarius, when the head of the femur is displaced from its socket. I see, indeed, in the Medical journals that, of late, operations have been done even under such circumstances, with a greater degree of success than I can claim for my own attempts in this line. However, I have done some most successful cases of restoration when the contraction had been occasioned by intense sciatica or *neuralgia*. In one instance of a poor man who had been thus confined for two or three years, until the tendons at the top of the thigh had become contracted upon the body, those of the leg upon the thigh, and the tendons of the foot on the leg, I succeeded by dividing in succession, the *tendo-Achillis*, the outer and inner hamstrings, and the *tensor vaginæ femoris* and *sartorius;* and by proper extension so restored him that he was able for several years to resume his employment as an assistant gardener and a labourer. Of late he has suffered much from renal disease, which seemingly has no connexion with his former complaints.

In all these operations I have preferred using a simple apparatus devised by myself for the occasion, to any of the more complicated mechanical instruments which are commonly employed. Some years ago the late Mr. Fortune, of Edinburgh, kindly sent me for inspection the very ingenious apparatus devised by him, being, in fact, a modification of Scarpa's boot. Dr. Pirrie, of Marischal College, Aberdeen, has also shown me a very nice apparatus invented a few years

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ago by a pupil of his, Mr. Aveling, which seems more simple, and to all appearance must be as effectual as any other contrivance of the kind which I have ever seen. However, as formerly stated, I have always preferred making use of the simple contrivances devised by myself, nor have I seen any reason to change my mind on this point.

It is with the restoration of contracted limbs as it is with the reduction of dislocations. Although in the course of ages many ingenious pieces of machinery have been invented for facilitating the treatment of the latter, it seldom happens that a skilful Surgeon, well acquainted with general principles, will require to have recourse to them in order to accomplish his purpose.

The following, then, are the more important results of my experience in the management of the cases of which we have been treating:

1st. That the operation for the cure of club-foot in children may be pretty confidently undertaken after the third or fourth month, but that such cases require to be watched for some time afterwards to prevent a relapse.

2nd. That in children it is seldom or never necessary to divide the plantar fascia, nor any other contracted band in the sole.

3rd. That in the treatment of children very little assistance from stretching machines is required, and that any return of the deviation may in general be prevented by careful bandages.

4th. That as a general rule in most cases of what is commonly called white swelling, more especially when the patients are young, the limb, after the subsidence of the acute symptoms, may be straightened by operative procedure, and suitable modes of extension, so as to be restored to its uses in walking.

5th. That in most cases of *valgus* a great deal may be accomplished by subcutaneous section of the contracted tendons and suitable extension.

6th. That in contractions of the thigh upon the pelvis when complicated with displacement of the head of the thigh-bone from the socket, little assistance can in general be rendered: but that when they are the consequence of neuralgic or arthritic affections the limb they may be completely restored by dividing the contracted parts and practising extension.

7th. That in all such cases whether involving the ankle-joint, the knee, or the hip-joint, every practicable purpose, with proper care and attention to first principles, may be accomplished by means of temporary mechanical contrivances, at least as effectually as by the most complicated and ingenious machines.

ON THE TERTIARY FORMS OF SYPHILIS PROVING CONTAGIOUS.

By JAMES M'CRAITH, M.D.

Two or three years ago a young gentleman of this place was a patient of mine for an indurated chancre—this was situated in the prepuce, but at one point dipping down slightly into the glans. My practice is to cut out the entire induration immediately whenever practicable, and I cut this out accordingly, applying cold water dressing to the wound; but at the point where it extended towards the glans, in the sulcus, another induration formed, and this I treated by the constant application of small strips of lint, kept always wet, with a solution of sulph. zinc, 10 grs. to the ounce. Under this treatment the induration quickly disappeared.

I am a non-mercurialist: when serving in the navy I treated every primary case as above, and for nine or ten years I had only one case of secondary symptoms. This young gentleman the following year had a secondary eruption, for which a surgeon here attempted to treat him with mercury, but he was salivated severely by two or three pills. By the advice of Mr. Spencer Wells, then one of the Senior Surgeons attached to the Civil Medical Staff of the Army Hospital here, he was subjected to mercurial fumigations, and took iodide of potassium. Under this treatment the syphilitic eruption disappeared; but some eight or nine months after he had tertiary symptoms, in the form of white patches at the inside of the lips and angles of the mouth, with superficial ulceration of the velum and pillars in the throat. These symptoms ultimately yielded completely to iodide of potassium alternated with tonic treatment of iron and cinchona.

I have detailed this case to show that these white patches and superficial ulceration of the throat are a regular symptom of tertiary syphilis in this climate, as in England. I will now detail the cases alluded to in the heading of this paper.

Visiting a patient in the house of a clergyman here, my attention was drawn to the mouth of a baby, belonging to a married daughter. The appearance was so characteristic that I immediately investigated the case. The mother, perfectly healthy, was nursing her baby herself—no sore mouth or other symptom of disease in her person. There was a young girl, however, employed as child's maid, who seemed very much attached to the child, kissing it a great deal. I asked to see this girl. I found her with white patches on the inside of the lips, at the angles of the mouth especially, and superficial ulceration and soreness of throat. The girl told me that she knew she had this disease; and that she had contracted it from another girl, when serving in the family she last left some months before. Every one gave her a good character; yet, I confess, I doubted her story. She left, but was treated, at the request of the family, by me, and cured. The baby was put under treatment also, and got well, but slowly. While still suffering, his mother was obliged to give up nursing him, and a stout healthy woman, wife of a cotter in the village, was employed to suckle him, frequently, during the day, as at that season (summer), and under the circumstances, it was not advisible to wean him. This woman contracted sore nipples, followed by a coppery eruption on the breast; this, in turn, followed by the white patches in the mouth and superficial sore-throat. I treated her for those symptoms; and, after her, two of her children, with the affection of the mouth and throat described above. This makes four persons who contracted this disease from the original child's maid. Now the family with whom this girl was servant, before being taken by the clergyman's family, hearing that these had got well, called me in to treat them also. I found that the childmaid's story was perfectly true. I found two of the children in this family with the affection of the mouth and throat described above, and I also found the servant girl who was the first introducer of the disease to those two families suffering from the characteristic patches in the mouth, and sore-throat, and, in addition, she had the peculiar foul ulceration between the little toe and one next it, so universally known as syphilitic. Her account was curious, and I believe it to be correct. She had come, some months before, from the Island of Lero. She says that the disease was brought by some of the men (they are all sailors and fishermen, spending greater part of each year away) into their families, and from them it spread through almost all the inhabitants, as they have no doctor in the island, and in that way she contracted it. Seeing what has taken place here her account is probably correct. I had her sent to the Hospital, where she got well. Now, from all the circumstances, I believe this was true syphilitic disease; and there is no doubt it was contracted by one person from another, as itch, or any simply contagious disease may be: and it will explain many accounts in the old authors, which in my student days were looked on as excuses to cover the disease when found on people who ought not to have had it, according to the then received doctrines. At all events, I never witnessed anything like this in England.

Smyrna.

THE LATE RICHARD BRIGHT.—We wish to call attention to an able and genial exposition of the life and works of Richard Bright, from the pen of M. Lasègue, contained in the March number of the *Archives Générales*.

SOUR MILK IN GREECE.—Dr. Landerer states that the Greeks, as well as the Turks, are great lovers of milk, especially sour milk, called by the former *zynogalon*, and by the latter *jagusti*. Immense quantities of this sour milk are brought from the neighbourhood of Attica to Athens, and every one hastens to purchase it in the belief of its wholesome qualities. And, in fact, this *zynogalon*, which exhibits a gelatinous coagulum, is a very cooling and nutritious article. It is consumed with every dish. The shepherds prepare it either with rennet or from some of the dried coagulum of the milk itself; but the milk-sellers of the town employ alum for the purpose, or place in the warm milk an old Spanish coin, supposed to be of peculiar efficacy in securing coagulation.

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THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

PHAGEDÆNIC ULCER IN THROAT CURED BY SPECIFIC TREATMENT.

(Communicated by Dr. WILKS.)

EDWARD B., aged 19, admitted under Dr. Wilks into Stephen Ward, on January 19, 1859, for the above-named affection. He stated that he lived at Dartford, and had been ailing for two years, but his throat had only been bad for six months. His general appearance resembled rather that of a boy of twelve, owing to his extremely short stature, and attenuated frame; his long eyelashes, husky cough, and wasted limbs suggested phthisis in almost its last stage. On examination, however, his lungs were found healthy, as were all other parts of the body, excepting the throat, in which a large ulcer existed. The soft palate was quite destroyed together with the tonsils, and the ulceration extended to the pharynx, and in front along the roof of the mouth towards the teeth. The surface was covered with a dirty green secretion, and the edges were of a dull pink colour. The teeth were small, yellow, and notched. The surface bled on the slightest touch, and the whole ulcer presented a most unhealthy aspect; so as to suggest to some who saw it that it was cancerous. The boy appeared quite innocent of any syphilis of his own getting. His scrofulous and wasted appearance suggested the following treatment:—Potass. chlorid. gr. x., acid hydrochlor. dil. x., Decoct. cinch. ter die, lotio sodæ chlorinata and wine. He continued this until February 8, when being no better, he was ordered quinine and cod-liver oil. Under this his health improved; but the throat made but little, if any, progress.

On March 1, in conversation with Mr. Hutchinson on the case, he suggested its hereditary syphilitic nature, and the patient was then ordered to rub in mercurial ointment night and morning, and take potass iodid. gr. iii., inf. columb. ter die. From this time he began to improve, and in the course of ten days the sore was granulating, the edges were contracting, and the whole surface appeared rapidly healing.

METROPOLITAN FREE HOSPITAL.

IS "ULCERATIVE STOMATITIS" A DIPHTHERITIC AFFECTION?

(Under the care of Mr. HUTCHINSON.)

ANY one who reads carefully Dr. Fothergill's "Account of the Putrid Sore-throat," as it prevailed epidemically in his day, will not feel any doubt that he is describing the identical disease which Bretonneau afterwards designated as diphtheritic. To the latter author we owe the observation that the supposed sloughs are not portions of gangrenous mucous membrane, but exudations upon its surface. Great credit is due to him for the demonstration of this fact, however simple it may appear, for some of the aspects of diphtheria are certainly most deceptively like those of true gangrene. Bretonneau carries his assertion out not only as regards the throat affection, but also applies it to those forms of mouth disease in which the cheeks and gums of children become the seat of so-called ulceration, and which are known to us as "ulcerative stomatitis, and the abrasions coated me. We are not as yet attempted e have this week

Henry T., aged 8 years, a pallid, delicate boy, was admitted on March 1 at the Metropolitan Free Hospital, under Mr. Hutchinson's care on account of ulcerative stomatitis in its most typical and acute form. His right cheek was greatly swollen, tense and hot. On its inner surface was a large ulcer, which extended from near the angle of the mouth to behind the level of the last molars, and was nearly an inch broad in its middle. It was covered with ashen-grey pultaceous material, and its edges were of vivid red. A most fetid odour was exhaled, and the gums of both the upper and lower jaw were inflamed, and bled on a slight touch. The condition had existed a fortnight, during which time the boy had been under the care of the Surgeon to the parish. The aspect of the disease made it almost impossible to believe, but that there was an ulcer at least a quarter of an inch deep, and filled with decomposing slough and putrilage. One gentleman who saw the case, at once exclaimed, "*Cancrum Oris.*" It was not, however, an example of true cancrum oris, but one of the ulcerative stomatitis, so well described by Dr. West, and other writers. Mr. Hutchinson wishing to test the correctness of Bretonneau's assertion, attempted with forceps and a small scoop to remove the material occupying the ulcer. The upper surface of this was soft and diffluent, but its under layer was firm and coherent, and might be peeled off. With care it was separated from the mucous membrane in all parts, almost without causing bleeding. The surface thus exposed was of mottled red colour, with little white spots here and there, as if the membrane dipped into open follicles, and could not be got away. *There was no deep ulceration whatever;* and whether there was even destruction of the epithelial layer was uncertain. Examined under the microscope, almost immediately after its removal, the membrane was seen to consist of an immense number of small cells (like those of pus or mucus, but smaller), and free nuclei, which were made to cohere by an obscurely fibrillated material. Very few epithelial cells were contained in it. Placed in a solution of chlorate of potash, portions of this membrane became soft, and lost their cohesion.

It is well known that for the form of stomatitis above described, chlorate of potash in full doses is almost a specific. Wishing to ascertain whether its virtues are due to its local or its constitutional influence, Mr. Hutchinson ventured in the above case to direct that it should be used only topically. A lotion containing six drachms of the chlorate to twenty ounces of water, was ordered to be used freely as a mouth-wash every two hours, the boy being strictly enjoined not to swallow any. He was treated as an out-patient, and in order that the experiment might be a fair one, was ordered to live just as he had been accustomed in every respect. No internal medicine was prescribed. To prevent any ill consequences ensuing from the neglect of the latter he was to be carefully watched from day to day.

On the day following the commencement of the mouth-wash the improvement had decidedly begun. A considerable portion of the sore was clean, and the induration of the cheek was much less brawny. Over the posterior half of the sore, however, a new false membrane had been effused. This was again detached, and the treatment continued.

On the fourth day all fetor of the mouth had been removed, and the sore was almost clean, and had begun to diminish in size. It was now evident that superficial ulceration did really exist over the whole surface.

At the end of a fortnight (the wash having been regularly persevered with) the mouth was well. The ulcer had healed from behind forwards, and a red spot the size of a split pea at its anterior angle was all that remained. The boy still looked pale, and steel wine was now prescribed.

Conclusions.—a. That Bretonneau's assertion as to the essential nature of ulcerative stomatitis is perfectly correct.

b. That the effusion of a coherent and thick layer of false membrane over a very superficially abraded surface being the chief feature in this disease, "buccal diphtheria" would be a more suitable designation for it than that which it now bears.

c. That this form of diphtheric disease is curable by the local application of the chlorate of potash only.

d. That the fetor of breath almost always present in these cases is due to decomposition of the exposed layers of the false membrane, and not to either phagedæna or gangrene.

Suggestions.—a. Might it not be worth while to examine the saliva during the internal administration of large doses of chlorate of potash, and ascertain whether its constituents are appreciably altered? Its extraordinary efficacy in curing stomatitis would be easily accounted for were it ascertained to be eliminated by the salivary glands, and thus kept in constant application to the affected parts.

b. Why not try the chlorate as a topical application in cases of pharyngeal and tracheal diphtheria? By means of a sponge probang and a larynx syringe, a solution might

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without much difficulty be brought in contact with these parts. A saturated solution should be used, and freely and frequently applied.

HOSPITAL NOTES.

ATROPHY OF THE TESTICLE AFTER OPERATION FOR HERNIA IN AN INFANT.

A little boy of 8, accidentally again came under notice the other day, on whom at the age of two months the operation for strangulated hernia was performed in St. Bartholomew's Hospital. It is always of interest to obtain the history of such cases for long periods after the recovery, and note the ultimate results of the operation. In this instance the cure as it regards the hernia has been radical. The boy has never since suffered from any degree of protrusion, he has not worn a truss, and coughing does not cause the slightest yielding of the part. There is a large supple scar in the right groin. The testis appears to have been destroyed by the operation, and may be felt as a piece of firm tissue in the upper part of the scrotum being quite destitute of plumpness and other characters of the healthy gland. From it a thin band of tissue may be traced passing up into the inguinal canal, but no vas deferens can be discovered. The opposite gland is of natural size, and the penis is larger than usual at the age. Considering the very small size of the vas deferens at the age at which the operation was performed, one cannot help suspecting that it may have been accidentally divided, and thus have induced the subsequent glandular atrophy.

MULTIPLE FIBRO-CELLULAR TUMOURS.

We mentioned three weeks ago a case of Mr. Solly's, in which a woman was the possessor of more than a hundred fibro-cellular subcutaneous tumours, and we also alluded to three or four other cases which had come under our notice exemplifying the same very rare affection. A few days ago, we saw at the Metropolitan Free Hospital another example of it. The patient was a healthy-looking man, aged 62, under the care of Dr. Ramskill. Over both arms were a crop consisting of about a dozen on each side, of loose subcutaneous tumours, which varied in size from a hazel nut to a hen's egg. The larger ones were very prominent, and evidently consisted of lobulated masses of rather firm tissue. They appeared to be unattached to the skin, and very loosely to the deeper parts. They had existed, if not from birth, at any rate from very early boyhood, and had shown but little tendency to increase in size. There were none on the face or head, but several about the hips and back. It is a curious additional fact, that the man is wholly destitute of the sense of smell, and has been so from birth. He is liable to severe prurigo senilis, for which he is now under treatment; but this is a symptom of only recent date.

CLUBBING OF THE FINGER-ENDS AS A SYMPTOM OF THORACIC DISEASE.

A very interesting case has been recently under care in St. George's Hospital, of large subclavian aneurism, in which the circulation of one upper extremity had for long been greatly interfered with. We do not, however, now advert to its details (a) any further than as they bear upon the right interpretation of clubbing of the fingers. The fingers of the affected arm had become clubbed in a very marked degree, while those of the other hand had retained their original shape. The man was not the subject of phthisis or of tubercular deposit in any form. It seems, therefore, clear that simple retardation of the circulation in the part is, if long continued, an efficient cause of this peculiar symptom.

Clubbing of the fingers, when not an individual peculiarity, but coming on during ill-health, has often been considered an indication of pulmonary phthisis. By what steps of causative influence it was produced no one knew. Some years ago, in the practice of the City Hospital for Diseases of the Chest, the writer took considerable pains to ascertain its value as an indication of phthisis, and to discover whether it was in any way connected with the tubercular dyscrasia. Several cases of chronic empyema discharging through the bronchial tubes, displayed it in a very marked degree, while in none of them was there any reason to suspect tubercular disease. For a time he felt inclined to connect it with profuse expectoration from whatever cause rather than with tubercular disease. The observation of some instances of cyanosis in which it was present, however, overthrew this hypothesis. The case of a lad under Dr. Barker's care, in St. Thomas's Hospital, has in particular fixed itself on his memory in connexion with this point. The boy had congenital malformation of the heart, and his face and extremities were constantly livid and blue. His fingers were remarkably clubbed, and so were all his toes, as is very commonly the case. He had never had any cough or expectoration. The occurrence of this symptom in the cyanotic removes it in a very positive manner from any necessary connexion with the tubercular diathesis, since, as is well known, blue blood is to a certain extent antagonistic to that condition. Thus, then, it seemed fair to conclude that a symptom occurring in phthisis, empyema, and cyanosis, must depend upon some one condition which these affections have in common, and not upon tubercle, which is present only in one, or on profuse expectoration, which occurs in only two. Retardation of the circulatory fluid and its insufficient aeration, seemed to be this one phenomenon common to them all, and in further support of this view was the fact that it is far from being universally met with in phthisis, and usually seems proportionate in degree to the evidences of pulmonary obstruction (purple lips, etc.)

It is needless after the above enumeration to point attention to the peculiar interest which Dr. Ogle's case possesses as furnishing a sort of crucial proof of the truth of the conclusion arrived at. The phenomenon in question being exhibited in it in one hand only, it was clear that it could not depend on a constitutional cause, but must have been induced by some influence peculiarly exerted on the affected member. There could be little difficulty, under the circumstances, in saying what this influence was. In future, therefore, we may safely conclude that clubbing of the ends of the fingers, with whatever form of disease it may be associated, is an evidence simply of impeded circulation and of deficient oxygenation of the blood.

(a) The case was brought before the Pathological Society by Dr. Ogle, at its last meeting.

GASTROTOMY IN A CASE OF STRICTURE OF THE ŒSOPHAGUS.

On Sunday last, at Guy's Hospital, Mr. Cooper Forster again performed gastrotomy in a case of stricture of the œsophagus. The particulars of his first case (the first English one, as far as we are aware) were fully recorded in this Journal, and have since been published in the "Guy's Hospital Reports." In it the patient was an adult man, and the stricture malignant. After experiencing considerable relief from the supplies of food afforded by the artificial opening, the poor fellow, who was miserably feeble before, sank a few days after the operation. In the present case the patient is a boy who was admitted under Dr. Addison's care about fifteen weeks ago on account of the effects consequent on having swallowed some caustic alkali. As he recovered, the symptoms of contracted œsophagus became increasingly apparent, and at length it was evident that unless relieved by an operation the lad must die of inanition. Under these circumstances he was transferred to Mr. Forster's care, and, as we have said, the stomach was opened on Sunday last. The viscus being itself contracted and the bowels about it distended, the operation was by no means so easy as might have been expected. The edges of the opening were secured to those of the external wound, and fluid nutriment in moderate quantities has since been administered by it. Up to Tuesday night (our last report) the boy was doing well, much gratified at the relief of his hunger, and without any signs of peritonitis.

ASH-BATH IN RHEUMATISM.—Dr. Landerer, of Athens, states that the Greeks, like all Orientalists, make great use of every kind of bath. Among these is the ash-bath, which is prepared by the common people in the following way: Plants which are supposed of efficacy in rheumatism, as *pistacia lentiscus*, *pistacia* terebinthus, *spartium*, *juncaeum*, etc. are burnt to ashes. These are collected in a copper vessel, which is heated as highly as can be borne. The suffering part is put in the vessel, completely covered with the ashes, and allowed to remain. The people relate marvellous accounts of the curative agency of those dry ash baths.

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NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 308.—Excision of Kneejoint.

I shall feel greatly obliged to any English Surgeon who has performed excision of the kneejoint prior to the close of 1858, and has not made public the operation or its termination, if he will kindly favour me with a memorandum of the case. P. C. Price.

7, Green-street, Grosvenor-square, Feb. 22, 1859.

No. 309.—Lines on a Country Surgeon.

I have known the lines on a Country Surgeon upwards of forty years. Your Correspondent, C. W., has sent you an imperfect copy, which I can amend. I quote from memory, but believe that I am correct. H. I. Raines, M.R.C.S.E.

Newport, East Yorkshire.

His dinner cold, his hands this mess in,
All for a shilling, or—a blessing;
Sickly, and weary, and distress'd,
He seeks his bed—in hopes of rest.
Vain hopes! his slumbers are no more—
Loud goes the rapper at his door!
A farmer's wife, at ten miles' distance,
Groaning, calls out for his assistance.
Fretting and fuming in the dark,
He in the tinder strikes a spark,
And, as he yawning heaves his breeches,
Envies his neighbour blest with riches!

No. 310.—Ligature of the Radial.

Would any of your readers be good enough to inform me where I could find the description of a dissection of an upper extremity in which the radial artery had been tied near its origin? Henry R. Silvester, M.D.

Crescent Lodge, Clapham-common, S.

No. 311.—Sudden Whitening of Hair.

Will you allow me to ask, through your journal, whether any of your readers can give me information of an authentic kind, in reference to the sudden turning of the hair white? I have always looked upon the cases so often referred to as illustrations of this fact, as unsatisfactory, as partaking of the poetical character of Lord Byron's Myth, "whose hair turned white in a single night." The thing seems so very impossible—so impossible indeed, *à priori*, in a physiological point of view—as to require good testimony before it is accepted as true. "Well-authenticated instances have occurred," say Todd and Bowman, "in which the hair has grown white in a single night, from the sudden influence of some depressing passion." They account for the asserted fact, by supposing that some fluid secreted, perhaps an acid, as Vanquelin suggests, percolates the hair, and destroys chemically its colouring matter. I should be very glad to know where the history of these authentic instances may be found. Sec.

No. 312.—Treatment of Apoplexy 200 Years ago.

"October 27, 1675.—Lord Berkeley coming into the Council fell down in the gallery at Whitehall in a fit of apoplexy, and being carried into my Lord Chamberlain's lodgings, several famous doctors were employed all that night, and with much ado he was at last recovered to some sense, by applying hot firepans and spirits of amber to his head; but nothing was found so effectual as cupping him on the shoulders. It was almost a miraculous restoration."—*Evelyn's Diary*, February 4, 1685.

ANSWER.

No. 304.—Lines by Jenner.

In reply to your correspondent C. W. Norwich Hospital, I beg to inform him that the lines on a "Country Surgeon" were the production of the late Dr. Whitelock Nichol, an intimate friend of mine, whose death-bed I attended; they have been often quoted. A private memoir of Dr. Nichol was circulated among his friends, a copy of which I had, but at this moment I cannot put my hand upon, and among other pieces written by him and published, were the lines on a country Surgeon. James Bright, M.D.

12, Cambridge-square, Hyde-park.

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Medical Times & Gazette.

SATURDAY, MARCH 19.

THE SALE OF POISONS BILL AND THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

Recent ministerial changes have led to a suspension of proceedings with reference to the Sale of Poisons Bill. The Edinburgh College of Physicians have selected this interval for placing on record their objections to the Bill introduced into the House of Commons by the late Secretary for the Home Department. A copy of the Petition emanating from this body, will be found in our present number. While we agree with some of the suggestions made by the petitioners, we must dissent from others; and although we do not believe that such was the intention of the framers of the petition, the effect of it, if carried out, would be either to perpetuate the present evils, or to postpone legislation *sine die*.

The petitioners would restrict the retail sale of poisons to "Druggists" or "Apothecaries," and to "wholesale dealers," "colourmen," and "drysalters," specially licensed. If we lived in a country where legislation was a simple matter of issuing an imperial decree, such a suggestion might be carried out; but we must deal with our position. So long as we are ruled by acts of Parliament, everything must be clearly defined and specified. Nothing must be left to sentiment or surmise, or the law will fail of its object. There is no difficulty in defining an apothecary: the license of the Apothecaries' Society, with its well-known "*Opiferque per orbem dicor*," would stamp its possessor as a licensed retail dealer in poisons; but how are "Druggists," "Colourmen," and "Drysalters," to be defined? If those only are to be regarded as Druggists who are members of the Pharmaceutical Society, they would form but a small minority of the present dealers in drugs and poisons; and the exception in favour of Colourmen and Drysalters might be made to include, and would include, the numerous oilmen and hucksters who know nothing of poisons, and whose dealings in such articles justly give rise to frequent and loud complaints. The Edinburgh College cannot have duly weighed the words of their petition; for if they are honestly of opinion that "persons who know nothing of the nature and effects of poisons should not be allowed to sell them," they cannot include in their excepted classes as licensed vendors of strychnia, morphia, and prussic acid an undefined assemblage of "Colourmen," "Drysalters," and "Druggists." The effect of this portion of their petition, therefore, is to ask for the special licensing, without examination, of the whole existing body of ignorant retail dealers, whose misconduct has rendered some restrictions absolutely necessary for the safety of the public.

We agree in the opinion expressed by the petitioners, that all patent medicines containing poison should be subject to the same regulations as any other preparations of that poison;

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but to introduce such a restriction as this in a first attempt at legislation might endanger the passing of any beneficial measure. Our advice is that the gentlemen who have drawn up this document should reconsider its terms. Let them define, with Act-of-Parliament rigour, the classes of colourmen, drysalters, and druggists, to whom they would entrust the sale of poisons; and let them state whether their special license for these classes is to be granted with or without examination. When grave authorities come forward with their advice on matters affecting the public good, they should take care that their suggestions are of a practical character, and that they admit of being strictly carried out without doubt or difficulty.

There are some parts of Mr. Walpole's Bill which appear to us highly objectionable. Thus, the power proposed to be conferred on constables to enter shops for the purpose of ascertaining whether bottles or vessels are properly labeled, would not only be liable to great abuse, but would be productive of no benefit. A man who would not be able to distinguish nux-vomica from Peruvian bark, or arsenic from starch, is surely not the person to be entrusted with an office of this kind. This and other provisions will no doubt be amended if the bill passes through its farther stages; and we intend to offer some comments on its other clauses, when it is a little further advanced.

VACANT CORONERSHIP FOR MIDDLESEX.

Before this number issues from the press the farce of an election to the vacant Coronership of East Middlesex will have been gone through. Electioneering letters in the papers, and electioneering bills on the walls have during the last week prepared the public for the coming election of the "people's only judge." Various candidates have presented themselves for the office, but the favourite of the freeholders is a solicitor, and judging by the names on his committee, and the number of public-houses over the county which have been advertised in his interest, his election to the vacant office may be considered as secure. Yet we are informed, on good authority, that the election to the vacant office will not cost him less than two thousand pounds! This is evidently not considered a bad investment for the fees and proceeds of the office, or there would not be such eagerness to secure it upon these ignoble terms. An appearance on the hustings and a powerful address to the enlightened freeholders of Clerkenwell and its neighbourhood, will complete the ceremonies which will precede the instalment of the candidate in his office.

Considering the duties which now appertain to the office of Coroner—of inquiring into the causes of death, and of instituting preliminary investigations in all cases of suspected homicide, this popular mode of election to an important office appears in the present day to be eminently absurd. In the time of Edward III. it was enacted that all coroners of counties shall be chosen in the full counties by the commons of the said counties of the most *meet and lawful people* that shall be found in the same counties to execute the said office, etc., and this enactment is substantially continued by later acts, after the formal issuing of a writ-close *de Coronatore eligendo*.

We object to elective judges under any circumstances; and, however venerable the custom, we know of no more objectionable system of election to an important office than that which is now being carried out in Middlesex. The qualifications of a man for such an office cannot be known to those who have the sole power of electing him, including the lowest and most ignorant class of county freeholders; while the necessity for hiring and employing election committees and retaining a goodly number of public-houses in the blue or orange interest, according to the colours of the candidate, must have the effect, irrespective of the attendant expenses, of keeping back many fit and qualified men. The result is, that men are commonly elected to this office who know nothing about its duties,—whose experience must begin with the first inquest which they hold, and who are wholly unqualified to balance the niceties of medical evidence upon which the cases brought before them for inquiry frequently turn.

A total ignorance of forensic medicine, or of medicine in any shape, is no disqualification. The county freeholders judge of their candidate by his powers of declamation and the amount of money spent; and do not concern themselves with his fitness by education, experience, or professional position for the duties of the office.

This system requires an entire renovation. The rules of election in the days of Edward III. when coroners went about girt with swords and performed duties long since fallen into abeyance, are not adapted to our time. The consequence of retaining this mediæval system of election is that the office has fallen into disrepute, and the proceedings at coroners' inquisitions are, generally speaking, not treated with respect. Any statesman would confer a great benefit on society, who would take in hand the reformation of the mode of electing and removing coroners, and the securing of competent persons, to the exclusion of mob-orators, for the performance of the duties of the office.

THE WEEK.

We have received from Dr. Thomas Prichard, of Abbington Abbey, Northampton, a statistical report of cases of insanity treated there, under his superintendence, during the past five years. We refer to this report, because we think it would be well if the example set by Dr. Prichard was followed by other Superintendents of Private Lunatic Asylums. Our readers will remember the excitement absurdly raised last year, in reference to the ill-treatment of a patient in a private Asylum. We pointed out at the time the injustice and absurdity of such an outcry; and, as it is desirable that every appearance of secrecy in such establishments should be removed, we strongly advise others to follow Dr. Prichard's example. Nothing would more effectually tend to remove the absurd prejudices so widely held by the public, than statements of this kind, which open to their inspection all the details and proceedings going on in these establishments. Indeed, a comparison of the results of treatment thus obtained from different Private Asylums would be not a bad proof of the value of the treatment in particular instances. The cures would, judging from Dr. Prichard's statement, appear greater in number than is generally supposed—42 per cent. in his case. Again, the idea that the friends of patients are careless about them is refuted; they are, on the contrary, over-anxious, and always too ready to remove them. Hereditary tendency existed in one-third of the cases. Dr. Prichard's Report is very full and interesting; and the clear statement here given by him of his proceedings fully corroborates what we have often heard of the excellent manner in which his establishment is conducted.

Although somewhat late in the field, the *Quarterly Review* has done good service to the cause of Sanitary Improvement in the Army, by bringing prominently before the public, in an article understood to be from the pen of Dr. Wynter, the various deteriorating influences which were so clearly shown in the Report of the Army Sanitary Commissioners last year, to be the chief causes of the high rate of mortality among the soldiers. It is by keeping the subject from being forgotten, and by reiterating the demands upon the military

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authorities for the introduction into the Army of those improvements which science is daily placing at our command, that we may hope to raise the health-standard of the Army to that pitch which may be fairly looked for, considering the numerous advantages the men enjoy, and the skilled corps of officers to whom is (or ought to be) entrusted the superintendence of all the sanitary arrangements of the Force. Dr. Wynter has not, like Mr. S. Herbert in the *Westminster Review*, "taken stock" of the progress made in the introduction of the various reforms suggested by the Commissioners, probably because he had not the same facilities of acquiring correct information on this head; but has contented himself with bringing forward the chief points adverted to in the report in a popular form, and impressing upon his readers the necessity for adopting immediate steps for their amelioration. He has, however, in addition, called attention to the enormous expenditure for barracks in India, their extremely faulty construction and arrangement, and the generally unhealthy localities in which they have been erected. On no question, probably, is a searching inquiry more necessary than with regard to the erection of barracks; the whole system at home as well as abroad is vicious. Inconvenient and insalubrious buildings are raised for the soldier, at six times the cost, on the most moderate calculation, at which commodious, well-arranged workhouses are built for the pauper, and at an expense far beyond that incurred in the erection of healthy and comfortable cottages for the labourer. This is a crying evil, and one which must some day be abated. We should be glad to see some of our legislators move in it. Wherever space is not so valuable as to forbid it, the plan of hut barracks should be adopted, in preference to those piles of brick and mortar in which the Royal Engineers delight—they would, we feel certain, be found much less expensive, much more healthy, and decidedly more comfortable.

We are sorry to find that the laws relating to the Medical Profession are still in a very unsettled state in the island of J[illegible] From what we learn in the newspapers published [illegible]land, it would appear that any person, however [illegible]ay tamper with the health of the community [illegible]erference; and if death should result from his [illegible] will escape conviction at the hands of a jury. [illegible]rue that the same was the case, until very recently, in the mother country, and therefore the inhabitants of Jamaica and those who lived in the British Islands were on an equality in this respect; but now that the Imperial Legislature has imposed penalties on persons who pretend to exercise the Medical profession at home without possessing legal qualifications, it is to be hoped that the local Government of Jamaica will follow such a good example, and devise punishments for those who practise upon the credulity and ignorance of the vulgar. As an instance of the want of Surgical knowledge in Jamaica, we read that a man having cut his throat, though not at first mortally, was taken to the house of a person who professed to understand Surgery, but was only a dispenser, and who sewed up the external wound, without tying the arteries. The consequence was, that the man died of hæmorrhage, which might have been prevented, if he had fallen into the hands of a qualified surgeon. Instances such as these ought surely to open the eyes of the Jamaica Legislature, and induce them to pass some salutary laws for securing to the poor and ignorant people (who constitute a large part of the population of the island) good and efficient Medical and Surgical advice. We have already, on previous occasions, alluded to the deficiency in Jamaica of qualified Medical men, who would no doubt find extensive practice among the more intelligent classes; but we are disappointed to find that the Legislature does not yet protect them sufficiently from the competition of the Quack and the pretender, who, in ignorant communities, are sometimes more valued than learned and accomplished Practitioners of the Healing art.

The appearance of the following paragraph in the *Times* has caused considerable discussion, and we have received several letters animadverting in strong terms upon it:—

"Royal Medical and Chirurgical Society. — At a crowded meeting of the Medical Profession held last Tuesday evening, Mr. F. C. Skey, F.R.S. President of the Society, in the chair, Mr. Sibley, the Registrar to the Middlesex Hospital, read a very interesting paper on cancer, from which it appeared that, as regards the hereditary nature of the affection, it was found that this formidable disease was traced in 8¾ per cent. of the cases; there were five instances in which they had two cancerous relations, and in one very remarkable case five relations were affected with cancer. The duration of life was found to vary greatly according to the seat of the disease; in the cases of cancer of the breast, those who had been operated upon lived 53 months, while those in whom the disease was allowed to take its natural course lived only 32 months. In respect to age, it was observed that nearly all the patients had arrived at maturity, only four being attacked under the age of 20 years. The paper, which was unusually long, received the commendation of Messrs. Arnott, Birkett, and the President, who considered that the best thanks of the Society and the public generally were due to Mr. Sibley for the great care exhibited by him in the compilation of the paper from cases in the cancer wards of the Middlesex Hospital."

We are enabled to state that the surmises of some of our correspondents as to the authorship of the paragraph are quite unfounded, and that it is the production of a gentleman—not a member of our Profession—who was present at the meeting and who is one of the paid contributors to the *Times*. It is quite unnecessary to point out how very improper it is to bring before the public statements so likely to lead to despondency in cancer patients.

Now that we are likely to have a monument to John Hunter in Westminster Abbey, and Jenner's statue adorns Trafalgar-square, one naturally asks why is Harvey left to repose in the private family vault of an Essex village church? Two hundred years has he reposed there. "Clothed in lead, and followed long while by his sorrowing colleagues of the Physicians' College, he was borne to burial at Hempstead, in Essex. And there, at this hour, says Dr. Willis, lies the lead that laps him, little changed, and showing the outline of the form within." We added to this conclusion of our memoir of this greatest of "Our Great Ones of the Past" in our number of December 19, 1857, and repeat it now—"How much more worthy of preservation these remains than those brought in our time with so much pomp from St. Helena to a royal sepulchre!" Well may a correspondent of the *Times* write—"In no country but England would the remains of the discoverer of the circulation of the blood have been left to repose so long in obscurity!"

PETITION OF THE EDINBURGH COLLEGE OF PHYSICIANS.

Unto the Honourable the Commons of Great Britain and Ireland in Parliament assembled. The humble Petition of the Royal College of Physicians of Edinburgh, incorporated by Royal Charter,

Humbly Sheweth,

That your Petitioners, the Royal College of Physicians of Edinburgh, have had under their consideration "a Bill to Regulate the Keeping and Sale of Poisons" presently before your honourable House.

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That your Petitioners are of opinion that the numerous fatal cases of accidental poisoning render some such Bill very desirable.

That your Petitioners are of opinion that the Bill now before your honourable House will not check the evils it is intended to remedy.

That your Petitioners are of opinion that persons who know nothing of the nature and effects of poisons should not be allowed to sell them in small quantities, and they would therefore beg leave to recommend that no one with the exception of wholesale dealers, colourmen and drysalters who might be specially licensed for the purpose, should be allowed to retail poisons, unless they are druggists or apothecaries.

That your Petitioners observing that very many of the cases of poisoning, especially in the manufacturing districts, occur from the use of patent medicines containing poisonous substances, especially opium, are of opinion that the whole system of patent medicines requires revision, and that those which contain poisons should be subject to the same regulations as any other preparations of that poison.

Your Petitioners, therefore, humbly pray your honourable House to take the premises into consideration, and to amend the said Bill so as to restrict the sale of poisons by retail to druggist or apothecaries, and to wholesale dealers, colourmen and drysalters specially licensed, and also to place the sale of patent medicines containing poisons under similar regulations.

And your Petitioners will ever pray.

Signed and sealed in name and by authority of the College.

Signed,
Alex. Wood, M.D.
President.

REVIEWS.

A Manual of the Philosophy of Voice and Speech, especially in relation to the English language and the art of public speaking. By James Hunt, Ph. D. London: 1859. 8vo, pp. 422.

There is not much original matter in this work; but a great deal of information has been collected and arranged in the form of a useful manual.

A Treatise on Hysterical Affections. By George Tate, Surgeon. Third Edition, revised. Pp. 110. London: 1858.

This little work may be considered to present some useful information upon the disease of which it treats. The first edition was written by the author while he was yet young in the Profession, and subsequent experience has confirmed his views. The diagnosis and treatment of hysteria are often very difficult subjects to the Practitioner, and the remarks of Mr. Tate will do something to clear up the difficulties of some obscure cases.

On Dislocations and Fractures. By J. Maclise, F.R.C.S. Fasciculus VII. London: 1859.

The plates in this fasciculus represent various dislocations of the head of the femur, and fractures of its neck, in a manner which fully sustains the reputation of the work.

An Inquiry into the Intimate Nature of Malaria. By Thomas Wilson, Esq. Pp. 136. London: 1858.

Any inquiry into the nature of the subtle essence (whatever it may be) which, under the name of malaria, often sweeps away whole armies and ships' crews, and which decimates towns and villages of their inhabitants, must command attention from every philanthropist; but we are not prepared to state that we agree either with the sentiments expressed in Mr. Wilson's book, or with the conclusions which he draws. He very severely criticises the views of others as to the nature of malaria, and the best methods of counteracting its effects; but we do not find that Mr. Wilson himself has either offered a new or original theory upon the subject, or that he has thrown any light upon sanitary measures.

The first ten chapters are devoted to a great variety of subjects more or less connected with the subject of malaria, and they show considerable research and scientific knowledge; but when we look in the concluding chapter for the establishment of some definite principles which may guide us in the investigation of a very difficult problem, we really find nothing except a series of propositions, some of which are very old, others which have been long exploded, and others again which are purely hypothetical. The influence of decaying vegetation in producing malaria, and the ferment theory of zymotic diseases, are far from being new discoveries; yet these are the main features in Mr. Wilson's conclusions.

An Essay on the History, Pathology, and Treatment of Diphtheria. By Edward Copeman, M.D. Physician to the Norfolk and Norwich Hospital. Pp. 47. Norwich: 1859.

In this essay Dr. Copeman gives a short abstract of the history of diphtheria, founded upon the writings of Bretonneau and other French authors. Although the disease has appeared, we believe, very extensively in the county of Norfolk, Dr. Copeman does not illustrate his remarks by the records of any cases, nor does his plan of treatment differ from those which are now generally practised wherever the epidemic prevails. Local medication, first recommended by Bretonneau, is considered as the most efficacious treatment at the onset of the disease; calomel is recommended when the false membranes occupy the air-passages; and tracheotomy, as a last resource, is favourably mentioned, but chiefly on the authority of the French writers, especially Trousseau. Favourable cases of treatment by this operation in this country are very rare.

An Introduction to Clinical Surgery; with a Method of investigating and reporting Surgical Cases. By Furneaux Jordan, Demonstrator of Anatomy at the Queen's College, and Pathologist to the Queen's Hospital, Birmingham. Pp. 155. London: 1858.

In this little work Mr. Jordan does for Surgery what many writers have done for Medicine; presenting us with a series of chapters, detailing in succession the methods of investigating surgical diseases.

Although many surgical diseases are of a local and not a general character, and although the information to be derived from the microscope, the stethoscope, and the test-tube, is usually considered to fall chiefly within the province of the physician; yet, as Mr. Jordan points out, these instruments are also as indispensable to the Surgeon as his own proper tools, such as the probe, the different kinds of specula, the otoscope, the ophthalmoscope, etc. Mr. Jordan's work is one likely to prove of great practical utility, and we cordially recommend it to the notice of the Profession.

On Poisons, in Relation to Medical Jurisprudence and Medicine. By A. S. Taylor, M.D. F.R.S. 2nd Edition, small 8vo, pp. 862. London: 1859.

The first edition of this work has been out of print for about three years, although, as the standard work of reference on Poisons, for Practitioners both of Medicine and Law, a constant want of a new edition has been felt. But the time and care which have evidently been bestowed upon the edition before us, while they explain, also remove any regret for a delay which has resulted in the production of so perfect a work.

The first edition is so well known that we need now merely point out a few of the additions to the second. While greater space has been devoted to pathological and other facts connected with poisoning, every chapter on individual poisons has been enriched by many new facts and experiments. The absorption, deposition, and elimination of poisons—especially of arsenic and antimony—are treated at much greater length. We may refer the reader, *en passant*, to the critical remarks at page 93, on the alleged arsenic-eating in Styria, and on the tolerance of poisons, at page 96. The remarks on the modes of distinguishing tetanus and other diseases from poisoning, at pages 138-152, are especially valuable. The case of Madeleine Smith is brought forward on the question as to suicide or murder being inferred from the quantity of poison found after death, the author arguing that the discovery of 88 grains,

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or half a teaspoonful, of arsenic in the stomach was not "inconsistent with an act of homicidal administration."

The section on the causes of the non-detection of poison—on the loss by absorption and elimination—and on the decomposition of the poison in the living body—is very important, and rendered additionally interesting by reference to Palmer's case, and to Mr. Herapath's failure to detect phosphorous in a child who had been poisoned by it.

Among the cautions regarding chemical evidence is one at page 207 against the use of arsenical wall-papers; in one case arsenic having been found in a stomach, imbibed by it from the paper in which it had been wrapped.

The remarks on lead-poisoning are of great public interest. Lead paralysis is shown to result from articles of food, from snuff, tobacco, etc., being sold in what is called "tin foil," but which is really almost entirely lead. The following is the singular result of an inquiry into the truth of an alleged case of cattle poisoning by lead—the question was whether the cattle were injured by the fumes from the chimney of lead works, or from lead in the soil. Earth was brought to London from the field in which the cattle fed. "Mustard and cress seeds were sown in these four samples of the Mendip leaden soil; and, for a comparative experiment, in a sample of ordinary garden mould. In about eight days the crops were carefully cut, without interfering with the earth, and submitted by Mr. Brande and myself to chemical examination. We first satisfied ourselves that there was no lead on the *outside* of the plants by washing them in pure diluted acetic acid, and testing the washings. The vegetable matter was then dried and burnt, and lead in well-marked quantity was found in the ashes."—P. 512.

In the chapters on prussic acid, and on nux-vomica and strychnia, an account of all the most recent cases is given. That on strychnia is enlarged from eight pages to forty. At page 794-5 the endeavours made to defeat justice in Palmer's case are fully exposed, and the impression is irresistibly suggested that there was almost ground to try an accomplice in the murder of Cook.

But throughout this work the subjects of interest are so numerous, and the information conveyed so important, that we must be content with these hasty indications, and with the remark that the whole volume of 864 pages does not contain a single foot-note (a most commendable peculiarity in these days of hasty book making). We heartily commend Dr. Taylor's admirable work to the attentive study of our readers.

General Debility and Defective Nutrition; their Causes, Consequences, and Treatment. By Alfred Smee, F.R.S. Pp. 98. London: 1859.

The present work contains the substance of the oration delivered by Mr. Smee at a late meeting of the Hunterian Society, and the nature of its contents is indicated with sufficient clearness by the title. But the subjects of General Debility and Defective Nutrition are very extensive, and are connected with almost the whole range of diseases; and hence Mr. Smee is able to enter into a very wide field of investigation, and might have filled a volume of treble the dimensions of that now before us. The book is divided into six chapters, which treat respectively of the chemical and vital properties of the human body; of the varieties and symptoms of debility; of the causes of debility; of the consequences of debility; of the treatment of debility; and of the relation of debility to the periods of life. It is only doing justice to Mr. Smee to state that he has handled his subject with considerable ability; and, although his book has a popular air about it, and is written in an easy conversational style, yet it contains many truths which ought to be widely known.

The following remarks as to the relationship which ought to exist between the patient and the Medical Practitioner are worth quotation:—

"In my judgment, every household should have its Medical adviser, from whom every member should take directions when debility or failure of health first occurs, and when the greatest benefit could be conferred. I have observed that those who employ Medical men as advisers, look upon them in a different light from those who simply desire to be doctored, and run to and fro for some infallible specific for their particular ailment. In the one case, the instructions of their Medical man are valued independently of physic, and patients are taught that, at times, the highest Medical skill may be employed without the administration of drugs. In the other case, pills and potations are a necessity, and every drug is thought to have its specific effect upon the state of man. For these reasons each household should have its adviser, and probably an annual payment to the Medical Practitioner would be preferred by the patient, who would thus average the amount paid, and not be saddled with extra payments when failure of health deprives him of obtaining the means of duly remunerating the Medical man."

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON MANUAL COMPRESSION IN THE TREATMENT OF ANEURISM AND INFLAMMATION.

By Professor VANZETTI.

Professor Vanzetti, Professor of Clinical Surgery at Padua, observes, in a recent communication addressed to the "Académie des Sciences," that although compression of the artery by the hand has occasionally been employed adjuvatory to other means of treating aneurism, yet this simple and natural method had never been proposed as the sole means of treatment, until he himself resorted to it. Since his visit to Dublin, in 1843, when he had the opportunity of observing the inconveniences attendant upon the production of compression by the aid of mechanical appliances, he has had in view the desirableness of substituting the action of the hand. It was not until 1853, however, that he first practically realised the idea. A mason presented himself with a popliteal aneurism the size of an orange, and after he had been prepared, by rest, diet, and nitre drinks, he was taught how to compress the femoral artery, and was directed to do this several times in the day. At the end of a fortnight, the compression was kept up more methodically, being continued, at intervals, so as not to weary the patient, for at least two hours at a time. Solidification then took place at the end of forty-eight hours. The tumour disappeared rapidly, and the man has continued well since. The second case occurred in the person of an officer of the Chasseurs, the popliteal aneurism being as large as a lemon. Having employed occasional compression of the femoral at home at intervals during a month, he came to the Hospital, and then five hours' continuous compression, kept up by the pupils, secured solidification. He is now on duty in the army. 3. A woman, aged 38, was admitted into the Padua Clinic, with a frightful protrusion of the left eye, this having originally commenced during the throes of labour. As all the symptoms of aneurism of the ophthalmic artery were present, compression of the left carotid was put into force. The intervals were very short, for if continued for more than a minute the pressure produced faintness. After four days all sounds and pulsation had ceased, and a few days later the eye reassumed all its normal characters. 4. The next case was an aneurism at the bend of the elbow, under the care of Professor Gherini, of Milan; and manual compression of the brachial produced solidification in three and a-half hours. 5. Dr. Gelmi, of Verona, treated a case of popliteal aneurism by means of pressure of the femoral, first for two or three hours, and then for one or two hours per diem; and by the twentieth day the leg had resumed its normal condition. 6. A patient came under Professor Riberi's care at Turin, with an aneurism at the lower third of the femoral, and which had ensued on a fall. Four hours' compression produced the necessary solidification. 7. In the case of a woman who suffered from protrusion of the eyeball, dependent on aneurism, compression was made on the carotid during five minutes five or six times in the twenty-four hours. On the 17th day, and after 440 minutes of compression, all appearance of projection had been removed. The reason that indirect manual compression has not excited earlier attention, as a means of treating aneurism, is probably the idea that it required very long continuance. The cases related, however, prove that the time is in reality very short, and the compression being

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employed intermittingly is attended with neither pain nor danger.

Encouraged by his success in the treatment of aneurism, Professor Vanzetti has resorted to manual compression in the case of inflammation of the limbs, whenever the artery has been accessible; and such success has attended its application to the femoral, brachial, and subclavian arteries in phlegmon and arthritis, that it now forms the ordinary means of treating such cases at the Padua Clinic whenever it is practicable. Employed promptly it soon may arrest the progress of the inflammation, more time being required when the process has been set up during some period. In the case of severe or much advanced inflammation, although not of itself competent to effect a cure, it is the most powerful adjuvatory means. In the face of the great advantages derivable from this means we must not be deterred by apparent difficulties in the execution. Persons can be generally got to make the compression, or the patient may be taught to do this; and, in a case of great urgency, the Surgeon himself should perform it for two or three hours. In general, compression need only be kept up for eight or ten minutes, and, after resting, again resumed. The Professor relates two cases as remarkable examples of the efficacy of this treatment: one being an instance of a bad phlegmonous erysipelas of the arm, treated by compression of the subclavian; and the other a case of acute arthritis of the wrist, treated by compression of the brachial.—*Comptes Rendus*, T. xlvii. pp. 471-5 and *L'Union Méd.* 1858, No. 58, No. 115.

The Annali Universali de Medicina for July, 1858, contains notes of two additional cases of aneurism of the ophthalmic artery treated by digital compression with success. One of these is related by Dr. Gioppi, Professor of Diseases of the Eye at Padua, and the other was communicated by Dr. Scarmuzza, of Verona, to Dr. Vanzetti, for publication. Dr. Vanzetti appends to the case the following summary of the general subject of digital compression:—1. The dominant principle of the treatment is that the compression should be complete and intermitting. 2. Complete compression when made by the finger is not painful. 3. Complete compression made during a given time produces an immensely greater effect than does incomplete compression continued for a like period. 4. Incomplete compression may, however, be resorted to when any local or general circumstances do not allow of its being made completely. 5. The compression may be intermittent, for being complete it is powerfully efficacious in effecting solidification, even when continued for a brief space of time at short intervals. 6. The person employing it should continue it until his hand has need of rest, and he should resume it when this has been obtained, discontinuing it during the night, in order that the patient should enjoy his sleep undisturbed. 7. The patient can compress for himself the femoral, radial, branchial, carotid, and frequently the subclavian, and can continue it for about five to eight minutes. 8. The rapid cures obtained by Gherini and Riberi by means of compression continued uninterruptedly for a few hours have not been attended with any accident. 9. The causes why an aneurismal tumour, which has ceased to pulsate after continuous compression for some hours, may, perhaps, as happens sometimes after the ligature, in place of solidifying, inflame, suppurate, or become gangrenous, are not as yet well known, and call for further study. 10. It is possible that the cruor does not become solidified, or softens in consequence of a pre-existing morbid condition of the sac, or owing to the disturbance of the capillary circulation of its parietes; and that the inflammation and subsequent gangrene of these may be the cause and not the effect of the successive changes in the coagulated cruor. 11. By the employment of complete and intermitting compression, the practitioner may cure his distant patient in two visits. At the first he teaches him how to make compression himself; and at the second visit, made two or three weeks afterwards, accompanied by an assistant, he makes complete and continuous compression during a few hours, which will suffice to complete the commenced solidification, if it be not already completed. 12. No application should be made to the limb, which must be laid in a comfortable position. Compression in certain cases sufficing alone, may in others be aided by Valsalva's preparatory treatment, which, if superfluous in many cases, may be highly necessary in others. In the *Annales d'Oculistique*, November, 1858, is a translation of an interesting paper by Professor Gioppi, of Padua, in which, after taking a survey of the present state of our knowledge concerning aneurism of the ophthalmic artery, he relates a case in which digital compression proved completely successful.

EXCERPTA MINORA.

Another Anæsthetic Agent.—Dr. Wingate states, that he has employed the essence of cloves in a number of instances, and has found that it produces sufficient anæsthetic effect for dental purposes. He gives from 10 to 60 drops, and has latterly combined with it a small quantity of essence of nutmeg.—*Boston Journal*, vol. 59, p. 148.

Retention of Urine, with enormous accumulation.—Dr. Kelly relates a case of an Irishman suffering from stricture who, when he was called to him, had not passed water for 5½ days. The bladder had arisen two inches above the umbilicus. On the catheter being introduced, 132 ounces of urine were withdrawn. — *North American Medico-Chirurgical Review*, January, p. 188.

Alcoholic Stimuli in Snake Bites.—Dr. Addy writes, that on the western frontier, where rattle-snakes are numerous, and where physicians are often called upon to treat poisonous wounds by these and other venomous reptiles, they almost exclusively rely upon alcoholic stimulants, given in quantities sufficient to produce intoxication. The patient is not considered safe until drunkenness is produced, this being regarded by the practitioners as evidence of the effects of the poison being overcome. Dr. Addy relates a case in which the patient was entirely relieved by the free use of whisky.—*Boston Journal*, vol. 59, p. 68, from the *Atalanta Journal*.

Bismuth in Gleet, and Chronic Leucorrhœa.—Dr. Caby in his inaugural thesis states that great advantage has followed the treatment of gleet by injecting, three times a-day, a mixture formed of 30 parts of subnitrate of bismuth and 300 parts of rose water—all inflammation having first completely subsided. He states that he has met with the same success in chronic leucorrhœa, when he employs the bismuth in powder. He also finds the combination of bismuth with copaiba or cubebs a good means of preventing the eructations, stomachic irritation, and diarrhœa these substances sometimes give rise to.—*Union Méd.* No. 16.

Quinine in Scarlatina.—Dr. Morrison, of Laurenceville, Virginia, has witnessed several severe epidemics of scarlatina; and of all the various means of treatment he has had recourse to, speaks highest of quinine. He begins with it on the occurrence of the first symptoms of the disease, and repeats it every two or three hours, until the system is brought under its influence. He gives also, occasionally, a few grains of blue pill, to gently move the bowels, and mops the throat with a strong solution of nitrate of silver.—*North Amer. Med. Chir. Rev.* January, p. 140.

Compression in Milk Fistula.—M. Fano relates a case in which, after various other means had been tried in vain, a complete cure of a milk fistula was obtained by making firm and continuous compression of the breast by means of strips of adhesive plaster, applied like a cuirass over the entire breast, leaving an aperture for the issue of the discharge. He explains the *modus operandi* of the compression by its preventing interstitial nutrition through the diminution of the quantity of blood, and not by its increasing interstitial absorption: and instances other circumstances under which it is observed. Thus the subject of phimosis has a much smaller glans than one in whom this part is exposed; a testis arrested in its course along the inguinal canal does not attain the size it would in the scrotum; tumours developed within bony cavities lead to the thinning and perforation of the walls of these: and the bony surfaces of dislocated bones left in contact with each other, lessen in size. The diminution of the size of the gland, too, led to the drying up of its secretion, without which the fistulæ would not have healed. —*Union Médicale*, No. 14.

Injection of Chloride of Zinc in Gonorrhœa and Gleet.—M. Legouest, of the Val-de-Grace, has published an account of some experiments which he has made with this substance. The injection of a solution of the chloride (one-thousandth part in recent, and one five-hundredth in old cases), is thrown in once daily, and kept in within the canal for three or five minutes. In 21 cases of simple urethritis, in which the affection had existed from 2 to 15 days, consisting in a simple sero-purulent, painless discharge, the minimum duration of

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treatment was 6 days, the maximum 35, and the medium 16, days. In 12 cases of acute urethritis, attended with painful micturition, chordee, and purulent discharge, dating from 4 to 12 days, the mean duration of treatment was 13 days. In 17 cases of gleet, most of them obstinate, and having been treated in vain, the mean duration of treatment was 9 days. The injections usually caused no pain, and were very rarely followed by accidents. They constitute a simple and economical treatment, of about the same efficacy as other means in simple and acute cases, but of most remarkable efficacy in old and obstinate gleet.—*Gaz. des Hôp.* No. 12.

GENERAL CORRESPONDENCE.

BRITISH PHYSICIANS IN PARIS.

LETTER FROM DR. MOFFAT.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the *Medical Times and Gazette* of Saturday last my name is mentioned in the letter of your Paris correspondent; and I feel called on, however reluctantly, to come forward and put the matters therein alluded to on a proper footing. With the best intentions he has, nevertheless, fallen into some errors when describing my case; but this is not to be wondered at, when it is considered that the events he speaks of took place fully eight years ago.

Your correspondent says—"He (Dr. Moffat) several times petitioned the National Assembly, but to no purpose." "To no purpose"—quite the reverse, I got every encouragement and assistance from the National Assembly, the then Parliament of France.

I came to Paris early in 1850, and in the spring of that year Professor Simpson, of Edinburgh, was my guest for ten days. Along with the worthy Professor I was entertained by many of the leading Medical men; and on intimating to Messrs. Dubois and Orfila my intention of practising among my countrymen, they advised me to apply to the Minister of Public Health for the usual authority. I did so, and, after waiting for more than six months, the Minister wrote to me, saying that the Faculté de Médicine had formally advised him not to give me permission. What part Messrs. Dubois and Orfila took in this matter I know not; for when I spoke to M. Dubois on the subject, he would tell me nothing. M. Orfila is dead, but M. Dubois is still alive; and I should feel obliged were he, even at this late hour, to come forward with some explanation.

Determined not to submit to the decision of my Medical brethren, I appealed to the National Assembly, and then began a fierce combat between the Faculté de Médicine and myself. The Assembly appointed a committee to inquire into the matter; and after several weeks of deliberation, they (the Committee) unanimously decided in my favour. The case was just about to be heard before the whole Assembly, when the *coup d'état* of the 2nd December took place, which frustrated everything. The chairman of the Committee read to me the defence of the Faculté de Médicine, and a sorry defence it was, the best proof of which is that the committee were in no ways influenced by it.

In all the National Assembly I did not know of one member who opposed me, and I knew of several who expressed their indignation at the reception the Faculté de Médecine had given to a foreign *confrère*. M. Etienne, le Duc de Broglie, le Duc de Grammont, M. Leon Faucher, M. Benoist d'Azy, and at least twenty more, wrote to me in the kindest manner promising their support. Prince Murat said he would not only vote, but he would also speak in my favour; so did Prince Napoleon.

The Emperor (at that time President, and consequently having nothing in his power) wrote to me in the most encouraging manner, and, moreover, sent a message by a private friend advising me to get every French Medical man turned out of London *en revanche*, for the treatment I had received from the Faculté in Paris.

My letter is getting too long, so I must omit a great deal, and briefly state that (after being kept idle for a year and a-half), on the re-establishment of the Empire I commenced practice under the countenance of the Imperial Government, from whom I have received the greatest kindness, and on several occasions I have been the guest of the Minister of Public Instruction.

I am, &c.

JAMES MOFFAT, M.D. Edin.

12, Rue de Castiglione, March 14, 1859.

NITRIC ACID IN HOOPING-COUGH.

LETTER FROM DR. GIBB.

[To the Editor of the Medical Times and Gazette.]

SIR,—It was only yesterday that I saw Mr. Atcherley's short paper in the *Medical Times* of Feb. 26, on the treatment of hooping-cough by diluted nitric acid; and while it is most gratifying to me to find that all I advanced in favour of this truly valuable remedy (in my work on this disease published in 1854), confirmed by many accurate observers, still I do not like to be shorn of what is justly my due, namely, to receive the credit of having been the first in this country to direct attention to this mode of treatment. I feel assured, that although not personally mentioned in Mr. Atcherley's paper, he has perused my work on the subject, especially the chapter on the treatment of the simple uncomplicated form of the disease, as his paper would lead me to believe; and as he employs the formula originally promulgated by myself, namely, diluted nitric acid, compound tincture of cardamoms, syrup and water, it is but fair that this should be mentioned. My esteemed friend and former colleague, Dr. Arnoldi, whom he mentions, added to a tumblerful of very sweet water (almost syrup) as much of the undiluted acid as will bring the water to the strength of pure lemon-juice, when it was ready for use. I preferred my own formulæ with the diluted acid.

I have now employed the diluted nitric acid in some thousands of cases, and can with very great confidence endorse all I said in its favour in 1854. It is used by many hundreds of practitioners, and the numerous communications which I have received from time to time, convinces me that it is highly appreciated. I believe I am not going too far when I state, that the general mortality from this disease has become diminished since the nitric acid has been more extensively employed. But as I am preparing some papers embodying the results of my increased experience on this subject, I refrain from entering further into it now.

I am, &c. GEORGE D. GIBB, M.D., M.A.

Portman-street, Portman-square, 15th March.

HOSPITAL APPOINTMENTS.

LETTER FROM MR. GAMGEE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I beg publicity for a few observations supplemental to my letter which you honoured with insertion on the 5th inst. I therein alluded to, what is tantamount to direct purchase of an hospital appointment, the making life-governors the very day of an hospital election, with right to vote on the sole condition of paying a certain sum. In some hospitals such overt traffic is forbidden by the laws; but even in those institutions a practice no less objectionable prevails. Proxy votes are of course eagerly hunted up by candidates and their friends; but it not unfrequently happens that when the said proxies come to be examined at the voting-table, some are invalidated in consequence of the persons whose signatures they bear not having paid up their subscription. Under these circumstances only one alternative presents itself—sacrificing the vote, or making it valid by paying up the arrears. In a hard run the latter course is adopted, and the candidate's agent gets votes for guineas. The whole machinery of law agents, election committees, etc. is organised sometimes years before a vacancy occurs, and so soon as it is declared in the board-room—days if not weeks before it is advertised—the personal canvass is set on foot. What are the chances for talent with such a system? On what ground of philosophy or sound feeling can it be defended?

I have heard the system of canvassing subscribers justified on the ground that professional judges often do injustices. Granted: but two blacks never can make a white. I point to France and Germany. It may be impossible to adopt their

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system, but surely ours could be modified. Let the subscribers have a voice by all means, but let some method be devised by which the power of gold shall be curbed, and the chances of intellect be increased.

I believe that if a Royal Commission were instituted to inquire into the system of Hospital management throughout the kingdom, a mass of information would be elicited, not only of the greatest ultimate benefit to our Profession, but of incalculable importance to the community. The whole economy of hospitals demands inquiry. Meanwhile, why might not a few men associate themselves to draw up a statement of facts relating to the present system of making hospital appointments? Such a statement, containing the whole truth, would at least attract public attention, give rise to discussion, and open a prospect.

Now that Cambridge and Oxford, the Civil Service, and the India House, ay, and even her Majesty's Army have been made the objects of searching investigations by Parliamentary authority, why should institutions be exempt which are temples of charity and academies of learning involving the most sacred interests of the human race?

I am, &c.

Birmingham, March 12. J. Sampson Gamgee,
Surgeon to the Queen's Hospital.

BRIGHT'S DISEASE.

Letter from Mr. Bruce.

[To the Editor of the Medical Times and Gazette.]

Sir,—I was surprised to observe that, in commenting in this week's *Medical Times and Gazette* (March 12, p. 270) on the "constitutional origin" of "Bright's Disease," while naming other persons, you make no mention of the earliest teacher of that doctrine, professor Walshe. Nearly ten years ago Dr. Walshe published a paper, entitled "Bright's Disease not essentially a Renal Disease, but essentially and primarily a Blood Disease." Since that period he has constantly, as all pupils of University College know, maintained the same view of the nature of the disease in his lectures, supporting it by several facts and arguments in addition to those originally printed.

Perhaps I may, as an old pupil of Dr. Walshe's, be permitted, in justification of this letter, to extract some of the conclusions of the paper in question. "That Bright's Disease is a blood disease, *ab initio*. That the renal textural changes are not the cause of the sum of morbid states included under the name of Bright's disease, and that they do not even furnish a measure of the intensity of that disease. That, in reality, the renal textural changes form, at the most, the anatomical character of the disease,—just as tuberculous deposit in the lung constitutes the anatomical character of phthisis. That the primary blood changes are the result, probably, of error in the primary and secondary digestion-processes."

These extracts are sufficient to show how much of originality there is in those who now profess their belief that Bright's Disease is of constitutional origin.

I am, &c. S. N. Bruce,
Formerly Clinical Assistant,
University College Hospital.

41, George-street, Portman-square, March 14, 1859.

THE BOMBAY MEDICAL FUND.

[To the Editor of the Medical Times and Gazette.]

Sir,—As questions relative to rank, etc. in the Indian Medical Services are at present being agitated, I should feel obliged if you would make known through the medium of your Journal a very great grievance from which those in the Bombay Army suffer.

A Medical officer receives an appointment to Bombay on the understanding that on retiring, besides his retiring allowance from Government, he is entitled to an annuity of nearly as much more from the Medical Retiring Fund. But on arrival in Bombay he discovers that he is a member of a fund which is in debt beyond all hope of recovery. During thirty years' service the amount subscribed by an officer to this fund is about £2500, and for this sum the fund, at present, professes to give him a retiring allowance of £168 a-year: an insurance office in this country, for the same amount, the party being at the same age, would give him upwards of £200 a-year. I must say I think it most unfair to compel officers to belong to such a fund.

I am, &c.

London, March, 1859. A Bombay Medical Officer.

THE ENGLISH ARMY AND THE INDIAN ARMY.

[To the Editor of the Medical Times and Gazette.]

Sir,—I am induced to request that you will kindly insert the following table, etc. in your journal, in the hope that those intending to enter the public services may be the better enabled to form a correct estimate of the comparative advantages of appointments in the English army and of those in the Indian army:—

English Army.				Indian Army.			
Years.	Rank.	Pay.	Station, duty, etc.	Years.	Rank.	Pay.	Station, duty, etc.
		£				£	
1	Lieut.	180	In England.	1	Lieut.	300	In India on general duty.
2	,,	180	,,				
3	,,	180	,,	2	,,	300	,,
4	,,	180	,,	3	,,	300	,,
5	,,	180	,,	4	,,	300	,,
6	Captain.	300	In India.	5	,,	500	In charge of native regmt.
7	,,	300	,,				
8	,,	300	,,	6	,,	500	,,
9	,,	1000	In charge of regiment.	7	,,	500	,,
				8	,,	200	In England on leave.
10	,,	1000	,,				
11	Major.	1000	,,	9	,,	900	,,
12	,,	1000	,,	10	,,	500	In India.
13	,,	1000	,,	11	,,	500	,,
14	,,	1000	,,	12	,,	500	,,
15	,,	330	In England.	13	,,	700	,,
16	,,	1100	In India.	14	,,	700	,,
17	,,	1100	,,	15	,,	700	,,
18	Lieut.-Col	1100	,,	16	Captn	700	,,
19	,,	1100	,,	17	,,	300	In England on leave.
20	,,	330	In England.				
21	,,	400	,,	18	,,	300	,,
				19	,,	900	In India.
				20	,,	1000	Civil appointment.
				21	,,	1000	,,
		£13260				£10900	

In the above estimate I have supposed the case of a Medical officer in the English army who has spent a considerable part of his time of service in India, and the case of a Medical officer in the Indian army who has had ordinary good fortune. The pecuniary advantages, and also the rank, are shown to be very much in favour of the English army. But, in addition to those advantages, there are others of various descriptions; for instance—The Queen's officer has his passage paid to India, the Indian officer has to pay his himself; the Queen's officer, being always with European troops, is much more likely, unless during active service, to be in better stations in India than the Indian officer; the work in the English army is of a more agreeable nature than that in the Indian army; the Queen's officer may look forward to spending many years of his time of service in England, the Indian officer is obliged to remain during the whole of his in India; and lastly, the English army is being very much improved, while the Indian army has for many years been getting worse.

I am, &c. An Assistant Surgeon,

London, February, 1859. Indian Army.

Pepsine.—Dr. Neligan speaks thus of this drug in the last edition of his Materia Medica:—"This substance can, in my opinion, be regarded in no other light than as an artificial aid to digestion, supplying the deficiency of gastric juice which exists in some disordered states of the stomach, and therefore should be employed as a palliative only, and not as a medicine. Its properties indicate in what cases it is likely to prove useful; but, like other therapeutical agents too highly vaunted at first, it is now falling much into disuse."

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REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 8, 1859.

F. C. SKEY, ESQ. President, in the Chair.

SIR C. LOCOCK said he desired to repair an omission at the last annual meeting. A vote of thanks was then accorded to him for his services in the chair. He considered a vote of that kind from a Society of such celebrity a honour that any man might be proud of; but he regretted that he had been guilty of a serious omission, inasmuch as he passed over, without any notice, the fact that the senior Secretary, Mr. Spencer Smith, had also resigned his office which he had so worthily filled for more than four years. He could bear witness to the fact that no one could have conducted the affairs of the Society with more credit to himself, and with greater advantage to the members, than Mr. Spencer Smith. Sir C. Locock then referred to the importance of the labours entrusted to the Secretaries, and passed a high eulogium on the manner in which their duties had been performed, concluding by moving that a vote of thanks be given to Mr. Spencer Smith on his retirement.

DR. WEBSTER seconded the motion, which was unanimously adopted.

MR. SPENCER SMITH acknowledged the compliment, and said he hoped before the expiration of his term of office in the position in which he had been placed by the kindness of the Fellows, to give some tangible proof that he was still at work for the welfare and the prosperity of the Society.

The PRESIDENT said he desired to return his cordial thanks for the honour the Society had done him in electing him to the distinguished office which he now filled. He assured the Society, on behalf of himself and his more able and experienced friends, that they should not fail to supervise with the greatest anxiety the welfare of that excellent Institution; that they should endeavour to develope all its powers, and maintain it in all the force and integrity with which it had been handed down to them by their predecessors, and to extract from it all the benefits that could arise, whether from the debates that took place in that room, or in the selection of papers for the *Transactions*. When he recollected the bright catalogue of names that had preceded him up to the present time, and who had added lustre to the office which he unworthily filled, he trusted that at the expiration of his presidency he should transmit the chair to his successor unimpaired in its authority, in its activity, and in the high repute which it had acquired throughout the Medical world.

A communication by SEPTIMUS W. SIBLEY, Esq. was read, entitled,

A CONTRIBUTION TO THE STATISTICS OF CANCER, COLLECTED FROM THE RECORDS OF THE MIDDLESEX HOSPITAL.

This communication is the result of an examination of 519 cases of cancer, together with the records of 172 post-mortem examinations. The more recent cases had been reported with uniformity and with some degree of fulness; some of the older cases were less perfect. In the first place, the diseases embraced within the limits of the paper are defined, and what had been excluded from consideration. A table is then given, in which the seat of the primary cancer in each of the 519 cases is exhibited. There were 103 instances in the male, and 416 in the female; amongst the latter were of breast, and of uterine cancer. The ages of the patients are next stated. There were three examples under the age of ten (all males), and one between the age of ten and twenty. Tables are given, in which the ages are arranged in decennial periods, the cases of breast and of uterine cancer being placed in separate groups. The average age of those attacked with uterine cancer was 43·28 years; with breast cancer, 48·6. Effect of marriage, pregnancy, etc.:—Of the female cancer patients, 83 per cent. either were or had been married, and among the single women the disease occurred oftener in the breast than in the uterus. Of the married women, 86 per cent. of the uterine, and 74 per cent. of the patients with breast cancer, had borne children. The average number of the births was 5·2 among the former, and 3·89 among the latter. The interval between the last pregnancy, and the proportion attacked before and after the cessation of the catamenia, are also given. The duration of life (from the first discovery of the disease) in patients who had not been operated on, varies greatly in the different classes of cases. In the breast it is 32¼ months; in the uterus, 14; in the stomach, 8½; in the rectum, 34; in the lip, face, etc., 53; in the penis, 34½; in the bones, 10; in the labium, 29. These figures are not perfectly comparable, as in some cases, especially the external cancers, the period given is the entire duration of the disease, while in others (as in the stomach) the period is only that during which the symptoms were present. An account is then given of the operations (by the knife) in cases of cancer of the breast. Three patients out of 60 died from the effects of the operation. The average duration of life of those who were operated on was 53·2 months. In comparing this with the duration of life in cases in which the disease was allowed to run its natural course (32·25 months), it should be remembered that the cases submitted to operation are more or less selected cases. As to the hereditary nature of the affection, the difficulties in obtaining accurate information upon this point are first alluded to. The chief of these is the very imperfect knowledge which most people, but more especially hospital patients, possess of the diseases to which their relatives have been subject. Out of 305 cases, in which the point had been particularly inquired into, 34 patients remembered to have had a relation affected with cancer. A table is given of the seat of the disease in each of the 34 cases, in 17 of which the breast was the part affected. Tables are also given, in which the degree of relationship of the cancerous relative is shown, and also the proportion affected on the father's and on the mother's side. Out of the 34 cases, in six more than one relative was cancerous, and in one instance (the chief features of which are mentioned) no less than five relations suffered from cancer. The existence of phthisis in different members of a cancerous family is also adverted to. This disease existed in 50 families out of 130. Similar tables to those before mentioned are given, in which the degree of kinship is exhibited; it being also noted whether the disease was on the father's or the mother's side. The notes of the 172 post-mortem examinations are next analysed. In the first place, a table is given, in which the seat of the primary cancer in each instance is exhibited. The cases are then arranged in the following groups:—1. Cancer of the breast. 2. Cancer of the uterus. 3. True cancer of other organs. 4. Epithelial cancer. A series of tables follows, in which the secondary cancers are enumerated, and the cases arranged as follows:—*a*. The disease strictly local. *b*. Involving also the lymphatics of the part. *c*. Involving the lungs and other parts, the liver being unaffected. *d*. The liver cancerous, the lungs being free from this disease. *e*. Those cases in which there were tumours in distant parts of the body, but both the lungs and liver were free from the disease. Moreover, in each form of the affection, a list of the non-cancerous diseases found in the bodies of the cancer patients is appended. The bearing of the foregoing facts on the mode in which cancer is disseminated throughout the body is next alluded to, three distinct modes of multiplication being recognised: 1st, the growth of tumours in the immediate neighbourhood of the cancer; 2nd, the development of cancer in the lymphatics of the part; 3rd, the formation of cancerous tumours in distant parts of the body. In regard to the cachexia, it was noticed that this condition only became developed as the ulceration and sloughing extended, and could not be attributed to pre-existing changes in the condition of the blood of the patient. In nearly all instances the patient died from the ordinary effects of ulceration, or from the interference with vital functions.

DR. WEBSTER asked the author as to the proportion of deaths from cancer in the two sexes. He believed the disease was much more frequent among females than males. It was a very fatal disease in this country, the average number of deaths yearly in England and Wales being about 6000. The general proportion was two females to one male; but the proportion of females in the metropolis was somewhat greater. He should like to ask the author whether the chimney-sweeper's cancer was less frequent in the present day than in former years, in consequence of recent legisla-

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tion prohibiting the ascent of chimneys by young boys. One of the cases mentioned by the author, in which five persons in the same family were attacked with cancer, brought out the important result, that the operation saved the lives of the majority; those who died having had no operation performed.

Mr. Hale Thomson asked if the author had the slightest knowledge or belief in any cure for cancer? He (Mr. Thomson) had not. The cancer might be removed by the knife, and the patient seemed to rally, and for a time go on satisfactorily; but in his experience the disease had always returned.

Mr. Arnott said the author had collated his facts with the greatest care; and the results he had arrived at were of considerable importance to the Profession. It had been a common idea that cancer occurred much more frequently in barren and in unmarried women than in married; but Dr. Sibley's investigation had set the matter at rest by showing that a very small proportion of the patients were barren in whom the disease occurred. The author had also shown another important result, namely, that in cases of cancer of the mammæ the patients in whom the operations of extirpation had been performed, lived two years longer than those in whom the disease had been allowed to run its course. The general opinion, however, had been that the operation accelerated the disease, and favoured its rapid progress. Another point of much importance was the number of cases in which the disease was found to be purely local, one-half of the whole number having been shown to be of that character.

Mr. Birkett said he had been struck with the small number of cases collected by the author in which an operation had been performed as compared with the large number of patients not operated upon. He had had it in contemplation to bring before the Society the result of an examination of a very large number of cases; and rather than make a selection in the ordinary way, which might lead to error, he intended to take the first hundred cases that died under his own observation, upon whom no operation had been performed; and then the next hundred that died upon whom an operation had been performed. The latter were, of course, to a certain extent selected cases, because no surgeon would at once operate in a case which manifested appearances unfavourable to success; yet in many of the cases the operation could hardly be expected to prove of great ultimate benefit, and was only resorted to to remove a great source of local trouble and misery from the suffering patient. The average length of life in the cases in which an operation had not been performed was three and a-half years, and in the cases where an operation had been performed, four and a-half years; thus giving the patient operated upon the benefit of one year's duration of life. He had also found that those upon whom the operation had been performed were benefited in another respect, inasmuch as although the disease returned it did not return with the same virulence in the part primarily affected. In some few cases the patients were relieved from any local disease at all. In the cases quoted by Dr. Sibley, the duration of life was much shorter than in those that had come under his own observation. One of the patients who died had been the subject of cancerous development, primarily in the breast, and extending over the body, upwards of 32 years. She complained that her first surgeon did not remove the disease, but she lived for 20 years without any trouble or annoyance. Another case lasted 32 years from the development of the primary growth. The patient was operated upon by Mr. Key, and was free from disease for 25 years. She then came to the hospital with disease on the opposite side, and died in about three years. In another case the patient lived about 28 years after the primary growth was removed. Out of the 300 patients whom he had known to die of cancer, he did not believe there were more than four or five who had not had a secondary development. The mortality arising from operations he believed was very much over-estimated; it was supposed to be above 10 per cent.; but in the hospital with which he was connected it certainly did not reach 5 per cent.

The President, in answer to one of Dr. Webster's questions, stated that the Act respecting chimney-sweeps was limited to children from 10 to 13 years of age; whereas, epithelial cancer did not present itself till a later period, so that the disease was not affected by the Act in question. So far as his own observation went there had been no diminution of epithelial cancer within 15 years.

Dr. Sibley regretted the smallness of the number of his cases in which operations had been performed. The records, in such cases, were often incomplete, as patients were lost sight of after leaving the hospital. The number of cases in which the records were complete was 60. There could be no error, however, in comparing a larger number of cases of patients who died without an operation, with a smaller number in which the operation was performed, the result only being that in the larger number the average would be more correctly ascertained. On a reference to a portion of Dr. Sibley's paper that was not read, it was stated, that of the author's 519 cases, 103 occurred in males, and 416 in females.

The Society then adjourned.

THE PATHOLOGICAL SOCIETY.

February 15, 1859.

Mr. Fergusson, President, in the Chair.

Mr. Nathaniel Ward exhibited a specimen of

EPITHELIOMA OF THE LARYNX.

The diseased mass occupied the depression between the right side of the pharynx and larynx; extending upwards to the lower part of the isthmus of the fauces, and downwards as far as the upper border of the cricoid cartilage. It internally involved the right half of the epiglottis, and the posterior surface of the right arytænoid cartilage. The arytæno-epiglottidæan fold of mucous membrane had disappeared, and a small pendulous mass projected from beneath the mucous membrane of the right true vocal cord.

The patient, aged 59, had been under the care of Mr. Debenham; and tracheotomy had been performed by Mr. Ward in order to obviate impending death from dyspnœa and dysphagia. The patient lived five months and more after the operation, and sank gradually exhausted; the distressing symptoms under which he had previously suffered not having recurred.

Mr. Ward also showed a specimen of

DISLOCATION OF THE RIGHT ASTRAGALUS.

The bone had been displaced obliquely, downwards, forwards and outwards, so that the head, neck, and more than the anterior third of the body of the bone formed a prominent tumour on the upper, outer and back part of the tarsus. The anterior ligament of the ankle-joint, the middle fasciculus of the external ligament, and the interosseous ligament were ruptured. The foot was in relation with the leg at an obtuse angle. The peronæi tendons were displaced a quarter of an inch inwards, and were tense, as also were those of the tibialis anticus, and the extensors of the great toe and of the other toes. The tibialis posticus, flexor communis and longus pollicis were relaxed.

The patient, a plethoric man, aged 60, jumped out of his chaise and alighted with full force on his right foot. The nature of the injury was detected by his Medical attendants; reduction, however, could not be accomplished. In three weeks ulceration had taken place, so that the head of the bone became exposed. Gangrene threatening subsequently, amputation was performed below the knee, and the patient died six weeks after the accident.

Dr. Ogle exhibited specimens from a case of

DISEASE OF THE BASE OF THE CRANIUM—DYSPHAGIA—PTOSIS—INSENSIBILITY OF THE EYEBALLS.

The patient was a middle-aged man, who for many years had been subject to occasional double-vision. Latterly he had had this double sight very frequently, and also headache, but never any affection of the other special senses, or of common sensibility or pain of movement in the limbs. He had ptosis of the upper eyelid on both sides, and both the eyeballs were quite permanently fixed in their proper axis. The pupils of the eyes were equal, and acted under the impression of light. Considerable dysphagia, with difficulty in opening the mouth or properly protruding the tongue, came on, and eventually great secretion of thick mucus in the air passages. The respiration and pulsations of the heart

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became inordinately rapid before death. At one time the respirations were as many as about thirty in the minute. On post-mortem examination the upper surface of the sphenoid bone was found porous and rather softened, and several small deposits of new bone had been formed in the neighbourhood of the posterior clinoid processes. There was also slight thickening and opacity of the arachnoid at the base of the brain. The other organs in the body were natural.

Dr. Ogle also exhibited a preparation from a case of

VERY LARGE ANEURISM OF THE SUBCLAVIAN ARTERY, WHICH BURST EXTERNALLY.

The sac was capable of holding three or four pints of blood, and proceeding from the posterior part of the artery had extended in all directions, elevating and displacing the right scapula and clavicle exceedingly. By pressure it had produced caries of the sides of the lower cervical vertebræ and the posterior part of the right clavicle; and the first rib was very extensively carious and quite buried, and surrounded by the contents of the sac. The coats of the vessel were diseased, as were those of the aorta generally, and there was disease of the mitral valvæ. The specimen was from a middle-aged man, who after an attack of hemiplegia three years previously, had ever after suffered from dyspnœa, which had been greatly increased the last year. He had had great pain and numbness in right arm, and when seen there was also indications of an aneurism of the subclavian artery. Much pulsating faction above and below the right clavicle existed, attended with a distinct bruit and pain. The right arm became greatly swelled, and lost all power of movement and sensibility, and owing to its stuffed appearance, its constant abduction from the side of the body, and its uplifting synchronous with the heart's beats had a very singular appearance. Moreover, the fingers of the right hand became very livid and clubbed, and the finger-nails greatly hypertrophied. For two or three months the patient could not lie down; and after hæmorrhage which occurred twice, owing to ulceration of the apex of the aneurismal sac, he sank and died. Dr. Ogle exhibited a photographic likeness of the patient, and a drawing of the parts dissected after death.

A paper by Dr. Wilks was read on a case of

CARCINOMATOUS STRICTURE OF THE ŒSOPHAGUS.

The specimen came from a man, aged 71, who died under Dr. Wilks's care in Guy's Hospital, and in whom symptoms of constriction had existed for more than two years. The disease was circumscribed and confined to one spot in the middle of the œsophagus; and unlike most cases, the adventitious matter did not consist of epithelial cancer, but of nucleated cells or ordinary cancer. Dr. Wilks stated that it had never been his fortune to meet with an instance of simple stricture of the œsophagus at all comparable with a stricture of the urethra; all such supposed cases being, after death, found to be malignant.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

Vaccination.

Mr. Monsell said he had recently called attention to the enormous rate of mortality from small-pox which prevailed in certain districts of England, a mortality which must have resulted from the want of an efficient system of vaccination. He regretted to say that up to the present moment no good result had been produced by the exercise of the powers which had been invested in the Privy Council for the protection in that respect of the public health, inasmuch as he found that a larger number of deaths had, during the last sixteen weeks, been occasioned by small-pox in the metropolis than during the eighteen previous months. He found, also, from the returns of the Registrar-General, that the epidemic now prevailed in no less than twenty-seven counties of England, and throughout the whole of Wales, and he wished, under those circumstances, to ascertain from his right hon. friend, the Vice-President of the Committee of the Privy Council of Education, what steps had been taken with reference to the exercise of the powers vested in the Privy Council in connexion with the subject. The question was one of considerable importance, inasmuch as it was stated on competent authority that whereas only three deaths occurred in every 1000 were vaccination had been properly resorted to, 150 deaths in 1000 took place where the contrary was the case.

Mr. Adderley admitted that the epidemic to which the right hon. gentleman had called the attention of the House prevailed to a considerable extent at the present moment; but he could at the same time assure him that the Privy Council had exercised to the utmost all the powers which had been conferred upon them under the Act of last session. They had done everything, for instance, which that Act enabled them to do in the way of inquiry, of procuring reports and returns, of giving advice, and of setting in motion the local authorities throughout the country. They had also issued such regulations to the boards of Guardians for the purpose of raising the qualification of public vaccinators as they thought could be enforced. Some delay had been occasioned in the issue of those regulations, owing, in the first place, to the necessity of entering into a correspondence on the subject with the various boards; and, secondly, to the circumstance that a hope was entertained that any rules which might be framed could be most effectually carried into execution through the machinery of the Medical Council, which had been called into existence under the operation of the Medical Practitioners Act. The conclusion had ultimately, however, been arrived at, that they would not be properly worked out through that channel, and regulations had therefore been issued to the boards of guardians providing that in the case of all contracts entered into between them and a public vaccinator his name should appear in a public register under the Medical Act as having passed an examination both on the subjects of Medicine and Surgery, and that if that provision were not complied with the contract should be held to be void. The Privy Council had also drawn up recommendations for the more effectual performance of vaccination, which would be issued to every Poor-Law Union throughout the kingdom, and had taken steps to have returns sent them from the various boards of guardians, showing the number of successful vaccinations which had taken place in each union, from the comparison of which returns with the number of births they would be able to detect whether their instructions had or had not been properly carried into effect in any particular union. In those cases in which they should thus be enabled to discover the existence of such neglect they would immediately send down inspectors, and take the necessary measures to inforce the authority which they possessed. They had, moreover, provided for the establishment of provincial dépôts for lymph in several parts of the country. The number of those dépôts in England would, he believed, be about ten, which would be put in communication with the National Vaccination Board, and by means of which an ample supply of lymph would be secured in all quarters of the kingdom.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examination for the diploma, were admitted members of the College at a meeting of the Court of Examiners on Friday, the 11th instant:—

Bridger, John, Cottenham, Cambridgeshire.
Clark, George, Newcastle.
Cox, Henry, Gray's-inn-lane.
Cuthbertson, W. H. Lower Dorset-street, Dublin.
Duke, Stephen, Chichester.
Fletcher, Joseph Lyon, Manchester.
Hamilton, John Butler, Lower Mount-street, Dublin.
Hempihill, James P. Myroe, County of Derry, Ireland.
Hooper, Clarence, Wootton Bassett, Wiltshire.
Ilderton, Frederick, St. John-street, Manchester.
Roberts, Anthony Tucker, Old Cavendish-street.
Savile, Robert, Nafferton, near Duffield, Yorkshire.
Stewart, C. John, Montague-place, Kentish-town.

Also on the 14th inst.:—

Brigstocke, Richard Whish, Milford, Pembrokeshire.
Carter, Robert, Dublin.
Cookson, John Fowler, Preston, Lancashire.

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GIBB, ROBERT CUMMINGS, Newcastle-on-Tyne.
O'HARA, DANIEL MURRAY, Hannalistown, near Belfast.
LYEL, BENJAMIN BELL, White Horse-lane, Stepney.
MAHONY, JOHN, Sandymount, County Tipperary.
M'DERMOTT, JAMES LEMESNEY, Kinsale, Cork.
MORDUE, ROBERT DIXON, Newcastle-on-Tyne.
NELL, GEORGE MICHAEL, Negapalam, East Indies.
READ, REGINALD BLIGH, Jewin-street, City.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, Thursday, March 10, 1859:—

BREND, WILLIAM, Bideford, Deven.
DYSON, ALEXANDER, Honley, Huddersfield.
EVANS, MAURICE BIBBY, Glasgoed, Oswestry.
GARNHAM, R. W., Peninsular and Oriental Company.
HARRISON, ALFRED J., Belper, Derbyshire.
MEDCALF, G., Royal West India Mail Steam Pkt. Cmpy.
STEDMAN, JAMES H., Norwich.
WALKER, JOHN HARRISON, Yorkshire.
WYATT, ARTHUR, Bedford.

The following gentlemen also on the same day passed their First Examination:—

GODWIN, CHARLES, H. Y. Bishopstoke, Hants.
LUMSDEN, WILLIAM, Hull.
SCOTT, HENRY T., Henry's-place, Kent-road.

Apothecaries Hall, March 10, 1859.

Resolved,—That Gentlemen who have passed the Middle Class Examinations of the Universities of Oxford or Cambridge, or the Matriculation Examination of the University of London, be exempted from the Preliminary Examination of this Court.

ALFRED M. RANDALL, Sec. to the Court of Examiners.

APPOINTMENT.

RENDLE.—Mr. E. M. Russel Rendle has been elected as one of the Surgeons to the Plymouth Royal Eye Infirmary.

DEATHS.

BARNSTON.—We have to record the decease of Dr. Barnston, at Montreal. He was born at St. Martin's Falls, Albany River, Hudson's Bay, and was sent a lad to Edinburgh. He there threw himself with energy into the Medical studies of the place, where he subsequently graduated. He paid much attention to Botany, and gained, among other things, the prize for the best dissections of plants. During his noviciate he went to Selkirk, and there, where Mungo Park had been a Surgeon, James Barnston worked as assistant to Dr. Anderson, and showed himself an excellent Practitioner. The North American lad, brought up in a most unsophisticated and natural way, fond of science, took to Botany, and neglected no branch of Medical study. Botany was his relaxation. He went to Paris, and in that great capital the patients in Hospitals, and the specimens of vegetable and animal life contained in the gardens and museums became his object of study for a large portion of one year. He sailed for Montreal, and became assistant to the well-known Dr. M'Culloch. When Dr. M'Culloch died, young Barnston succeeded him. He established a Botanic Garden there, was appointed Botanical Professor, lectured on his favourite subject with great success—corresponded with Sir William Jackson, Hooker and other botanists; when he was removed. A correspondent adds—Dr. James Barnston was a gentleman, a Christian, and an able man of science, and gave more than indications of being a most accomplished Physician.

CUSTANCE.—On the 12th inst. at Sutton, in the Isle of Ely, James Custance, student of Guy's Hospital, aged 22.

MILTON.—On the 10th inst. in Wells-street, Gray's Inn-road, William Meyler Milton, Assistant-Surgeon, R.A.

MONRO.—On the 10th inst. at Craiglockhart-house, in the 86th year of his age, Alexander Monro, Esq. of Craiglockhart, M.D. F.R.C.P. and F.R.S. Emeritus Professor of Anatomy in the University of Edinburgh. This was *Monro Tertius*, of whose career we shall give some account in an early number.

WOODROOFFE.—On the 13th inst. at his residence, Pembroke-place, Dublin, John Woodrooffe, Esq. M.D. Fellow of the Royal College of Surgeons in Ireland, in his 78th year. Dr. Woodrooffe was distinguished as the founder of the first Medical School in Cork, and was formerly an able Clinical teacher in the South Infirmary in the same city. He was also a bold and successful operator.

THE Medical Act Amendment Bill has been read a second time in the House of Lords.

THE LARGEST FEE ON RECORD.—Scanzoni, of Wurzburg, attended the Empress of Russia in her last confinement, and received for his services £5000.

THE *Critic* asserts, on "unimpeachable authority," that the late Dr. George Combe, who died about a year ago, is the author of "Vestiges of the Natural History of Creation."

DR. TWEEDIE commenced the Lumleian Lectures at the College of Physicians on the 16th inst. The subject of them is Fever.

ACADÉMIE DES SCIENCES.—M. Carus has been elected corresponding member in the section of Anatomy and Zoology, in the place of the late John Müller.

UNIVERSITY OF LONDON.—There are four candidates in the field for the vacant Examinership in Surgery in this University, namely, Messrs. Curling, Erichsen, Prescott Hewett, and Solly.

SCOTCH IMMORALITY.—Drunkenness has of late years been progressive in Scotland. The last returns of births and deaths show another disgraceful phasis of social life; one-eleventh of the whole births are illegimate, viz. 9·256 out of 104·195. The most immoral divisions of the country are the north-eastern, the east-midland, the south-western, and the south-eastern.

ANOTHER DEATH FROM CHLOROFORM.—We are informed by a correspondent that another death from chloroform has occurred in Paris, at La Pitié, in the practice of M. Maisonneuve. The patient, a man 30 years of age, had a dislocation of the shoulder-joint. It is singular that in the case which occurred to M. Richet at the St. Louis, some weeks ago, the patient also had the shoulder-joint dislocated. We shall doubtless be able to give further particulars next week.

FAT *versus* STRYCHNINE.—Dr. Pindell, in a German journal, asserts that half a grain of strychnine will kill a dog, but that three grains mixed with fat produced no effect. In twenty cases, eleven experiments were made with strychnine alone, death resulting each time; in the nine others, the strychnine was mixed with fat, and produced no effect, notwithstanding the greatly increased dose.

A RESPECTABLE PRISON.—In his report of English prisons just published, the Inspector of Gaols says that things are going on satisfactorily in all our prisons excepting one. "The only marked exception is the Borough Gaol of Newcastle-on-Tyne, the confinements there being of a character more calculated to encourage vice and crime than to deter or to reclaim."

ESSEX AND COLCHESTER HOSPITAL, MARCH 10.—At the weekly meeting of the Committee held this day, Dr. Duncan, one of the Physicians of this Institution, presented his resignation of that office, owing to his intention to enter into general practice. At the request of the Committee, Dr. Duncan agreed to continue his duties, temporarily, until the Committee determined on their future course of procedure.

THE BERLIN UNIVERSITY.—The Medical Faculty will receive another addition to its present great galaxy of talent in the person of Professor Frerichs, the celebrated Clinical teacher at Breslau, who is to be transferred thence to Berlin at Easter. On the other hand the renowned and veteran clinical teacher, Schölein, finally retires from public and private practice.

A LADY PHYSICIAN.—Dr. Elizabeth Blackwell, who has been practising for the last seven years in New York as a Physician for women and children, has delivered, during the last two weeks, at the Marylebone Institute, a series of

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lectures to ladies, on topics connected with the subjects of medicine and hygiene in connexion with the special duties of woman in the spheres of domestic and social life. Why has this lady left her practice, and deserted the ladies and babies of New York? Are female doctors, after all, a failure in the land of Bloomers?

A SIGH FROM EDINBURGH.—"Wurzburg owes its popularity to the well-deserved prestige of many of its Professors and Teachers, such men as Virchow, Scanzoni, Bamberger, Kölliker, Linhart, Heinrich, Müller, Leydig, etc. Wurzburg has always been remarkable for the harmonious unity of aim, and the uninterrupted friendly relations of its professors. . . . Happy indeed the university that is in such a case! Surely the most amicable feelings and the most catholic sympathies should prevail, to the exclusion of petty jealousies, among men who have all taken that solemn oath which science imposes on the high priests of her mysteries, and who are all consecrated to the same noble mission."—*Edin. Monthly*.

ROYAL COLLEGE OF PHYSICIANS. — Through inadvertence, if not a desire to extend the period of grace allowed to persons possessing foreign Medical degrees, obtained after regular examination at approved Colonial or Continental Universities, the new bye-law of this College, lately passed, respecting Doctors of Medicine comprised in that category, stated "these graduates must have been practising in England or Wales" at least three months previously to the 1st of March, 1859. This discrepancy with the recent Act of Parliament, will, it is said, be remedied by fixing the date at the "1st of October, 1858;" and thereby remove any objections which have been taken to that part of the new regulations.

QUARANTINE.—In the Department of Public Health of the National Association for the Promotion of Social Science, a sub-committee on Quarantine has been appointed. The members are—Mr. Alexander, Director General of the Army Medical Department; Dr. Babington, Dr. Bryson, Sir James Clark, Dr. Davy, Dr. Farr, Sir John Liddell, Mr. Martin, Dr. M'William, Dr. Milroy, Professor Owen, Sir William Pym, Dr. Southwood Smith, Mr. Spencer Wells, and Mr. Wiblin, of Southampton. Queries have been drawn up by this committee, and transmitted to Governors of Colonies, British Consuls in foreign countries, and others, from whom reliable information as to quarantine regulations and their results can be obtained.

NERVOISME.—The French are very busy at the Academy with this complaint under a new name. What is "the nerves," "the vapours?" What is that acute and chronic nervous fever which has yet to be described? Here is a specimen of the disorder:—"A young woman, aged 25, healthy and vigorous, is married to a professional man, whose business requires that he should daily receive many ladies in his *cabinet*. A furious jealousy seizes upon her; she loses her appetite; she wastes, takes to bed, and a fever arises; in six weeks—in less than three months from the beginning of this moral affection—she dies hectic. Autopsy—Nothing! nothing! nothing! notwithstanding the most minute investigation of all parts of the body."

A SECRET WARD.—"In one part of the establishment at (Wurzburg), there is a suite of six or eight apartments, which is called the *Geheime Abtheilung*, or secret department. This feature distinguishes many of the German Lying-in Hospitals, and it enables the victims of seduction and illicit love to conceal their shame from the open gaze of the world. Here, the young lady, who has 'loved not wisely but too well,' may retire from society before her disgrace becomes apparent, her friends believing meanwhile in some pleasing fiction, that she has gone on a tour to visit England, or to enjoy the gaieties of Paris. Here she enters, seen by no human eye, save that of hospital attendants, who are all trustworthy, and sworn to implicit secrecy; here she lives till her confinement is past—never called by her name, but merely designated by a number; and when the event is over, she again passes out into the world, and perhaps talks of the celebrities she has seen in Pall Mall or Rotten-row, or of the beauties of the Champs Elysées."—*Dr. Adam*.

MEDICAL STATISTICS OF RUSSIA FOR 1856.—According to these, which are the latest published, there were 2,724,826 births in 1856—viz. 1,395,110 boys and 1,329,376 girls; and 2,164,310 deaths—1,118,251 males, and 1,046,059 females, this mortality being less than that of former years. In respect to age, 1,028,883 (536,320 males and 492,563 females) died before the age of five was attained; while 123 men and 98 women lived to between 100 and 105; 62 men and 34 women to between 105 and 110; 19 men and 21 women to between 110 and 115; 22 men and 8 women to between 115 and 120; 5 men and 2 women to between 120 and 125; and 1 man and 2 women to between 120 and 130!!! In St. Petersburg there took place, in 1857, 17,516 (8937 boys, and 8579 girls) births, and 26,496 (12,445 males, and 8051 females) deaths; therefore an excess of deaths over births of about 3000, the number of inhabitants (498,808) being kept up by immigration. There died 6000 children under 5 years of age. In Moscow, with a population of 368,765, there occurred in 1857, 10,692 (5411 boys and 5281 girls) births, and 11,969 (6326 males and 5643 females) deaths—the mortality here too exceeding the births.—*Med. Zeit. Russ.* January 3.

APOTHECARIES' HALL.—The following gentlemen passed their examination in classics and mathematics on Tuesday and Wednesday, the 15th and 16th inst.:—Arthur Strother, jun. Darlington; Richard Beverley, Brooke, Norfolk; William Nuttall, Bury; Herbert Wood, Ashton-under-Lyne; Richard Bremridge, 17, Bloomsbury-square; Charles Peerless, Cannon-place, Brighton; Arthur Taylor, 2, Kennington-road; Frederick Morley, Oak House, Hammersmith; William Rayner, Uxbridge; Irthur Bayley Adams, Lymington; Alexander Clement Rayner, Bedford; Edward Drummond, Blyth, Northumberland; Edward Wilson, Islington; Thomas Simpson, Stokesley; Ralph Gooding, Ipswich; Lewis Anthony Killick, Maidstone; William Walford, Bromsgrove; John Wickham Legg, Anglesey-terrace, Gosport; John Reynolds, Truro; Henry Wildey Wright, Newcastle-on-Tyne; G. E. Pyle, Amesbury; John Blound Fry, Birmingham; Thomas Francis Raven, Cambridge; Charles S. H. Whitfield, London; Henry Woodhouse Morgan, Clifton; Richard Thorne Thorne, Leamington; Thomas Blunt, Wigton Magna; Samuel Mills, Infirmary, Huddersfield; Herbert Cooper, Clifton; Mark George Pearce, Cambonne; Anthony B. Lichfield, Surrey; Joseph Rymer Dowman, Birmingham; Edward John Syson, Birmingham; Robert Smith, Birmingham; Thomas G. Pratt, Potteries, Staffordshire; Alexander Towne, Kingsland; Richard Peter Scott Butcher, Devonport; Charles Grellat, Brighton; Charles John Meadows, Otley, Ipswich, Suffolk; Henry William Jackson, King's College; Henry Law Kempthorne, Kingston, near Bristol; Frank Charles Plumptre Howes, Diss, Norfolk; Henry Melvill Brewer, Newport; Edward Reynolds Ray, Dulwich; Frederic Long, East Dereham; Chauncy Puzey, 28, Surrey-square; Charles Read, Falmouth; James Mortimer Fuller, Park-road, St. John's-wood.

LOCAL ASSESSMENTS OF CHARITABLE INSTITUTIONS.—A bill is now before Parliament, brought in by Mr. Estcourt, the object of which is to abolish exemption from local rates. The subject having been brought under the notice of the Committee of the Cumberland Infirmary it was resolved to petition Parliament that relief from local rates may be continued to all charitable institutions. The following petition has been signed by the Dean, the Mayor of Carlisle, and other governors and subscribers. The petition to the Lords has been presented by the Bishop of Carlisle, that to the Commons by the hon. Charles Howard, and the support of the other county and city members has been applied for by the Infirmary Committee:—"To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled. The Humble Petition of the Undersigned Subscribers to the Cumberland Infirmary, Showeth,—That your petitioners have learnt that a Bill is now before your honourable House, by which the buildings of charitable institutions will, if it be passed into law, be subjected to parochial assessments. That your petitioners submit that the burthen which would thus be thrown on this Infirmary would materially injure its funds, and, consequently, by crippling its means, be a serious grievance to the afflicted poor. That all such institutions as that of which they are the representatives to your honourable House are not only in themselves blessings to the community, and deserving of public sympathy and support, but do to a vast extent, by the relief they afford, lessen the charges on those very poor rates to which it is sought to make them liable. Your petitioners, therefore, pray that your honourable House will be pleased to except charitable

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institutions from the provisions of the said Bill. And your petitioners shall ever pray." A similar petition has been presented to the House of Lords. We trust that many similar petitions will be sent in.

TRIAL OF AN HERBALIST.—Francis William Crick was charged with the manslaughter of William Hardwick, at Bedford, on November 1, 1858. The prisoner was an herbalist living in Bedford, and the charge against him was that he caused the death of the deceased, a child under two years of age, by administering a preparation of lobelia. The case will be sufficiently explained by the following summing up of the Learned Judge:—The Lord Chief Baron told the jury to bear in mind that it was no crime for any one to administer medicine, but that it was a crime to administer it so rashly and carelessly as to produce death, and in this respect there was no difference between the most regular practitioner and the greatest quack. But Mrs. Orpin's account was that she took the child to the prisoner, and that, following his advice, the child got so much better that she left off giving the medicine which she had got from him, and she did not consult the prisoner again before the child died. All that the prisoner ought to be held responsible for was what took place in the first week after he saw the child. The prisoner had not seen the child for three weeks before its death. The charge against the prisoner was not that he carelessly allowed Mrs. Orpin to be in the possession of a dangerous medicine, but that he caused the death of the child by administering the medicine; but on the evidence it appeared that the child got better while the medicine was being given to it. If the prisoner had been a Medical man he should recommend them to take the most favourable view of his conduct, for it would be most fatal to the efficiency of the Medical profession if no one could administer medicine without, as it were, a halter round his neck; and although he could not speak of a person in the prisoner's position in language as strong, still he ought not to be responsible unless the fact of the careless use by him of a dangerous drug had been proved with reasonable certainty." The jury returned a verdict of *Not Guilty*.

PROFESSOR OWEN AT THE MEDICAL SOCIETY.—At the annual dinner of the Medical Society, held at the Thatched-House Tavern on the 8th inst., the following remarks were made by Professor Owen on the occasion of his health being drunk. He said, he wished it to be understood that he was not a mere man of science, but that he was really and truly one of the body of gentlemen whom he was addressing—in fact, that he was a Medical man. After finishing his studies in Edinburgh, he came back to London, and became a Licentiate of the Apothecaries' Company, and a Member of the Royal College of Surgeons. He then started in practice, taking up his abode between Bartholomew's Hospital and Lincoln's-Inn-Fields; in fact, he became as much a practitioner as any of those whom he was addressing. He had brought young children into the world, and had made acquaintance with breech and other abnormal presentations. He had performed numerous Surgical operations, some capital ones, and could boast that he had never had an unsuccessful case. This was in 1827. Shortly afterwards, it happened that Mr. Abernethy was looking out for some one to assist Mr. Clift in arranging and cataloguing the Hunterian Museum. Mr. Clift was fully up to his work; but he wanted some one, fresh from the schools, who was acquainted with the modern scientific phraseology of zoology and pathology to aid him in the task. Mr. Abernethey pitched upon Mr. Owen, and he was offered and accepted the post; but he still for many years continued his private practice, a certain number of hours only being devoted to the College. During this time, Mr. Clift was also aided by his son, who would naturally have succeeded him. In 1833, however, this beloved son of Mr. Clift died; and then the office he had held was open to Mr. Owen; but if he accepted it, he was to retire from practice. "I was deeply attached," said Mr. Owen, "to Mr. Clift, but I also loved his daughter," and this decided his choice. He thenceforth devoted the whole of his time to the College. In 1836 Sir Charles Bell left London for Edinburgh, and Mr. Owen was then appointed Hunterian Professor. What he then did, how he laboured in behalf of the College during the twenty best years of his life, may be gathered from the existence of the famous volumes, the catalogue of the Hunterian Museum. Few people perhaps have an idea of the labour expended on those volumes. All that Hunter left as a guide to the preparations he had made and left behind him, were a few sheets of writing paper, about half-an-inch thick. The truth is he had no time for writing down the details of all the wonderful things he left behind him. Happily the Zoological Society was then established; indeed without its aid we never should have been able to have had catalogued and described all the dissections and preparations left by Mr. Hunter—we should not have known what they were. The astounding industry and genius of Mr. Hunter were then displayed. His genius, indeed, had penetrated far back into the zoology of other days; and in his museum he left behind him the germ of all the surpassing discoveries since made in Palæontology; he left enough to prove that his acute mind had embraced this even vast subject, and had appreciated the stores of matter to be derived from its study. For twenty years, then, Mr. Owen devoted himself to this labour—and the thin manuscript of John Hunter was gradually expanded into those piles of volumes—the catalogue of the College of Surgeons. But corporate bodies have no conscience; and when my years of labour were concluded, "I received," said Mr. Owen, "*the thanks of the College of Surgeons!*"

BOOKS RECEIVED.

On Wounds and Injuries of the Eye. By W. White Cooper, F.R.C.S. London: 1859.

A Plea in Favour of the Insane Poor. By John Millar. London: 1859.

Essai de Chirurgie Plastique. Par le Dr. Verhaeghe. Brussels: 1859.

Les Résections Osseuses. Du Bec de Lièvre Double. By the same Author.

The Grievances of the Poor-Law Medical Officers. No. 8. By R. Griffin, J.P. M.R.C.S. Weymouth: 1859.

On the Laws which Regulate Private Lunatic Asylums. By E. J. Seymour, M.D. F.R.S. London: 1859.

Localised Movements. By H. H. Bigg. London: 1859.

What shall we do with our Lunatics? By A. Eccles, F.R.C.S. London: 1859.

Chloroform and other Anæsthetics. By John Chapman, M.D. London: 1859. (A reprint from the Westminster Review.)

The Army in its Medico-Sanitary Relations. Edinburgh: 1859.

VITAL STATISTICS OF LONDON.

Week ending Saturday, March 12, 1859.

BIRTHS.

Births of Boys, 970; Girls, 894; Total, 1864.
Average of 10 corresponding weeks, 1849-58, 1735·9.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	590	584	1174
Average of the ten years 1849-58	620·4	607·8	1228·2
Average corrected to increased population ..	..	..	1351
Deaths of people above 90	..	5	5
Deaths in 15 General Hospitals	39	27	66

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	5	8	2	5	1	2
North	490,396	..	8	9	5	12	1	6
Central ..	393,256	..	6	8	3	15	3	7
East	485,522	5	5	18	2	15	1	4
South	616,635	2	6	17	7	11	3	6
Total	2,362,236	8	30	60	19	58	9	25

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·881 in.
Mean temperature	45·7
Highest point of thermometer	59·0
Lowest point of thermometer	29·7
Mean dew-point temperature	39·1
General direction of wind	S.W.
Whole amount of rain in the week	0·09 in.
Amount of horizontal movement of air in the week ...	805 miles.

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TO CORRESPONDENTS.

Mr. Field's letter arrived too late for insertion this week.

Veritas.—Without the smallest doubt.

N.R.—The concluding lines were given in a subsequent number.

A Hater of Humbug.—It appears unnecessary to publish the letter.

Mr. Paget.—Many thanks.

Dr. Clarkson.—Next week.

Mr. Hunter's paper on the Hypodermic treatment of Disease shall appear next week.

M.D. M.R.C.S. should again read our account of the proposed Charter of the College of Physicians.

A Foreign Surgeon will be welcomed at any of our Hospitals without fee; 2, our correspondent has named our best works on Operative Surgery; 3, many thanks.

F.R.C.P. Ed.—There has been no unnecessary delay, and it is not improbable that the College of Physicians may obtain their new Charter during this session of Parliament.

Ely, M.D.—1. To the Registrar-General. 2. The patient's friends must procure the certificate before the funeral can take place. 3. Most improper. 4. If the ground of refusal were stated, it would probably be held to be reasonable. 5. The remuneration varies in each district.

VITAL STATISTICS.

A Correspondent, Brighton, asks for the titles of recent well-accredited papers on the deleterious influence of trades on the persons employed in them.

M.B. AND M.D.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Your correspondent, "A Provincial Physician," was pleased, in your publication of last week, "to submit that the Degree of M.B. (Lond.) is superior in value to that of the M.D. Degree of Dublin, St. Andrews, or Giessen; and that its intrinsic value is greater." Your correspondent appears to be ignorant of the fact, that the compeers of the Dublin University are not the Universities of St. Andrews and Giessen, but those of Oxford and Cambridge; and that accordingly a graduate of any one of the three sister Universities of Oxford, Cambridge and Dublin, can claim his degree *ad eundem* from either of the others. No other University is admitted to this reciprocity, a circumstance which in my mind is in itself conclusive as to the rank of the institution which the "Provincial Physician" has been pleased to disparage. Few of your readers, I should hope, require to be informed, that the time-honoured University of Dublin has always proved herself worthy of her high position, and that no institution in the United Kingdom has done more than she has done to raise the character of the Medical Profession, by the high tone of the education, both general and professional, which she confers upon her Medical graduates, and by requiring them to undergo a full four years' course of study in Arts.

I am, &c. M.B., T.C.D.

Dublin, March 15, 1859.

VENEREAL DISEASE IN THE ARMY.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I have read with much interest the very important letter of Dr. Robinson in your last number; also your excellent remarks thereon, respecting the prevalence of venereal diseases in the Army.

I believe that the fearful amount of this evil must attract the attention of all Surgeons having anything to do with military Hospitals. Of course the great remedy is to improve the moral character of the men: however, this is a work of time, but one which I trust is making rapid progress. Still I have thought that something might be done to diminish the number of cases, by making the fact of suffering from the disease a military offence, and therefore punishable; as it should be remembered that when soldiers are in Hospital, their duties necessarily devolve upon others, thus causing their comrades to have extra labour—the offences to be recorded in the defaulters' book; and in the case of non-commissioned officers repeated offences to involve reduction to the ranks.

I would also suggest that besides the ordinary stoppage of ten-pence per diem from men in Hospitals, an additional penny or two-pence per day (according to the corps,) be kept from all venereal patients; these extra stoppages to form a fund, which might be placed at the disposal of the commanding officer, for such purposes as he might deem most advisable for the good of the Regiment or Company.

I am, &c. A MILITIA SURGEON.

March 14, 1859.

LE DOCTEUR NOIR.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your number for last week, and under the heading of "Foreign Correspondence," I noticed that a Dr. Vriés, surnamed "Docteur Noir," is now at Paris, creating a stir by professing to cure cancer, and that M. Velpeau has been instrumental in placing patients under his care at "La Charité."

Permit me to acquaint your correspondent and readers that a Dr. Vriés, who I have no doubt is the same person, has to my certain knowledge already made his debut, although not exactly in cancer, yet in equally incurable diseases.

When in one of the West India Islands, in 1848 and 1849, I had the apparent privilege and honour of being introduced to this talisman who was to destroy elephantiasis and leprosy.

I have only to add that by means of friction, lotions and bandaging he succeeded for a time in reducing the size of the enlarged leg, but in no single instance effected a cure, as the limb on being released from pressure resumed its abnormal aspect.

As to the leprosy, I believe his treatment mainly rested in lowering those afflicted, and, in some cases, giving them a hurried journey to "that undiscovered country, from whose bourne no traveller returns," leaving others greater sufferers than before.

I am, &c.

March 16, 1859. GUSTAVUS C. P. MURRAY, M.R.C.S.

MEDICAL BENEVOLENT COLLEGE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Canvassing for admission into this College is carried on now with so much system and such a prodigality of postage-stamps that a poor friendless widow has but small chance of success, either for herself or child; in fact, her very poverty, both of her friends and money, is a bar to it. The wealthy and influential connexions of an orphan, wishing to be generous at the public expense, strain every nerve to gain admittance for him into the above institution. Letters are despatched in all directions requesting "an early answer." Some have the audacity to ask for your signed voting paper; and they then exchange the five surplus votes with five other candidates. The services of the family Doctor are of course enlisted. But I need not descant on what is too familiar to all your readers.

The remedy for this grievance, and, to us Medical men, positive nuisance, is simple. Let all who are of my opinion write to the Secretary requesting him to affix an asterisk to their names, in the list of subscribers, which shall refer to the following foot-note.

* These gentlemen decline voting for any candidate who shall directly or indirectly canvass them.

Asking the opinion of your numerous readers, I am, &c.

March 8, 1859. W. W. M.

PROMOTION IN THE INDIAN MEDICAL SERVICE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The Assistant Surgeon entering the Indian Medical Service ranks as a Lieutenant or subaltern. He remains in this rank until he has served fifteen or sixteen years, and he then becomes full Surgeon, ranking with but after a Captain. If he performs any duties (as the five Lucknow assistant surgeons have done,) for which he would merit the honour of C.B., he is told that although deserving he cannot receive such honour because he is a subaltern!! Surely fifteen or sixteen years is too long for an M.D. or M.R.C.S. to remain in the inferior grade of a subaltern. It is not so in the Queen's army—there the Medical officer becomes full surgeon in seven or eight years. This is only one of the grievances of the Indian Medical Service. There is a legion of others, in the shape of inadequate pay, particularly amongst the junior rank—compulsory payments to almost bankrupt funds; inadequate retiring allowances; service in the Indian navy—payment of his own passage out to India, &c. &c. The root of the evil, however, depends on inferior rank and tardy promotion, and until the Medical press take the matter up, and enlighten the rising generation regarding the true state of the case, there will be no alteration.

I am, &c. ONE WHO HAS SERVED.

[We have other letters on this subject, on which we shall comment next week. Ed.]

COMMUNICATIONS have been received from—

Professor SIMPSON; Dr. TODD; Mr. WILDE, Dublin; Mr. GAMGEE; Dr. MARCET; Mr. ACTON; Dr. WALLER; Dr. ADAMS; Dr ALTHAUS; Dr. CAMPS; Mr. FIELD; Mr. C. HUNTER; Mr. VINCENT; REGISTRAR-GENERAL; Mr. EDWARDS; Mr. SMYTH; Mr. RANSOME; AN ADVERTISING SURGEON; Mr. EASTON; Mr. McDERMOTT; Dr. HICKSON; Mr. BARLOW; Mr. RADLEY; Dr. GUNTHER; Dr. CLARKSON; Mr. SOUL; Mr. PAGE; Dr. BRYCE; Mr. PENFOLD.

APPOINTMENTS FOR THE WEEK.

March 19. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. Dr. W. A. Miller "On Organic Chemistry."

21. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8 p.m. Dr. E. J. Tilt "On Peritonitis in connexion with Uterine Pathology."

22. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. Dr. George Johnson "On Bright's Disease of the Kidney."

ROYAL INSTITUTION, 3 p.m. Professor Owen "On Fossil Mammals."

23. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

GEOLOGICAL SOCIETY, 8 p.m.

24. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

ROYAL SOCIETY, 8½ p.m.

KING'S COLLEGE MEDICAL SOCIETY. (Annual General Meeting.)

ROYAL INSTITUTION, 3 p.m. Professor Tyndall "On the Force of Gravity."

25. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m.

ROYAL INSTITUTION, 8½ p.m., Meeting. (Lecture 9 p.m.) Robert A. Smith, Esq., Ph.D. "On the Estimation of Organic Matter in the Atmosphere."

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture IX.—*Concluded.*

On Closures and Contractions of the Vagina, etc.

In reference to the effect of complete closure of the vagina or os uteri upon the phenomena of menstruation, let me make in conclusion these remarks: 1. Usually under this condition of matters, and when at the same time the uterus and ovaries are fully developed, there is a gradual accumulation of menstrual fluid above the site of occlusion, which increases with recurring dysmenorrhœal pains from month to month. But there are exceptions to this general law; for, 2. It happens sometimes, as in our patient in the hospital, that the accompanying dysmenorrhœal pains and symptoms disappear for a time, although the accumulation goes on increasing, as shown by the increasing size of the distended uterus. And again, 3. Occasionally there is no increasing accumulation of menstrual fluid in the uterus after many months, although the closure remains complete; or, indeed, there may be no accumulation at all. I have seen in practice two or three well-marked instances of this last exceptional form of case. The first instance in which my attention was specially called to it occurred many years ago now, in a patient who had been the subject of extensive sloughing of the upper part of the vagina after delivery. A vesico-vaginal fistula had followed. A Surgeon had applied the actual cautery repeatedly to the edges of the fistula; and, in consequence, the os uteri became closed and menstruation ceased. During the last years of her life, this patient repeatedly applied to me to re-open the os uteri with a small steel sound, when menstruation ceased for some consecutive months. This treatment regularly relieved her, and menstruation always regularly recurred for some time after it; but on no occasion did I find an accumulation of menstrual fluid in the uterus when I reopened the occluded os.

IV. Treatment of Closure of Vagina, etc., when producing Obstructive Amenorrhœa.

If you meet with a case of amenorrhœa combined with dysmenorrhœa in a patient who has got a tumour in the region of the uterus, which increases in size every month, and is evidently due to an accumulation of fluid in the uterine cavity, and if in this patient an occlusion of the vagina prevents you from reaching the cervix uteri, it will be your duty in such a case to give a vent to the pent-up fluid. An incision or perforation of some sort must be made through the intervening septum, so as to open up the closed canal and allow of the escape of the accumulated secretion. As to the propriety of such a procedure, nay—even as to the urgency of it—there cannot be a doubt. But there is one thing I have to warn you against in connexion with it, viz. that the operation is by no means free from danger. When a young female is brought to you with the womb or vagina distended by long-retained menstrual secretion, and even only a thin septum intervenes between your exploring finger and the retained fluid, beware of making light of such a case to the friends, and beware, above all, of telling them that the operation you are about to undertake is either harmless or trivial. For when the case has seemed of the simplest kind, and has appeared as if it would easily be remedied by a slight incision, it has often happened that the patient has been thrown into great danger from the operation; and in not a few instances the result has proved fatal. The risk becomes very much greater when the seat of closure or obstruction is high up in the vagina, for there the mere division of these organic contractions is sometimes in itself dangerous, even without the additional peril derived from the chance of inflammation in the cavity and walls of the distended uterus. Dr. Ramsbotham has collated several cases where this very simple operation terminated fatally; and numerous similar cases are on record. We had a lamentable instance of this in the Hospital three or four years ago, in the case of an interesting patient of 22 or 23 years of age, who had always suffered from amenorrhœa and dysmenorrhœa, which we found to be due to occlusion of the vagina from adhesion, producing a septum of no great thickness. Accumulation was still going on, and the division of the thin septum was clearly indicated. This was effected by making a small incision, and the patient remained well for two days; great quantities of the usual dark grumous fluid constantly escaping by the vagina. But on the third day surgical fever set in, and in a few days death supervened. The autopsy showed that the interior of the distended uterus had become the seat of a very intense inflammation, which had spread thence and led to a severe and fatal peritonitis. The important lesson which is very impressively taught us by this case, is that we should be extremely cautious in giving our prognosis as to the result of similar operations. In making the division of the obstructing membrane or tissue in these cases of obstructive amenorrhœa, you may employ either the trocar or knife. The trocar does not always make an opening large enough to allow the retained thick and glutinous fluid to escape by it, and never one of such dimensions as is permanently requisite if the closure is high up in the vagina. You will perform the operation more easily and completely by employing a small tenotomy knife. The patient may be placed either upon her back or side; and if the closure is above the orifice of the vagina, you must guide the knife entirely by touch, and not by sight. Feel, carefully, with the fore-finger of the right hand for the point where, from any sensation of fluctuation or other causes you judge it best to make the centre of the proposed opening, and hold the finger there; then slip the tenotomy knife, held in the left hand, up along the fore-finger of the right hand, used as a guide; bring its tip in contact with the point you wish to perforate; and, after pushing it through the intervening septum, move it slightly first to one side and then the other, so as to make an opening through which you can force the finger. Increase subsequently the size of the opening to the dimensions which you wish, by stretching it with the finger or fingers, rather than by any further use of a cutting instrument.

After the incision has been made, two or three courses may be followed with reference to the evacuation of the accumulated fluid. You may press slightly upon the uterus so as to hasten the expulsion of the contents; or you may leave it to the uterus to expel the matter by its own elasticity or by its own more gradual contractile efforts; and perhaps this is the safest and wisest course that in most cases you can follow. Others again try to evacuate and clean out the interior of the womb as rapidly as possible by throwing up injections of tepid water, with the very commendable object of getting rid at once of a fluid prone to decomposition, and liable to become a source of putrid infection to the tissues with which it lies in contact; but in practice you will really find profuse injections of very little use in displacing and washing out the tar-like fluid forming catamenial accumulations.

If the opening which you have made is at the orifice of the vagina, and the obstruction has been produced by imperforation of the hymen, or closure of the os vaginæ, you will have little or no subsequent difficulty in preventing the reclosure of the perforation. The introduction of the finger, once a-day; or, at most, the maintenance of an oiled plug of lint or sponge in the opening, will suffice for the purpose. But if the closure of the vagina has been the result of deposits and contractions following inflammation and sloughing, you will find it, on the contrary, one of the most difficult indications in obstetric Surgery to prevent the re-contraction of the canal; though, by the occasional use of bougies, and tents, if necessary, you will generally succeed in preventing its total and complete reclosure, and the consequent repetition of a state of retention and accumulation of the menstrual fluid. In these cases the measures which we may employ to prevent the recontraction of the canal may be stated under the head of

Treatment of Morbid Contractions of the Vagina from Cicatrices.

Where the contraction is partial, and consequently does not give rise to amenorrhœa from catamenial retention, you will only require to interfere under the following circumstances—namely, 1. When the stricture is so great, and situated so low

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down as to interfere with and prevent marital intercourse; and, 2. when, by its presence, at the time of parturition, the progress of the labour is interfered with. In the latter case, if the contractions are such as to prevent the descent of the child's head, you will require to divide the cicatricial tissues, in order to gain adequate space for the passage of the infant. If ever you are compelled to do so, remember the two or three following simple rules. 1. Apply your knife or bistoury to the contractions or cicatrices during a parturient pain, for then the morbid parts are placed fully upon their stretch. 2. Make rather two, three, or more small incisions than one large cut; for the single subsequent tearing and extension of the latter is more dangerous than the multiple tearing and extension of the former. 3. Make your incisions in the sides of the vagina if possible, and not on its anterior or posterior walls, lest they extend into the rectum or urinary passages. 4. Allow always the full extension and enlargement of the contractions to be made in the way of pressure by the child's head, and not by your knife; these tissues, in fact, being far more safely torn than cut. Lastly, let me add, that in most such cases, however extreme, it is possible by due preparatory incisions and tearings to deliver the child by the long forceps, or by turning, and consequently alive; and that such vaginal contractions form no justifiable excuse for the dreadful alternative of destroying the child, and delivering it by craniotomy.

In cases of severe cicatrices and contractions situated in the course of the vaginal canal, and rendering connubial intercourse painful or impossible, you may try to overcome the difficulty either by the knife or by distension of the contracted part with sponge tents and bougies, or by both means combined; and indeed both will often enough fail. In the slighter forms, trust for a time to the employment of tents in the first instance, and subsequently to the persevering use of bougies of increasing size made of caoutchouc, gutta-percha, wood, etc. introduced for a short time every day or every few days; or each worn, when properly fitted, for several days successively, on the principle of solid pessaries. You will render the use of these bougies and pessaries both more easy and more effectual by always introducing into the vagina before them, or along with them, abundance of olive oil, and simple or medicated ointments. If the contractions are greater, or will not thus yield, first divide them sufficiently, and immediately dilate freely the part by stretching with the fingers. Then try to keep up an adequate degree of dilatation by bougies or pessaries worn continuously for a time, or very perseveringly used at short and frequent intervals. The tendency, however, to the recurrence of the contraction is sometimes so great as to defy both of these measures, even when the dilatation following the division of the stricture has been most thorough and complete. There was a patient in the Hospital, some years ago, in whom pregnancy occurred although a contraction of the vagina existed; and when labour came on, and drew on to a dangerously protracted length, I had at last to make incisions into the constricted part in order to allow of the introduction of the long forceps for the extraction of the child. The stricture was, of course, enormously distended during the process of parturition; yet it afterwards was reproduced, and became again as bad as it was before. You all know that it is one of the most difficult problems in Surgery to solve as to the straightening of parts of the skin which have become contracted in consequence of burns; and in obstetric Surgery there is no problem more difficult of solution than the mode of overcoming these contractions of the vagina.

Last summer there was a patient in the Hospital, from Shetland, with a very dense cicatricial band greatly contracting the vagina. Mere division of it did not prevent the recurrence of the contraction. In consequence, I cut completely out a portion of the cicatricial tissue, hoping that this proceeding might lead to a better result. But, I am sorry to add, that this modification of operating proved also quite futile, and the patient went home little or not at all improved. There is a form of contraction of the vagina much more amenable to treatment than the above, and which you will sometimes be consulted about, in consequence of the patient suffering unusually from marital intercourse, or from the completion of that act being impossible. I allude to cases in which there is a mere congenital narrowness or contraction of the circle of the os vaginæ, not from the presence of the hymen, but simply from congenital smallness of the vaginal orifice. Such cases often give rise to extreme unhappiness and distress. How may we remedy them? or what is the proper

Treatment of Congenital Contractions of the Os Vaginæ?

There are two plans of procedure—either of which you may follow out. First, you may introduce sponge-tents or bougies of some sort, to be left in the canal, and so to dilate it gradually and perseveringly. If you use large sponge-tents for the purpose you will sometimes find that they will retain their place better during their expansion, by introducing them with the broad end first. Or, secondly, you may have recourse to an operation, and divide the strictured orifice by making incisions into some part of the circle. I believe the best and easiest operation that you can in such cases adopt is to follow the example set by nature, and make your incision into a part which you sometimes see divided in the process of parturition—to wit, the posterior commissure and the perinæum, the parts which first give way when the outlet of the vagina is too narrow to allow of the ready exit of the fœtal head, in common first labours. If you begin to make one or more incisions laterally you run great risk of wounding the veins, which are so numerous on both sides of the vulva, and so producing an excessive amount of hæmorrhage, or, it may be, as I have seen, a fatal phlebitis. But something must be done to relieve the patient from what is to her a state of the greatest misery; and, I repeat, an incision of sufficient depth may easily, safely, and successfully be made backwards into the perinæum. Having dilated the orifice in this way, and having sufficiently stretched it afterwards, if necessary, with the fingers, you must next be careful to take some steps to provide against the immediate closure of the wound, and the recurrence of the contraction. In carrying out this indication you will find that different cases present very different degrees of difficulty. But here a steady and persevering use of tents and bougies is usually followed by complete success. In obstinate cases the patient may require to have introduced into the vagina daily for a considerable time a well-oiled bougie of gutta-percha or caoutchouc. A large wax taper is used by some practitioners for this purpose.

I have known this kind of mechanical dilatation of the vagina followed by a complication, which is also the occasional result of other causes, but is not, as far as I know, described in any of our works on female diseases, viz.:—

FISSURES OF THE ORIFICE OF THE VAGINA.

This complication consists of a linear, irritable ulcer, fissure, or cleft in the mucous membrane of the os vaginæ. You will find its seat to be generally, if not indeed always, the posterior commissure of the vaginal orifice. You all know of the pain which sometimes accompanies fissures in the anus or orifice of the rectum, and how they have attracted the attention of practised Surgeons in consequence of the agony to which they so constantly give rise. When occurring at the root of the nipples, too, these cracks or fissures, as you are well aware, become there also a source of the greatest suffering to mothers, whenever they have to suckle their children.

Symptoms and Diagnosis.

Fissures of the vagina become a source of pain when the patient is walking or taking any exercise which causes motion of the part. In some cases pain is only felt during defecation or micturition; or when the urine gets into the crack, and irritates the excoriated part. Marital intercourse sometimes becomes very painful, and may even be rendered altogether impossible from the great suffering arising from a source apparently so simple. Examination with the finger in such a case detects the existence of a painful point behind and on the posterior aspect of the vaginal orifice; and on looking at the part the eye discovers in the posterior angle a small red linear ulcer, usually, especially when chronic, with rough, slightly elevated and everted edges. If you will only bear in mind the possibility of such a condition occurring, you will hardly fail, when you do meet with such a case, to make out the existence of the fissure.

Causes.

Fissure of the vaginal orifice may result, as I have already said, from the mechanical dilatation of this orifice when it has

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been preternaturally contracted. A chronic ulcer or fissure may persist in such a case in the site of the cut or tear that has been made as a means of cure. But this result is very rare. A far more common cause of this affection is that tearing of the perineum which occurs so frequently to a greater or less extent in first labours. If this tear heals slowly and imperfectly, it is liable to leave the linear form of irritable ulcer which constitutes fissure. I have known of one case of it, which caused great pain and suffering, till it was at last detected and cured, in an unmarried lady; but almost all the patients in whom I have met with the disease were married females; although some of them had never borne any children. The worst instance of the disease I have ever met with was in the case of a lady who came here from England, unable to walk or take any exercise from the pain which all motion caused her. The passing of the urine over the raw surface caused her acute suffering, and her health was giving way under the distress occasioned by a small vaginal fissure, which had endured for a long time, and yet immediately yielded to the simple treatment that was indicated. For

THE TREATMENT OF FISSURE OF THE VAGINA

is very simple. Either you must introduce two or three fingers to dilate the orifice, and tear open the edges of the fissure, so as to convert it into a larger ulcer, which may be healed by the use of cold water or simple lotions, or you must deepen the fissure by dividing the mucous membrane to the depth of an eighth or a fourth of an inch, with a knife, in the same manner as most Surgeons are in the habit of treating fissures occurring in the anus.

It is, perhaps, as a general principle in Surgery, desirable to avoid the use of the knife, whenever its use is avoidable. And no doubt fissures of the anus are at least as successfully treated by stretching the orifice of the rectum so as to increase and tear open to some extent the fissure, as by dividing the base of the fissure with a knife. Indeed, I have seen more than one case of anal fissure at once relieved and cured by stretching the anal orifice with a couple of fingers, which had not yielded previously to division by the knife, though practised by some of our ablest Surgeons. The object is the same whether we use the knife or fingers,—viz. the conversion of the chronic ulcer constituting the fissure into a new and simple wound, capable of being cured and closed by the usual treatment of recent wounds. Let me only make one remark more. If you prefer the knife in the treatment of a vaginal fissure, you need not make the required incision of any great depth. The great French Surgeon, M. Boyer, supposed that for the cure of a fissure of the anus, it was necessary to make the curative incision pass through the sphincter of the bowel. Many years ago, Mr. Copeland, of London, made that important modification in the operation which is now generally followed by Surgeons; namely, he showed that a simple, shallow incision through the base of the ulcer, and to the depth of the mucous and submucous tissues only, was really all that was in general sufficient to secure success.

ORIGINAL COMMUNICATIONS.

THE DEPENDENCE OF TAPE-WORM ON THE USE OF RAW OR UNDERDONE MEAT.

By JOHN BARCLAY, M.D.
Physician to the Leicester Infirmary.

THE interesting discoveries of Von Siebold, and of Küchenmeister, and their speculations as to the various modes in which the ova of intestinal worms enter the human body, have induced me to inquire of all my tape-worm patients, during the last twelve months, whether they were fond of meat so under-done as to be a possible vehicle of the germs. I think the replies narrated below, in my brief notes of each case, will surprise your readers as much as they have surprised, and, I may add, disgusted, myself. In some instances the fact was only elicited by cross-questioning, in others it was at once acknowledged; but in every one of the ten cases which I have observed during the past year, not only under-done, but really absolutely raw meat has been eaten.

Case 1.—A. B., male, age 24, india-rubber weaver, April 16, 1858.—Had tænia for many years; has often eaten raw bacon, or cut a bit of meat from before the fire when half-done.

April 30.—Ordered turpentine.

May 7 and 14.—Large quantities of tænia passed.

21st.—Seen no more joints.

Case 2.—C. D., wife of a tradesman, age 33. May 3, 1858.—Passing joints of tænia now; has often tasted the meat as it has come in from the butcher. Ordered kousso.

5th.—Brings an immense quantity of worm; she guesses it at forty or fifty feet. Repeat the kousso.

10th.—No more joints.

Case 3.—E. F., female, not married, age 53, bootbinder. August 11, 1858.—Had a fit lately, and is passing joints of tapeworm; has often eaten raw salt meat,—"very fond of it." Ordered kousso.

Aug. 14.—Only a few came away. Repeat.

18th.—Many "bunches" of worms discharged. Repeat kousso in a week.

28th.—Still joints passing. ℞. Ol. fil. mar. ʒi.

Sept. 8.—A good many joints come. Repeat ol. fil. mar.

25th.—Seen no more worms.

Case 4.—G. H., a farmer, aged 71. August 31, 1858.—A country consultation for epilepsy; had tapeworm constantly passing from him four or five years ago, and before that and since has often eaten a "chip" of raw meat. Ordered turpentine.

Sept. 4.—Has passed no worms. The evidence of structural change in the encephalon so marked as to forbid any further administration of vermifuges.

Case 5.—I. K., female, married, age 24. September 17, 1858.—Passing tænia now; has put raw meat in her mouth. ℞. Ol. fil. maris ʒi. bis in septimanâ.

24th.—Brings an immense quantity of tænia. ℞. Bitter tonic.

Nov. 5.—Seen some more joints; so repeat the ol. fil. mar. twice.

12th.—Brings one-quarter pint of worm; no result from second dose.

Dec. 3.—No more joints.

Case 6.—L. M., male, age 35. Oct. 1, 1858.—Passing joints of tænia now; has often eaten raw meat. Ordered kousso twice in the week.

8th.—Brings away large quantity of worm, which the first dose brought away.

Case 7.—N. O., female, married, age 59. Oct. 29, 1858.—Passing tænia for years; joints passing now; has frequently eaten little bits of raw meat. ℞. Ol. fil. maris.

Nov. 5.—No effect: ordered kousso.

12th.—No more tænia passed.

26th.—Ordered turpentine every second morning, which relieved her of great quantities.

Case 8.—P. Q., male, age 24, hawker. Nov. 5, 1858.—Suffering from epilepsy, and passing great quantities of tapeworm; has often eaten raw meat. Ordered ol. fil. maris.

12th.—No effect. Ordered kousso.

19th.—Brings a large quantity of worm.

Dec. 3.—Seen no more joints.

Case 9.—R. S., male, weaver, married, age 30, lives in the country. Feb. 19, 1859.—Has been passing joints of tapeworm for seven months; does eat little bits of raw meat, "particularly fond of it." ℞. Ol. fil. maris.

March 5.—Only a few joints came away. Ordered turpentine.

Case 10.—T. U., boy, age 4, March 9, 1859.—Passing tapeworm for more than a month. Seen joints this morning—very fond of getting hold of raw suet and eating it. Ordered ol. fil. maris.

16th.—No effect. Ordered turpentine.

Besides these cases there was one of a gentleman who had all the symptoms of tænia, whose father had it, but who had never himself passed any joints. He too had often cut a bit of raw meat in the larder and eaten it.

Whether tape-worm be more than ordinarily common in this county I do not know. These ten instances occurred in a total of about 1640 cases of illness observed by myself during the period mentioned. Of course some may have escaped my notice.

My object being to draw attention to the physiological fact, I do not say much of treatment. I have long left off pome-

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granate bark as inefficacious. Turpentine and kousso are my favourites. The preliminary treatment—fasting and purgation—I have found to be very essential to the success of either kousso or the oil of male fern.

I have not hunted for the heads of the worms: I am not particularly fond of handling such loathsome creatures, bursting as they are with mature ova, in search of a nidus—the parasites of the human body—curiously analogous to those whom, in one of your articles, you have designated the parasites of the body Medical. *Similes similibus damnantur* (quite as good Latin as Hahnemann's), it is a striking fact to the public that in the cases of tapeworm or of itch, the parasites of the Profession have recourse to ordinary remedies in ordinary doses to destroy their congeners.

Leicester.

ON THE HYPODERMIC TREATMENT OF DISEASES (a),

WITH CASES AND EXPERIMENTS.

By CHARLES HUNTER,
Late House-Surgeon to St. George's Hospital.

(Continued from p. 285.)

CEREBRAL AFFECTIONS—DELIRIUM TREMENS—MANIA.

THE following cases are given as showing the variety of diseases in which this treatment has been found of remarkable benefit; and that a small dose injected beneath the skin very often produced a far greater effect than repeated doses of much larger quantity given by the mouth.

Case 1.—*Delirium Tremens.*—Edmund H. aged about 30, was admitted on Nov. 2, 1858, into St. George's Hospital, under the care of Dr. Page. An emetic was given on admission, and he was put upon laudanum (♏ xl.) every other hour during the day; he slept a little during the night, but was as bad as ever the next day. From the night of the 2nd he did not sleep for two days or nights, and was so very excitable that the straitwaistcoat was found necessary. Morphia during this time was repeatedly given in half-grain doses by the mouth, but without producing sleep. On Nov. 5, at 3 p.m. I injected half-a-grain of the acetate of morphia in a few drops of liquid into the cellular tissue of the patient's neck. At the time of the injection he was quiet but sleepless; the tongue tremulous; he could talk rationally. In ten minutes he was in the same state, eyes open, sleepless; he was quite quiet. In fifteen minutes the eyes were occasionally shut, and if open looked sleepy; for the remainder of the hour he was quite quiet, dozing at intervals. In two hours he was comfortably asleep, and continued so for five hours and a-half; after some wakeful intervals, he again slept for five hours, after which he dozed till seven the next morning.

6th.—He was much quieter than on the previous day; the pulse 80; skin perspiring. At a quarter to 9 p.m. the same dose of morphia was injected. I found him sound asleep three-quarters of an hour after, and he continued so for nine hours.

7th.—He was far more quiet and rational. The injection was again repeated, eight hours' sleep resulting.

8th.—Delirium fast disappearing; he slept naturally in the evening. The narcotic injection was not again required, and he was discharged cured a few days after.

Case 2.—*Delirium Tremens.*—Thomas H. was admitted (from out-patient) Jan. 30 into St. George's Hospital, under the care of Mr. Cutler, with fractured arm and delirium tremens. Towards evening he became so violent that it was found necessary to restrain him by the straitwaistcoat. Some dram doses of laudanum were given every four hours. The quiet obtained by these doses lasted for moments only.

Feb. 1.—Same state; highly excitable. Laudanum was ordered to be given more frequently; but it was found impossible to give it him, the patient *refusing to swallow it.* At half-past 4 p.m. Mr. Keal, present House-Surgeon, injected one grain of morphia into the cellular tissue of the left arm; it quieted him almost instantly, and sleep soon followed. He slept altogether fourteen or fifteen hours, waking up now and then for a few minutes.

The narcotic injection was required a few times more, sleep resulting each time, which was not the case with occasional administrations of the narcotic by the mouth.

This patient went out cured of the delirium tremens, and is now out-patient with the fractured arm.

Remarks.—Perhaps more than all other diseases delirium tremens appears to be one in which this treatment may especially be found useful: 1. Because the stomach is in such an abnormal state, and often so disorganised that you may, for days together, administer enormous doses of narcotics by the mouth without their being duly absorbed. 2. Because sleep is the great thing required; and 3. Because (as in Mr. Cutler's case) it is often impossible to get patients to take the medicine. Hence, this is a ready and easy method of administering narcotics to all patients that cannot or will not swallow.

Case 3.—*In mania.*—Christopher S. was admitted with mania, at first resembling delirium tremens, December 28, into St. George's Hospital, under the care of Dr. Page. On his admission, a purge was given, and he was put upon opium every three hours.

On the 31st no improvement had taken place; he was very violent, and had not slept for two days. At 5 p.m. my colleague, as House-Surgeon, Mr. Denham Tomlinson, injected ¾ gr. of morphia in ♏ iv. ½ of water (b). The patient was asleep in five minutes, and (with the exception of being awake twice for a few minutes) slept for twelve hours.

For the next few nights the injection was repeated, with immediate effect each time and good sleep; after the first night he became more rational and quiet during the day. This patient went out well.

Case 4.—*Mania.*—On December 1, 1858, Richard D. was admitted under the care of Mr. Cæsar Hawkins, on account of a self-inflicted wound of the throat. He was quite maniacal, and attempted suicide the night after he came in.

About midnight, December 3, he became extremely excited, and very noisy, as well as restless. He was restrained by two men, and I gave him two half-drachm doses of laudanum with no effect; I then injected ♏ v. (gr. ⅓) of the solution of morphia; he became perfectly quiet directly after, every now and then shutting his eyes, until, in twenty minutes he was asleep, and remained so for six hours and a-half.

The next day he was quieter, but still maniacal.

Dec. 5.—I injected the same dose (gr. ⅓) of morphia; he went to sleep almost directly, and slept all the night. He was less noisy the next day.

6th.—The morphia was not injected at night, but the same dose (gr. ⅓) was given by the mouth. He did not sleep for one hour, and then sleep lasted only one hour; after which time he became gradually more and more noisy, shouting aloud. On the 7th he was furiously maniacal. Grain doses subsequently were given by the mouth, but with nothing like the effect obtained by ¾ gr. doses injected.

This patient was removed from the Hospital as soon as the wound allowed of it. He ultimately became perfectly sane.

Case 5.—*Puerperal Mania.*—Through the kindness of Dr. Blakeley Brown, I have had the opportunity of trying this treatment in puerperal mania.

The patient had been confined nearly three weeks previously. The mania had lasted several days; but for forty-eight hours the patient had been violent and sleepless.

Repeated half-grain doses of the acetate of morphia had been given with no effect at all.

On Dec. 29, 4 p.m. Dr. Harrington Tuke (whom I have to thank for the suggestion of this remedy in puerperal mania) being present, I injected ⅓ gr. of the acetate of morphia into the cellular tissue of the arm of this patient, who was raving at the time. The pulse was 120, and hard.

In less than two minutes the pulse was lowered to 100, and in four minutes to 80 pulsations; it also became much softer.

She became quiet directly after the injection of morphia, and was asleep in eight minutes. She continued to sleep for twenty minutes, and was more quiet the rest of the day than for days previously.

(a) In the first part of this paper the word hypodermic was spelt upodermic; but I now spell the word in accordance with common orthography.

(b) The solution of morphia I have mostly used for the last five months is as follows:—

℞. Morphiæ acetatis, gr. x., ac. acetici fort. (Beaufoy) q. s., aquæ distillatæ, ʒi. I add liquor potassæ to get rid of the acid before filling the measure up to the drachm with the water.

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This administration was successful thus far, that the mania was instantly quieted, and sleep quickly produced; unsuccessful, in that the sleep was so short; but this was even more than repeated half-grain doses had previously effected, and during the next twenty-four hours' sleep she only obtained half-an-hour's sleep, with grain doses of morphia repeated every four hours. She ultimately quite recovered under the influence of large doses of liq. opii sedativus.

Case 6.—*Puerperal Mania.*—In this case a more decided effect followed the administration of the narcotic.—Sarah A., aged 40, was delivered March 3rd of twins. The confinement did well, but she had no sleep that night. Rigors and pains in the region of the uterus came on the next day: she obtained a little sleep after a dose of calomel and opium.

5th.—She was much better every way, but had no sleep at night.

9th.—Decided mania has existed since yesterday; she has had no sleep since the 4th, although opium in repeated grain doses, and ʒss. of laudanum had been given. At six p.m., my friend, Mr. E. J. Winterbottom, who attended her in the confinement, injected one-third of a grain of morphia into the arm of the patient. She soon became quiet, opening and shutting her eyes in fifteen minutes, and in one hour and a-half she was asleep, and continued so for fourteen hours.

10th.—Plenty of nourishment was given; she was quiet for a few hours after she woke, but at two p.m. again became highly excitable and raving. She was in this state at twelve p.m., when the injected dose was repeated. Sleep followed in ten minutes—a quiet sleep, no dreaming, no stertor; she slept six and a-half hours, and was sensible when she woke. I saw her with Mr. W. on the

11th.—She was sitting up in bed, raving, and refusing to take medicine by the mouth. The injected dose was repeated at night, with effect as immediate and sleep as good as on the previous night. This poor woman died on the 12th, from exhaustion, which was fully expected from the state of the patient, and the number of days she had been without sleep.

Remarks.—In these cases of mania the great object was the same as in those of delirium tremens—to quiet the state of the brain and procure sleep.

In all of them large doses by the stomach had failed to do any good; in all of them decided and beneficial effect followed the injection of the narcotic.

In the first case of puerperal mania it is interesting to observe that the injected dose caused sleep, which was over before a stomachic dose has generally had time to produce a good effect.

I should be sorry to make too much of any remedy or mode of treatment before its value had been proved by ample experience; but classing together the cases of delirium tremens and of mania (recollecting also how long one sometimes has to treat them by the stomach) with other cases of extreme cerebral excitability (such as excessive nervousness), of which I shall bring forward an example, I think the proposition might be laid down:—

Proposition.—That, by the introduction of narcotics into the cellular membrane of the body, we have a mode of attacking and subduing cerebral excitability more rapid, more certain, and more pure in its action, than by the stomachic doses of narcotics.

(To be continued.)

ON THE ACTION OF THE ELECTRIC CURRENT UPON THE MOTOR NERVES AND MUSCLES.

By J. ALTHAUS, M.D.

(Concluded from p. 209.)

So much about the remarkable phenomena brought about by the electric excitation of the motor nerves: we now proceed to consider the question whether the electric current has any direct and immediate action upon the muscular fibre without the intervention of nervous filaments or not? If it should be proved that there is such direct action upon the muscles, a question would be decided which has occupied the attention of the greatest physiologists for more than a century, and on which still, at the present moment, the first physiologists of all countries disagree (a). I mean the question as to the existence or not of Hallerian irritability. Is there a vis musculosa insita, a property inherent to the muscular fibre capable of being excited to action independently from the immediate instrumentality of the nerves, or are the nerves the only excitors of muscular motion; and is it always necessary, in order to bring about muscular contraction, that the motor nerve of the muscle should have been previously irritated?

It is obvious that it would not be difficult to answer the question satisfactorily, if it were so easy to prepare muscular fibres without nervous matter, than it is to prepare nerves without muscular substance. But even if the greatest care be taken to remove every nervous fibril from the muscular tissue, we discover generally, by means of the microscope, small nervous filaments still adhering to the muscular fasciculi. The question may, therefore, be decided in two ways: on the one hand, if muscular fibres be placed under the microscope, and it be decided that they really are muscular pure and simple, without any trace of nervous fibrils, the irritability proper of the muscles would be proved if these fibres would be seen to contract on a stimulus being applied to them. On the other hand, the question might be decided if it would be possible to find a drug which would kill the motor nerves and leave the muscles intact, so that a complete separation of the two tissues could be easily effected. It is obvious that the latter way would eventually be the most secure, as a very small nervous filament might possibly escape the notice even of an experienced microscopist working with a good instrument. But if it should happen that both sorts of inquiry yield the same result, we shall be justified positively to answer the question, and we may then be allowed to declare further discussions upon the subject waste of time.

Glisson seems to have been the first who used the word irritability. He says (b): "Motiva fibrarum facultas, nisi irritabilis foret, vel perpetuo quiesceret vel perpetuo idem ageret. Actionum igitur earum varietates et differentiae earundem irritabilitatem clare demonstrant." But Glisson ascribed an irritability proper to all the tissues, even to the bones and fluids of the human body, while Haller was the first to point it out as a property inherent to the muscular fibre (c). He termed irritable part of the human body (muscular fibre) such which is shortened if touched by any foreign body; on the contrary, he called sensitive fibre (nervous fibril), what, if touched, transmits to the mind the impression of contact, and the irritation of which in animals occasions evident signs of pain and discomfort. According to Haller, sensibility and irritability are properties totally independent from each other. Most tissues are sensitive, and this property is possessed by them in a direct proportion to the quantity of nervous fibrils they contain; a part, the nerves of which have been cut or tied, has lost its sensibility; parts which are devoid of nervous fibrils, as the dura-mater, the cornea, the tendons, are not sensitive. But the nerves do not possess the slightest amount of irritability, since they are never put in motion themselves, whatever may be the stimulus which is applied to them. Sensibility is a property which ceases with life. Irritability, on the contrary, is to be observed a certain time after life has become extinct or after the nerves of a part have been cut; it is by no means so generally diffused in the system as sensibility, as it is possessed merely by the muscles, the intestines, chylifera, and arteries. These parts are not sensitive, or if they are, it is by no means a property inherent to their structure, but merely a consequence of the few nervous fibrils which are mixed up with them. If motion be brought about by the instrumentality of the nerves, it is only by their conducting the order of volition to the muscles, and by strengthening their inherent force. Thus Haller was the first to make the distinction between the functions of motion and sensation; he is, in this respect, the precursor of Sir Charles Bell, who pointed out that there are also different organs for motion and sensation, viz. the motor and sentient nerves.

Haller supported his opinion especially by reference to the

(a) The non-existence of Hallerian irritability has been chiefly maintained by Baron Humboldt, the late Dr. Marshall Hall, J. Müller, Sticker, Weber, Eckhard, Remak, Friedberg, and others; in opposition to Volta, Marianini, Matteucci, Mr. Bowman, Longet, Claude Bernard, Kölliker, and others.

(b) Francisci Glissonii tractatus de ventriculo et intestinis. Lugdun. Batavor. 1691. P. 168.

(c) Elementa physiologiae. Vol. IV. Lib. XI. Lausannae: 1762.

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disproportion that exists between the bulk of the nerves and the contractile power of those organs in which they are ramificated. Thus the heart, which has the most remarkable contractile power of all the muscles of the animal body, has very few and small nerves only, etc. Haller's chief opponent, at the time, was a distinguished German physician, Dr. Unzer (d), who proved that there are nerves in all muscular organs, and maintained that the nerves were the only excitors of muscular motion; when motion occurs in muscles the nerves of which have been cut or tied, the motion is, according to Unzer, solely due to the fine nervous filaments, which always remain mixed up with the muscles. Unzer's view, however, was contested by Felice Fontana (e), who supported his opinion by an important experiment. He cut the crural nerves of frogs, and observed that, after a certain time, the muscles of the thigh still contracted, when a stimulus was applied directly to the muscular substance; but that the muscles remained perfectly quiescent, if the nervous trunks were irritated.

After the discovery of galvanism the question was again taken up with much interest. Galvani, Volta, and Valli maintained that muscular contractions were most decidedly caused by the "metallic stimulus," if the muscles alone were touched by the galvanic pair; but others, like Fowler, thought that we should never arrive at a solution of this question, since it would always be impossible to satisfy ourselves whether nerves had not been present in a muscle contracted by the galvanic stimulus (f).

The same view was taken by Baron Humboldt, who maintained that, if a piece of muscular flesh was so prepared that no nervous fibril was visible in it (as may best be done, he says, in the upper part of a frog's thigh, or in the fins of a fish), there was no contraction caused by the galvanic stimulus; and if there was a contraction, it was easy to distinguish, by means of a magnifying glass, traces of nervous filaments which, in spite of careful dissection, had been left in the muscular substance. He therefore was led to the conclusion that irritability is a property of the compound structure, the nerves receiving the stimulus, and the muscles undergoing contraction (g).

Fifty years later, the same opinion was pronounced by the late Dr. Marshall Hall, who thought the question, whether the property of irritability belonged to the pure and isolated muscular fibre, or to the muscular fibre combined with the nerves, could not be determined by distinct experiment, and that irritability belonged, in all probability, to the compound structure (h).

In 1834, Fontana's experiment, to which I have alluded above, was repeated by Dr. Sticker under the superintendence of J. Müller, at Berlin (i). Sticker found that some weeks after the section of the nerves had been made neither the nerves nor the muscles did respond to the galvanic stimulus. But Longet rightly objected to this, that Sticker had allowed too much time to elapse before he compared the excitability of nerves and muscles. Another objection which, in my opinion, should be made to Sticker, is that in his researches he used only a single galvanic pair to excite the muscles, and that perhaps he might have succeeded in obtaining muscular contractions, if he had used a powerful battery instead.

The experiments of Fontana and Sticker were repeated by Longet (k), and he was anxious to examine the nerve during the first few days after the operation. He found that a motor nerve, which has been separated from the nervous centres, will lose every trace of excitability on the fourth day after it has been cut; any mechanical, chemical or electrical stimuli, will then fail to produce muscular contractions, if they be applied to the free extremity or the branches of the nerve; on the contrary, a muscle, the motor nerve of which has lost its excitability, will visibly vibrate under the influence of a stimulus, even twelve weeks after the section of the nerve has been made. From this Longet inferred that the motor nerves are not the only excitors of muscular motion; that muscular irritability is independent from the motor nerves, but depends essentially upon the supply of arterial blood, a condition necessary, not to impart or communicate to the muscles the property in question, but only to maintain in the muscular tissue the nutrition, which keeps up the vital properties of all the tissues of the animal body.

Dr. John Reid was led to the same conclusion as Longet (l). In order to render the success of his experiments more secure he thought it well to exercise the muscles by a proper stimulus. He cut the spinal nerves in the lower parts of the spinal canal in four frogs, so that both hinder extremities were insulated from their nervous connexions with the spinal cord. He then exercised daily the muscles of one of the paralysed limb by a weak galvanic current, while the muscles of the other limb were allowed to remain quiescent. This was continued for two months, and at the end of that time the muscles of the galvanised limb retained their original size and firmness, and contracted vigorously, while those of the quiescent limb had shrunk to at least one-half of their former bulk, and presented a marked contrast with those of the galvanised limb. But even at the end of two months the muscles of the quiescent limb had not lost their contractility.

Stannius repeated these experiments, and found that the muscles still retained their irritability six months after the nerves had been cut, while the nerves had lost their excitability much earlier. The muscles which did not contract on irritation of the nerves, responded readily to the electric current applied directly to their tissue. But Stannius himself suggested that this is no conclusive proof for the existence of Hallerian irritability, since the nerves die in a direction from the centre to the periphery (law of Valli and Ritter), and that, therefore, while the trunks of the nerves had lost their excitability, still the fine nervous fibrils contained in the muscular tissue might have retained their integrity (m).

Thus, after manifold and careful researches, the question still remained in suspenso, since the supporters of Hallerian irritability had never attempted to prove a contraction of muscular fibres which had been entirely isolated from all connexion with nervous fibrils. The first step in this direction was taken by Mr. Bowman (n), who adduced the evidence of direct microscopical observations made on living fragments of the elementary fibres of voluntary muscle, which he had entirely insulated from every extraneous substance, whether nerve or vessel. He observed that if by design or accident a particle of foreign matter was included in the field, so as to touch the side of the fibre at a single point, the fibre exhibited a contraction limited to the point touched, and not involving the whole muscular substance. Hence he concluded that the muscles possessed an irritability proper, capable of being brought into action by a stimulus topically applied. It is obvious that this observation of Mr. Bowman is of paramount importance, and that it greatly contributes to decide the question which we now consider.

Another way by which it is possible to arrive at a satisfactory conclusion, was first pointed out by Harless (o). He supposed sulphuric ether to be a substance which would paralyse the nerves by dissolving the fat contained in them, but would leave the muscular tissue totally intact. To prove this he made the following experiments:—He produced anæsthesia in rabbits; laid bare the brain and the spinal cord, and applied to them the electrodes of an induction apparatus. The muscles remained tranquil, but they contracted powerfully as soon as the electric current was directly applied to them. Similar experiments, however, which were undertaken by Stannius, did not yield the same results, and it remained even doubtful if the terminal branches of the nerves had been really paralysed by ether (p).

Such was the state of the question when Claude Bernard first undertook his experimental researches on the physio-

(d) Erste Gründe einer Physiologie. Leipzig: 1771.

(e) Ricerche philosophiche sopra la fisica animale, 1775. Vol. i. p. 123.

(f) Experiments and observations relative to the influence lately discovered by M. Galvani, and commonly called animal electricity. Edinburgh: 1793, p. 64.

(g) Versuche über die gereizte Muskel und Nervenfaser. Posen und Berlin, 1797. Vol. i. p. 105.

(h) Article Irritability, in Cyclopædia of Anatomy and Physiology, 1847. Vol. iii. p. 29.

(i) Über die Veränderungen der Kräfte durchschnittener Nerven. Müller's Archiv., etc., 1834, p. 202.

(k) De l'irritabilité musculaire. Archives Générales de médecine. 3 série. Paris: 1842, vol. xiii. p. 81.

(l) Edinburgh Monthly Journal of Medical Science. May, 1842, p. 327.

(m) Untersuchungen über Muskel-Reizbarkeit. Müller's Archiv. 1847: p. 443.

(n) Article Muscular Motion, in Cyclopædia of Anatomy and Physiology, vol. iii. p. 519.

(o) Müller's Archiv. 1847: p. 228.

(p) *Ibid.* p. 443.

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logical action of the woorara poison (q). He took two prepared frogs and poisoned one of them by inserting under its skin a small piece of woorara. When, at the end of five or six minutes, the frog had ceased to show signs of life, the poison was withdrawn. A galvanic current was then caused to traverse a portion of the lumbar nerve of each of the frogs successively. The muscles of the frog which had not been poisoned, were immediately seen to suffer a powerful contraction, but not the slightest twitching occurred in the other frog which had been poisoned. On the contrary, when the poles of the pile were directly applied to the muscles, both frogs suffered commotions, and it appeared even that the poisoned frog preserved the property of suffering contractions for a longer time than the other frog which had not been poisoned.

Thus the existence of an irritability proper of the muscles seemed to be proved; but the old objection was again raised by Eckhard (r), that the paralysis of the last ramifications of the nerves had not been proved, and Eckhard concluded from his own experiments on the influence of a closed continuous current upon the excitability of the motor nerves, which I have related above, that the muscles are quite devoid of an irritability proper. He maintained that, if there were an irritability proper, a continuous current which paralyses a motor nerve would not be able to prevent the contraction of a muscle animated by this nerve, if a stimulus would be applied to the muscular substance. But when he applied a stimulus to a muscle, the nerve of which was being paralysed by a continuous current, he perceived that the contraction was diminished, or that there was no contraction at all. Hence he concluded that the only excitors of muscular motion are the nerves.

But it is obvious that Eckhard's reasoning is not conclusive. In fact, if an electric current produces muscular contraction, it is by the excitation of both muscles and nervous fibrils mixed up with the muscles; and if by a continuous current the nervous fibrils are paralysed, one element causing the contraction will be lost, and, therefore, of course, the contraction will be diminished. Besides, Bernard has recently completely refuted the fundamental objection against Hallerian irritability, which has been raised over and over again since the time of Unzer. He observed that the motor nerves loose their excitability from the centre to the periphery (law of Valli and Ritter), only in case that they have been previously separated from the nervous centres (s). Thus when the sciatic nerve has been cut off from its connexion with the spinal cord, galvanisation of the trunk of the nerve, will, after a certain time, no more cause any contractions of the muscles; but if we galvanise the branches of the nerve nearer to the periphery, contractions will still be brought about. On the other hand, if the nerve be still kept in its normal physiological connexion with the cord, different phenomena are observed; the nerve, under these circumstances, loses its properties in the inverse ratio, namely, from the periphery to the centre. If the crural nerve of a frog be laid bare, and no more contractions are excited by galvanisation of the nerve near to the muscles, contractions are still produced if it be galvanised near the cord; and if the whole nervous trunk has lost its excitability, a contraction will even then be brought about by galvanisation of the anterior roots of the nerves. In this way it is that the nerves lose their excitability if animals die from hæmorrhage or from woorara. It is easy to demonstrate these different modes of death of the nerves on one and the same animal. If the lumbar nerves of the right side of a frog are cut, and the animal be afterwards poisoned by woorara, we observe that the nerves lose their excitability in the direction from the centre to the periphery on the right side where there is no longer any connexion between the nerves and the spinal cord; and that they die in the direction from the periphery to the centre on the left side, where such connexion is still kept up. Therefore, the terminal branches are the first, and not the last, which are destroyed by woorara: and as, in spite of the destruction of the properties of these nervous fibrils, the muscles readily respond to the galvanic stimulus, the existence of Hallerian irritability is clearly proved.

(q) Comptes Rendus. 1850. Vol. xxxi. p. 533.

(r) Beiträge, etc. P. 47.

(s) Leçons sur la Physiologie, etc. Paris: 1858. Vol. i. p. 193.

Bernard's researches have been confirmed by a series of experiments undertaken by Kölliker with woorara and coniine: he found the action of coniine nearly equal to that of woorara (t). I have been very glad myself that I have lately had the opportunity of getting a quantity of woorara which was kindly furnished to me by my friend, Dr. Stamm, on his return from Brazil; and I can, from the experiments I have undertaken with it, bear full testimony to the accuracy of Bernard's and Kölliker's statements. The following experiment shows best that it is only the motor nerves which are killed by the poison: the crural artery and veins are closely tied up on one side, so that the circulation of the blood in the limb is stopped. Now the animal is poisoned by inserting a small quantity of woorara under its skin. If galvanisation of the motor nerves be practised a short time afterwards, it becomes evident that all the nerves have lost their integrity with the only exception of the crural nerve of that side where the vessels have been tied: this nerve, when galvanised, sets in play the muscles. But if the electric stimulus be directed to the muscular substance itself, contractions may be obtained in any muscle; and the contractile power of those muscles, the nerves of which have been poisoned, will even last longer than in those which have not been, in consequence of the stoppage of the circulation of the blood in the latter (u).

Finally, I may mention some microscopic observations of Dr. Wundt, which are likewise in favour of an irritability proper of the muscles. He saw that when the circuit of a galvanic battery was closed in the muscular tissue the fibres were shortened, and that, after the contraction, produced by the commencement of the current, had passed off, the fibres did not immediately gain back their previous length, but remained somewhat shorter than they had been before, for several minutes. If the circuit was then opened again, there was a difference in proportion as a contraction was produced or not. If there was no contraction at the cessation of the current, the muscular fibres suddenly gained back their previous length, and if there was a contraction the fibre appeared to be even longer than before, after the contraction had passed off. None of these phenomena, however, were observed, if instead of the muscular fibres the nerves were inclosed into the circuit (v).

We may therefore sum up the results of our inquiry in the following:—

Inherent muscular irritability has been proved:

1, By microscopic observations of Mr. Bowman, showing a partial contraction of muscular fibres which have been entirely isolated from every extraneous tissue.

2, By the experiments of Bernard, Kölliker and myself, with woorara, which kills the motor nerves and leaves the muscles intact.

3, By the microscopic observations of Dr. Wundt, showing an action of the closed continuous current upon the muscular fibre when the electrodes are directly applied to the muscles, and no such action if the stimulus be conveyed to the muscles by the instrumentality of the nerves.

I shall prove at another place the important bearing of these results upon the question of direct and indirect muscular Faradisation, as proposed by Duchenne, and contested by Remak, Ziemssen and Friedberg.

2, Manchester-street, Manchester-square.

(t) Physiologische Untersuchungen, etc. Virchow's Archiv. vol. x. 1856.

(u) I have experienced myself a slight degree of poisoning by woorara. In spite of the precaution I used in handling the drug, on one occasion a very small particle of it came into my blood, having probably been carried into the mucous membrane of the nose by the respiratory movements. The symptoms then observed were the following:—I felt nearly paralysed, had vertigo, cold sweat on the forehead, and a pulse of 140 to 160. The abnormal sensations soon went off, but the pulse remained at the rate of 128 for nearly a quarter of an hour, when it began slowly and steadily to subside to 72 per second. I should not mention the occurrence if it were not for the curious circumstance, that although the consciousness was not impaired, I had, for two minutes perhaps, lost the knowledge of the English language, in which I just conversed with a friend of mine who happened to be present at the occasion; and I was obliged to entreat him to speak German to me. I find a similar circumstance mentioned in Sir Henry Holland's Chapters on Mental Physiology, p. 163, where he relates that having descended on the same day two very deep mines in the Hartz mountains, and having remained some hours underground in each, every German word and phrase deserted his recollection, and it was only after he had taken food and wine and been some time at rest, that he regained them again.

(v) Die Lehre von der Muskelbewegung. Braunschweig: 1858. P. 122.

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THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. THOMAS'S HOSPITAL.

ASCITES—FAILURE OF MEDICAL TREATMENT—PARACENTESIS—CURE.

(Under the care of Dr. BRISTOWE.)

Cases bearing upon the treatment and modes of cure of disease are always of far greater value than those which only illustrate pathology. The following narrative will, we believe, have much interest for many of our readers:—

Thomas C. a plumber, aged 51, was admitted, under Dr. Bristowe's care, on the 20th of May, 1856. He stated that he had during the last ten years been subject to periodical attacks of gout, but had otherwise enjoyed good health; had been temperate, and had never suffered from either jaundice or ague. Last November he was attacked with cough and pains in his chest and belly, which disappeared under treatment at the end of two months. About the middle of last February the pains returned; and on subsiding a month ago were succeeded by gradually increasing enlargement of the belly, to which was added a fortnight ago œdema of the legs. He has been getting feeble and somewhat emaciated.

His face is florid, very slightly sallow, and on the whole that of a tolerably healthy man. He sleeps badly, but his appetite is pretty good; he is not thirsty, his bowels are pretty regular, and he passes a fair quantity of non-albuminous water. Tongue clean; skin dry and warm; heart and lungs healthy. The belly is much distended with fluid, but slightly tympanitic in the umbilical and epigastric region, when the patient lies on his back. There is no distinguishable tumour, no enlargement of superficial veins, and no tenderness on pressure, although he complains of a little uneasiness across the lower part of the belly. The lower extremities are somewhat œdematous, but there is no dropsy of any part of the upper half of the body. He was ordered a purge at once, mixed diet, and a grain of the iodide of mercury thrice daily.

He continued in much the same state up to the 29th of May, by which time he was thoroughly under the influence of mercury, but had experienced no diminution in the size of his abdomen. Ordered alum gargle, a black draught every morning, and five grains of iodide of potassium out of decoction of cinchona three times a-day.

On June 1st he was suffering from considerable abdominal pain, and the purgation was consequently countermanded. On the following day he seemed worse, was feeble and anxious-looking, with a furred tongue, pulse at 108, and much pain in his belly, which was worse at night. He had little thirst; his appetite was fair, but eating increased his abdominal pain. The belly seemed larger than it had been. To take in the place of former medicines, a pill of hyoscyamus and Dover's powder every night, and ten grains of pil. scillæ recentis c. hyd. thrice daily (the form of pill recommended by Dr. Watson in cases of chronic dropsy).

By the 5th no improvement had taken place; indeed, during the last three days he had been much troubled with sickness, his bowels had been constipated, and the abdominal pain continued, though without tenderness on pressure. He had slept little, had lost appetite, become thirsty and his tongue much furred. To omit his medicines; to have a simple injection, Mist. stomachica thrice daily and two glasses of gin.

He still continued to get worse in all respects, and on the 7th paracentesis was performed, twelve quarts of fluid being evacuated. The operation was followed by much relief. His pain diminished, his appetite improved, and on the 9th quinine was prescribed.

On the 12th it was noted that he still complained of constant pain in the belly, but without tenderness on pressure. The edge of the liver, not mis-shapen, was distinctly felt below the margins of the ribs. His bowels had been very loose for a day or two, but his appetite was pretty good; tongue somewhat furred; pulse 96; skin dry and rather sallow; sleeps badly.

To take ten grains of compound kino powder twice a-day.

The looseness of the bowels was soon arrested, and he continued slowly but gradually to improve in health up to the 2nd of July, on which day he was attacked with shivering and other febrile symptoms, together with severe diarrhœa. These symptoms were again overcome by appropriate treatment, and on the 11th of August he was discharged at his own request, convalescent, though not perfectly restored to his original strength. There was no return of dropsy either in the belly or in the lower extremities.

In February of the following year (1857), when suffering from an attack of bronchitis, he applied as an out-patient, and was discharged cured at the end of six weeks. Since that time he has several times been under treatment for attacks of bronchitis and of gout, the last occasion being a few weeks ago only; but he has had no return of ascites, and no indication of renal, cardiac, or hepatic disease.

THE ROYAL LONDON OPHTHALMIC HOSPITAL.

FOREIGN BODY IN THE VITREOUS HUMOR—EXTRACTION—RECOVERY OF THE EYE.

(Case under the care of Mr. DIXON.)

An exceedingly interesting and very unusual case has recently been treated by Mr. Dixon at the Ophthalmic Hospital, in which a foreign body was safely extracted from the centre of the vitreous chamber. Its details are briefly as follows:—

A healthy-looking man, aged 24, by trade a cooper, applied at the Hospital on the morning of December 2, having just before received an injury to his left eye from a chip of steel, which broke off the edge of a chisel which he was using. A small wound, which had perforated the upper lid just above the margin of the tarsus, marked the spot where the metal had entered, and corresponding with this was one in the tarsal conjunctiva. There was a small gaping wound in the sclerotic, about a line distant from the upper edge of the cornea. It thus seemed probable that the fragment had lodged itself within the globe. The pupil was active, and division nearly perfect. On examining with the ophthalmoscope, a clot of blood was distinctly seen hanging down from the wound, and waving to and fro behind the lens. Just below the optic entrance was a small round body, resembling a globule of clear lymph. As the foreign body had not been detected, no operation for its removal could of course be thought of. The eye was treated in the usual plan, being covered with cotton-wool, and lightly bandaged.

A week after the accident, in making a second examination with the ophthalmoscope, Mr. Dixon discovered the foreign body. It had evidently been concealed behind the iris, as it floated suddenly in view during a quick turn of the head. Having been once found, it was seen with the greatest ease, as well without the ophthalmoscope as with it. It hung, pendulum-like, almost in the axis of the eye, suspended by two or three threads of clot, which had their attachment to the cicatrix of the wound above. It moved from side to side with the greatest freedom.

The important question as to treatment now arose. The man's vision, despite the injury the globe had sustained, and the presence of a foreign body in its centre, was almost perfect. Could it be expected to remain so? Was it not probable that the immunity from inflammation hitherto observed was due to the position of the foreign body suspended in the middle of the vitreous and at a distance from any sensitive structure? Was it not to be expected that the slender filaments by which this immunity was secured would before long give way. When they did so, and the bit of steel fell down on to the retina, would it not be certain to set up irritation? Taking all these circumstances into consideration, Mr. Dixon determined to at once attempt its extraction. Long examinations were made as to how best the foreign body could be kept in view, and finally it was decided to operate with the man sitting in a chair before a good light, the head being a little thrown back so as to let the object to be seized fall away from the lens. The lens, it must be borne in mind, was uninjured and perfectly transparent. The incision in the sclerotic was made below at a considerable distance from the

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cornea, and was large enough to allow of the free introduction of a pair of fine iris forceps of peculiar construction. The quantity of vitreous which escaped was not large. Some difficulty, owing to the impossibility of keeping the foreign body in sight, was experienced in seizing it, but at the third introduction of the forceps it was brought away in their grasp. It proved to be, as had been supposed, part of the edge of a chisel, and was a tenth of an inch long, and weighed a quarter of a grain. Immediately after its extraction the lids were closed with plaster.

No undue inflammation ensued on the operation, and the wound rapidly healed. The lens had not been injured, and retained its perfect transparency. A fortnight after the operation the man could see to read small type. About a month later, when an ophthalmoscopic examination was made, the deep structures of the eye were found to be perfectly healthy, and the only remnant of the effects of the accident was a single opaque filament floating in the vitreous.

ST. GEORGE'S HOSPITAL.

TWO OPERATIONS FOR THE CLOSURE OF A VESICO-VAGINAL FISTULA — DEATH— DISEASED KIDNEYS.

(Under the care of Mr. POLLOCK.)

We have, during the past twelve months, recorded several cases in which successful operations have been performed for the closure of vesico-vaginal fistulæ. In the following case, death occurred a short time after the second operation, though from causes unconnected with it.

The patient was a woman, aged 36, who had married very young, but who had borne her first child not quite two years ago. The labour had been very prolonged, and craniotomy had at length been resorted to for its completion. Sloughing of the bladder had followed, and, after cicatrisation, a large opening remained in its fundus. Incontinence of urine was complete. It was not, as just stated, till nearly two years after the occurrence that any surgical treatment was resorted to for its cure.

Mr. Pollock performed the first operation on August 12. Silver sutures and Bozeman's button were used, the various steps of the procedure being conducted in the usual manner. Union of a considerable part of the wound ensued, but a considerable fistula still remained. She left the Hospital for a time, but was readmitted in January of the present year.

The second operation was on January 13, and was on the same plan as the former one. On each occasion she had been kept under the full influence of chloroform for upwards of an hour. After the second she never did well, but continued in a very feeble state. The urine became alkaline and fetid, and she had rigors. Death in coma took place on the twentieth day after the operation.

At the autopsy, one kidney was found extensively diseased, being atrophied, its pelvis dilated, and containing several calculi. One small stone had descended into the bladder. As regards the state of the parts concerned in the operation, it was most satisfactory. The sutures had been cut a few days before death, and the shield removed, but the sutures themselves were not withdrawn. The line of cicatrix of the first operation was not perceptible in the mucous lining of the bladder, but was more so in the vagina. It appeared that the second operation, if the patient had lived, would have been all but, if not completely, successful. The silver wire sutures had occasioned no appreciable irritation around them (a).

Ulcer of the Stomach.—M. Flourens presents to the Academy of Sciences a memoir from M. Luca, of Naples, on the treatment of ulcer of the stomach. Lime-water was the cure, and did its business in about six weeks. The proof of the existence of the ulcer was shown (in addition to pains in the stomach) by the presence of pus in the stools!

M. Flourens has commenced his lectures. This year he treats of the history of the natural sciences in the 16th and 17th centuries, occupying himself chiefly with the study of life and intelligence.

(a) The parts were shown at a recent meeting of the Pathological Society by Mr. T. Holmes.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

THE LIVERPOOL ROYAL INFIRMARY.

ACUTE RHEUMATISM.—DEATH.— INFLAMMATION OF PLEURA ADJACENT TO THE PERICARDIUM.

(Reported by Mr. JOSEPH ALLEN.)

The case, of which the particulars are given below, is of interest, as illustrating the occurrence of acute inflammation, not of the pericardium itself, but of the reflected pleural layers adjacent to it, in connexion with rheumatism. The effusion between the two serous membranes was also very considerable, occasioning great thickening. These conditions were not limited to either of the pleuræ, but occurred wherever these membranes came in apposition with the pericardium.

Anne R., aged 17 years, a delicate-looking girl, admitted with rheumatic fever, from which she was convalescing when she caught cold in the ward, and relapsed. Her great prostration rendered the free use of stimulants imperative. Auscultation was but imperfectly performed, as she could not be raised save for an instant—being so weak. She rallied slightly, but sank very soon after. Pneumonia of right lung was diagnosed during life, as existing in posterior lobe. Anteriorly, until latterly when bronchial mischief supervened, nothing was heard abnormal. Pericarditis was diagnosed, not from any auscultatory sound, but from the prostration, the character of the pulse and respiration, præcordial pains (though not any tenderness or increased dulness existed in præcordial region), the subdued and muffled heart-sounds;—all these occurring during acute rheumatism.

Post-mortem examination fifty-four hours after death. — Some blood-stained serum in abdominal cavity. — ? from decomposition. On opening thorax, a quantity of aplastic yellow lymph (like curds) was observed effused on the right side, forming a false membrane, passing from the pleura-pulmonalis, about two inches from the anterior free margin of the lung (*i.e.* the upper lobe), to the pleura-costalis, about half an inch from the junction of the ribs with the cartilages enclosing a quantity of turbid and flaky serum in the cavity, of the right pleura. The right pleura-costalis was throughout covered on its surface, and roughened by lymph of the kind described. Right lung adherent posteriorly to some extent; adhesions soft and recent. Right pleura-costalis smooth and glistening, save here and there. Left side: a few old pleural adhesions, some slight and recent, at apex; a small quantity of turbid serum in the cavity. Right lung, upper lobe, compressed, pale—otherwise healthy; lower lobe posteriorly consolidated, appears on section of a pale ashy colour, and granular. Left lung: upper lobe congested; a quantity of frothy serum escapes on section being made. Lower lobe, more congested, having here and there a few lobules becoming hepatised. Pericardium: somewhat distended; feels much thickened; on opening it a quantity of turbid and slightly flaky serum escaped; inner surface of pericardium (both visceral and parietal layer) smooth, save posteriorly on one small spot, some aplastic lymph observed; here and there spots of ecchymosis might be seen on the parietal layer; parietal layer opaque, and considerably thickened; some of the great apparent thickness, however, is due not to the thickening of the pericardium itself, so much as to lymph of a yellow aplastic kind having been effused between the pleura and pericardium, where the pleura is reflected on the sides of the pericardium, the pleura itself here being thickened on both sides of chest. Heart itself healthy; valves all healthy; cavities contained blood, coagulated and separated. Remaining viscera apparently healthy.

The *Union Médicale* is much gratified at the warm felicitations offered to it on the occasion of its victory over the Homœoquacks by "our phlegmatic English confrères." Their conduct offers a striking contrast, the Journal says, to the icy conduct of the French Journals on the occasion.

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NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 313.—A Copy of Servetus' Work.

"I have seen," says M. Flourens, "and have touched the work of Servetus. A copy of this too famous book is carefully preserved in our library—the copy which is, perhaps, the only one existing at this moment, and which was the very one belonging to Colladon, one of the accusers excited against Servetus, by the pitiless Calvin. . . . . Colladon has underlined the passages which served as accusations against Servetus. And lastly, as a too authentic proof of its authenticity, many pages of this unfortunate book are partially reddened and consumed by fire. It was, in fact, saved from the flames which consumed its author."

No. 314.—Death of Charles II.

"February 4.—I went to London, hearing His Majesty had been the Monday before surprised in his bedchamber with an apoplectic fit, so that if, by God's providence, Dr. King (that excellent Chyrurgeon as well as Physician) had not been accidentally present to let him blood (having his lancet in his pocket), His Majesty had certainly died that moment. . . . This rescued His Majesty for the instant, but it was only a short reprieve. He still complained and was relapsing, often fainting, with sometimes epileptic symptoms, till Wednesday, for which he was cupped, let blood in both jugulars, had both vomit and purges, which so relieved him that on Thursday hopes of recovery were signified in the public gazette; but that day, about noon, the physicians thought him feverish. This they seemed glad of, as being more easily allayed, and methodically dealt with than his former fits; so as they prescribed the famous Jesuits' powder; but it made him worse, and some very able doctors who were present did not think a fever, but the effect of his frequent bleeding, and other sharp operations used by them about his head, so that probably the powder might stop the circulation, and renew his former fits, which now made him very weak. Thus he passed Thursday night with great difficulty, when, complaining of pain in his side, they drew twelve ounces more of blood from him; this was by 6 in the morning of Friday, and it gave him relief, but it did not continue, for being now in much pain and struggling for breath, he lay dosing, and after some conflicts, the physicians despairing of him, he gave up the ghost at half an hour after 11 in the morning, being the 6th February, 1685, in the 36th year of his reign and 54th of his age."—*Evelyn's Diary, February* 4, 1685.

No. 315.—A Fire-Eater.

"October 8, 1672.—I took leave of my Lady Sunderland, who was going to Paris to my lord, now ambassador there. She made me stay dinner at Leicester-house, and afterwards sent for Richardson, the famous fire-eater. He devoured brimstone on glowing coals before us, chewing and swallowing them; he melted a beer-glass, and eat it quite up; then taking a live coal on his tongue he put on it a raw oyster; the coal was blown on with bellows till it flamed and sparkled in his mouth, and so remained till the oyster gaped, and was quite boiled. Then he melted pitch and wax with sulphur, which he drank down as it flamed; I saw it flaming in his mouth a good while; he also took up a thick piece of iron such as laundresses use to put in their smoothing boxes, when it was fiery hot, held it between his teeth, then in his hand; and threw it about like a stone: but this I observed he cared not to hold very long. Then he stood on a small pot; and bending his body, took a glowing iron with his mouth from between his feet without touching the pot or ground with his hands; with divers other prodigious feats."—*Ibid.*

No. 316.—How Harvey arrived at his great Discovery.

"First, there was Galen, who proved that the arteries contain blood and not air, as Erisistratus imagined; then Vesalius, who showed that the septum of the heart is complete, and not perforated, as Galen thought; then Servetus, Columbo, and Cesalpinus, who proved that the blood of the right heart passed through the lungs before returning to the left side —constituting the pulmonary circulation; then Fabricius d'Aquapendente, who first observed the valves of the veins, without, however, understanding their uses; and lastly, Harvey, a man admirable in his demonstration of things perceived (*aperçues*) by others, who proved the fact of the pulmonary circulation from the structure of the heart, and of the general circulation by the disposition of the valves of the veins, uniting the description of both into one, and thus giving us the sight of a grand mechanism."—*Flourens.*

No. 317.—How to live long.

"Abrami, who collects curious things, has cited a passage from Pliny, who tells us that Pollio Romilius, who was then above a hundred years old, healthy and strong, was asked by Augustus how he lived, and his answer was: '*Intus mulso, foris oleo.*' He kept his inside moist with mulsum—wine mixed with honey, and rubbed his skin with oil. . . . . Abrami knew a man, who had reached the same age by observing two rules—one was to take no medicine, and the other to drink pure wine. The first is undoubtedly good for those who can do without physic; and the second rule too, is excellent. If a man will drink wine, let it be good. Louis Cornaro, in his old age—and he reached near a hundred—made wine a chief part of his food. Ninon de l'Enclos is said to have drunk only water; but she died somewhat short of ninety. Zaleucus, who legislated for the Locri Epizephyrii, must have made a great mistake when he punished a man with death, who drank unmixed wine without a physician's prescription. Perhaps drunkenness had become common, and Zaleucus anticipated the Maine Liquor Law."—*Long's Cicero.*

No. 318. The Discovery of the Composition of Water.

In the last October number of the *Quarterly Review* we read:—"That it is now placed beyond a doubt that Watt was the first to promulgate the true theory of the composition of water, though Cavendish had arrived by independent research at the same result." *Per contra*, in the *Athenæum* of February 26, 1859, we find that "Mr. Bennett of the British Museum has addressed a letter to Sir Benjamin Brodie, Bart. which contains indisputable evidence in favour of Cavendish's claims to the discovery of the composition of water. It was communicated to Priestley towards the end of 1782, that is, several months before Watt drew his own conclusions from Priestley's bungling repetition of Cavendish's experiments."

ANSWER.

No. 311.—Sudden Whitening of the Hair.

In reply to "Sic," No. 311 of your "Notes and Queries" of last week, permit me to refer him to an authentic "Case of Partial Canities occurring in one night," which was recorded by myself, when resident Medical Officer to the Loughborough Dispensary, in the *Lancet* of June 18, 1853, No. xxv. vol. I. In "Rural Sports," published by Bunney and Gold, the Rev. W. B. Daniel records the case of Joseph Man, gamekeeper, of Poles Walden, Hertfordshire, whose hair, when he was 19 years old, was changed to grey in a single night by a violent fever. He lived till he was 82, "stout and bony."

Robert Fowler, M.D. Edin.
145, Bishopsgate-street, March 21, 1859.

Prize Questions.—The Société des Sciences Médicales et Naturelles of Brussels offers gold medals of the value of 300 francs each for the best essays on the following subjects:—1. "The history of retro-uterine hæmatocele, describing, supported by conclusive cases, its causes, symptoms, progress, seat, diagnosis, prognosis, and treatment." 2. "Present a *resumé* of the progress of physiological and pathological psychology; with the view of establishing a classification of mental diseases based on the relations existing between psychical and somatic phenomena." 3. The Seutin prize: "Examine the value of the different modes of reducing strangulated hernia, and indicate, adducing facts in proof, that which should be preferred. State with precision the pathological and anatomical circumstances which render the operation obligatory, and of the mode of its performance the best calculated to avoid the accidents which often result from the operation." The essays may be written in French, English, or Latin, and must be forwarded to the secretary of the Society, Dr. Van den Corput, Rue de la Chancellerie, No. 12, before the 1st July, 1859, for the two first, and before 1st of October for the last.

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Medical Times & Gazette.

SATURDAY, MARCH 26.

OUR MEDICAL BRETHREN IN INDIA.

We have received several communications from Medical officers in India, some of which we published last week, pointing out in strong terms the inequality which still exists between the pay and pensions of the Military and Medical officers respectively serving in her Majesty's Indian dominions. It is well known that, in consideration of the expenses incurred in Medical education, and the comparatively advanced age at which Medical officers enter the army, the authorities at the Horse Guards have lately conferred upon the Assistant-Surgeon, on first entering the service, the rank of a Lieutenant, and a scale of pay equal to that of a Captain; but it appears that the just and generous spirit in which this regulation was conceived is not uniformly carried out in practice. In fact, we are informed that, although the rule is fully adopted in the case of officers on home service, yet it is evaded when they reach India; for the authorities in that part of the world regulate the pay of the Assistant-Surgeons by an arbitrary scale of their own, and by converting English pay into Indian currency they make the emoluments of the Assistant-Surgeon and the Lieutenant identical, thus causing a loss to the former of 3s. 6d. a-day.

By another provision in the late Royal warrant, the rank of Captain is conferred upon the Assistant-Surgeon after six years' service, and a scale of pay superior to that grade is awarded to him; but although the warrant distinctly points out that *such relative rank shall carry with it all advantages attaching to the rank with which it corresponds*, yet in India an Assistant-Surgeon of six years' standing, and even up to the very day on which he may be promoted to a Surgeoncy, is permitted to draw only the pay and allowances of a Lieutenant. Surely this is an abuse which requires only a respectful representation to his Royal Highness the Commander-in-Chief, to lead to its immediate rectification.

With respect to the Queen's Indian Medical Service, formerly called the service of the East India Company, it is not only inferior in point of advantages to the sister service, but the inequality between the emoluments of the Military and Medical officers is still more strongly marked. For in the Royal Warrant regulating the rates of pay and retirement in the Queen's Army, all the calculations are based on the fact of there being six years' difference in the respective ages at which the Medical and Military officers enter the service; but in the Indian service only three years' difference is allowed, although the cadet can enter the service at sixteen, while the Assistant-Surgeon can enter only at twenty-one. Then, we find that when retirement becomes optional, namely, after twenty and seventeen years' service respectively in the Queen's Army (the former period for Military, the latter for Medical officers), the retiring pensions are equal in amount; but if each go on serving four years longer, namely, the Military to twenty-four years, and the Medical to twenty-one years, then the former may retire on £292 a-year, while the latter is entitled only to £250. An additional four years' service is still more disadvantageous to the Medical service, for the Military pension is then £365 a-year, while the Medical is only £300.

Again, a Queen's European Medical officer obtains his promotion in eight or nine years, while a Queen's Indian Medical officer obtains it only in from fourteen to seventeen years, and during all this long period he takes the rank of a Lieutenant, with the pay and Indian allowance of that rank. By the Royal Warrant, also, if a Medical officer of Her Majesty's European army is by ill health incapacitated for further service, he is allowed six shillings a-day, although he may have served less than five years; but a Queen's Indian Medical officer may have served fifteen years without a day's leave, and when compelled to retire from India with his health irretrievably impaired, he is entitled only to four shillings a-day.

We have heard with regret of the case of a gentleman who has been nineteen years in the service of the East India Company, as a Medical officer, but who has now only the rank and pay of a Captain. His constitution is impaired by the hardship and exposure incidental to life in a tropical climate, and yet he is entitled only to a retirement of ten shillings a-day. A Queen's Medical officer, in the same state of health, and after only fifteen years' service, would be entitled to 13s. 6d. a-day. The comparative value of the two services may be further estimated by contrasting the case of a Medical officer in the Queen's European army, with one in the Queen's Indian army, both having completed twenty-five years of service on full pay. The former may possibly serve seven or eight years of the time in some tropical climate and the rest in England or other temperate region, and may probably have enjoyed three or four years' leave during the period, and he is then entitled to retire on £1 a-day. The Queen's Indian Medical officer, on the contrary, is restricted to three years' leave in twenty-five, and must, therefore, continue at his post in a destructive climate for twenty-two years (exclusive of all leave), and then he is entitled to only 16s. a-day.

Another regulation in the Queen's Indian army which presses very severely upon Medical officers in broken health, has reference to the time necessary to be passed (after the first period of optional retirement) before they can receive an increased pension. The space of four years, which at present is imperative, is certainly too long in a climate where health and life are necessarily precarious, and it happens that the operation of this rule of the service grievously oppresses, and often destroys many a zealous officer. A man with a family, for instance, at the end of his first period, may find his health very much broken, and yet feel that it is impossible for him to retire and maintain his family on ten shillings a-day, and he therefore struggles on for another four years to entitle himself to the extra pension. He may then manage to drag on a miserable existence for three years and a-half, when he breaks up altogether, or is forced to abandon India; and for these three years and a-half of service, accompanied by such disaster and suffering, he is allowed nothing at all, being still entitled to only ten shillings a-day!

There are many other points alluded to by our correspondents showing the comparative hardships to which our Medical brethren serving in the East are exposed in reference to their rank, pay, and retirement; but we forbear, at present, from entering into further details, in the hope that the authorities at the head of the two Military services will investigate the just claims of the Medical officers, with a view to remove any cause of complaint by placing the whole system upon an equitable and uniform basis.

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From the remarks made above, a case is certainly made out for serious inquiry, and we shall watch with great interest the progress of improvement in the treatment of our Medical brethren serving in India.

THE OFFICE OF CORONER.

We last week made some remarks on the incongruous system by which Coroners are elected. So long as the canvassing of freeholders, hustings' oratory, and heavy payments to publicans are made the passports to this office, it is scarcely to be expected that it should be filled by competent persons. The politics of a candidate and the county or borough-interest by which he is supported must rule the election. The expenses attending these proceedings seldom meet the light; but we have now before us the particulars of an election for county Coroner which led to an action, the landlord of *one* hotel in the county-town claiming a sum of £267 for entertaining the supporters of the candidate! The evidence went to show that the election continued with increasing activity for the full period of ten days allowed by law, that the voters were regaled in the most liberal style of ancient electioneering, and that during the struggle many hundreds of freeholders had been brought up to the poll at an additional cost of sixty pounds! A contested election for the office has thus frequently proved a source of permanent pecuniary embarrassment to the successful candidate.

Under such a mode of election it is not surprising that the duties of the office should be frequently discharged in a slovenly and inefficient manner. A Coroner is paid by the number of inquests that he holds, and the option of holding an inquest rests with himself. Sometimes inquests are held without reasonable cause; and this leads to unseemly contests between this officer and the magistrates of the county. Fees are disallowed: the Coroner quietly submits to the loss, or an appeal is made to a superior court. In other cases of an exceptional kind, abuses have reached a flagrant extent, and then it has been found that the "elected judge of the people" is irremovable, and that he can set all authorities at defiance.

As a proof that this is not an over-statement we may refer to the conduct of a County Coroner, in a case which was the subject of an important trial that ended in the conviction and execution of the criminal. There was evidence to show that pending the inquiry before him, the Coroner received letters and presents from the inculpated party, and endeavoured to lead the jury to a verdict which should discharge him of the murder of which he was subsequently convicted! Proceedings were taken for the removal of the Coroner from his office; but it was found to be attended with such legal difficulties and complications that they were abandoned, and the Coroner retained, and, we believe, still holds the office which he thus abused for his private interests! We know that in the law-books the liabilities of Coroners for neglect or abuse of office are treated in lengthy chapters, and full directions are given for moving for a writ in Chancery *de Coronatore exonerando*: but when the Attorney-General finds it necessary to abandon a case such as that to which we have above referred, it is obvious that a more easy process for vindicating the dignity and purity of the law in respect to this office is imperatively required. A magistrate can be dismissed by the stroke of a pen—a Coroner only by protracted Chancery proceedings: and in practice these utterly fail.

We therefore hold that the election of Coroners by freeholders should cease. These officers should be appointed by the Crown,—subject to immediate removal for abuse of office by any one of our superior Courts; and they should be paid by a fixed salary. Further, these appointments should be conferred on those only who can produce proofs that they have acquired a certain knowledge of Law and Medicine. It is unnecessary to discuss the question whether a Coroner should be selected from the Legal or Medical profession. The most important duties of the office involve a knowledge of certain legal forms, and a power of balancing and estimating the value of medical evidence on the causes of death: and no man should be appointed who does not possess a competent knowledge of these subjects. The changes we have suggested would lead to a complete remodeling of the whole system of conducting Coroners' inquests.

THE WEEK.

Steps are being taken leading to the hope that future candidates for the diplomas of the various Medical Corporations will be required to prove that they are acquainted with the character and progress of the genuine vaccine vesicle, and with the true signs of successful vaccination, and the various points requiring attention to ensure its protective influence. Sir Benjamin Brodie, as President of the Medical Council, Dr. Mayo, as President of the College of Physicians, and Mr. Green, as President of the College of Surgeons, were requested by the Marquis of Salisbury, President of the Privy Council, to confer with him on this subject, and did so last week. It is possible that the attention of all the examining bodies will be immediately directed to this important suggestion. A copy of the instructions to vaccinators just issued by the Privy Council, will be found in another column.

We have been requested to publish in an official form the following resolution of the College of Physicians, upon the admission of Foreign Graduates. We published the substance of the resolution last week:—

"A meeting of the Fellows was held on Thursday, the 17th inst. to alter the bye-law recently enacted regulating the admission of Graduates of Foreign Universities as Licentiates of the College. A person to be eligible under this bye-law is required to have taken the degree of Doctor of Medicine, after regular examination, at some Foreign University approved by the College, 'at least three months previously to the 1st day of March, 1859,' while the Medical Act, in reference to Foreign or Colonial qualifications to register, has the words 'practising as a Physician in the United Kingdom before the 1st of October, 1858.' With a view to correct this difference in the periods fixed upon, the College has repealed the bye-law in order to enact one in accordance with the Act of Parliament."

The possible removal of St. Thomas's Hospital to a suburban site has been a subject of conversation for some time past, but no definite arrangement has yet been arrived at. The Metropolitan Railway Company are doing their best to get their bill through the Committee of the House of Commons. They have either purchased, or are in treaty to purchase, buildings and sites between the London-bridge Station and Charing-cross. They only require *a corner* of St. Thomas's Hospital, but so much of it that one wing must be sacrificed. It is therefore urged by the Hospital interest—and we think very fairly—that if the Railway Company destroy a portion of the Institution, expose the remainder to noise and vibration, and interfere with ventilation, they must buy up the whole of the buildings and site. This the Company say is prohibitory to their scheme, as the price is high, and they must pay for what they do not want. It seems that the two parties are not likely to come to terms, and, therefore, the Hospital authorities do all they can to oppose the progress of the bill; for if it pass they must submit their claim to arbitration for that portion of their site only which the Company require. So long as the money interests of the contending parties are at stake we do not

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think it right to discuss the question further, especially as our opinion on town and rural Hospitals has been repeatedly expressed.

It is more to be wished than hoped that the public will take warning from the gross and filthy imposition lately practised upon them by the urine and nitre "Doctors;" and learn to put at their real value the lying puffs of disreputable quacks. We once more refer to this affair, because we see the names of the Bennetts again dragged before the police-court. This time it is their servants who figure there; one of them having, it seems, pawned a gun which he removed from the "Infirmary" in Spring-gardens.

Some slight idea of the brutality exercised by masters of vessels towards their crew may be gathered from the fact, that in Liverpool alone, during twelve months ending June 1858, upwards of 150 patients from merchant vessels were admitted into the Northern Hospital at Liverpool, whose sufferings, in every case, were the results of maltreatment at the hands of their officers. As the law now stands, a captain has unlimited, and almost irresponsible, power over his crew; while the slightest act of indiscretion on the part of the crew is visited with the most severe punishment.

The British Museum is admittedly in such a state of plethora as to require that some of its riches should be evacuated, in order to render them useful and available. The Government have agreed that a Committee shall investigate the subject, and advise what step should be taken. In 1824 Dr. Grey reported that the zoological collection was almost useless, and that if not soon removed to a drier place would be destroyed. In 1857 Mr. Panizzi stated that no zoological specimen could be examined without displacing two or three others; and that the osteological collection, as well as many specimens preserved in spirits, were placed in the basements, and could only be studied at great personal inconvenience. In every department the crowding was equally great. The feeling of Government appears to be that it would be expedient to separate the several collections—namely, the library, the collection of the specimens of ancient art, and the natural history collections.

A few weeks ago we alluded shortly to a novel operation which had been performed in this city for the radical cure of epilepsy in the male—viz. castration. The case, as may be supposed, has excited both in and out of the Profession some interest, and much surprise; and it has been in consequence fully detailed to the Medico-Chirurgical Society by the operator, Mr. Holthouse. The report of the paper and discussion will appear in our columns next week, and we shall, therefore, only briefly allude here to one or two of the most prominent points. We may say at once that both the voice of the Profession, and the results of the case, unmistakeably forbid a repetition of the operation. The man, as a *castrato*, suffers from fits just as he suffered from them before he was emasculated. The precedents—the reputed successful operations in this kind—came from Tennessee, Missouri, and the back woods of America. No doubt, these cases may be perfectly correct, but they come from too far off to satisfy the sceptical minds of a modern European Medical audience. Mr. Holthouse considered that the man's yearnings to be rid of his testicles were the legitimate reasonings of a sensible and consequent mind; but most other persons who came across the individual seem to have regarded him as of defective intelligence—in fact, as decidedly a monomaniac. He assuredly was an excellent patient, in that he readily submitted to any and every kind of treatment suggested. He had visited Hospitals in France, Germany, England, and America. He had been dosed with nitrate of silver until he was permanently blackened; and had swallowed vast quantities of other irremediable agents. Mr. Acton inquired why his urethra had not been cauterised *à la Lallemand*. More attention, however, had been paid to his laryngeal than his urethral passage, for his larynx had been well cauterised by Dr. Horace Green,—of course for the cure of his epilepsy; and this failing, he came to England to have his trachea opened under Dr. Marshall Hall. But the trachea was not touched; and he then fell back on the testicle operation, which, by the way, had also been recommended to him in America. Failing to get his wishes for the removal of his imaginative encumbrances gratified in St. Thomas's Hospital, he removed to the Westminster Hospital, and there attained their accomplishment. Though he has gained nothing, and lost much, by the operation, he is, as we are informed by Mr. Coote, very happy in St. Bartholomew's Hospital, where he may be seen any day promenading about, apparently proud of his singular condition.

Statements have been made in various Indian papers, and repeated in others at home, to the effect that Sanitary Science is not recognised in the Medical department of the Indian Army. We may offer, as some refutation of this statement, the following extract from the private letter of a friend, dated Cawnpore, Feb. 14:—

"The senior Medical officer in every station is also the Sanitary officer of that station; and it is his duty, as such, to keep a diary—styled a Sanitary Diary—a copy of which is forwarded every week to the Inspector-General at Calcutta, in whose office a separate department has been formed for sanitary Administration, at the head of which, during the past year, Dr. Pilleau officiated as Chief Sanitary Officer for India. All Medical officers of a station are bound to report to the Sanitary officer anything they consider deleterious to the health of the men under their charge; and it is the duty of the Sanitary officer to prevail upon the proper authorities to remedy any evils or deficiencies which may come to his knowledge either through their reports or by his own observation (for he daily visits some part of cantonments in his capacity of Sanitary officer), and to make a special report in his diary, as to the assistance that has been rendered to him by the authorities, and the manner in which his suggestions have been received. It is therefore erroneous to state, that the importance of a preventive Medical service has remained unrecognised. As regards the dress of the soldiers brown jean of various shades is now the order of the day; stocks are seen no more, and a covered wicker helmet—in shape like that of *Pallas Athene*—adorns the head of the Briton. You will, perhaps, hear a few stories about deficient barrack accommodation; but you must remember that numerous places are occupied, and necessarily so, where formerly British troops were never stationed; and some little time must elapse before proper buildings can be erected. But you may rest assured that the voice of Medical science is heard and listened to and acted upon in the councils of the great army now holding these reconquered plains."

The body of a woman who died in childbirth near Durham has been disinterred, and an inquest held, in consequence of rumours that her death had been caused by violent and unskilful treatment during labour. The published account of the inquest leaves some important particulars undefined, but as far as we can gather from the evidence, the case appears to have been one in which the patient had been for about a month before delivery suffering from chronic inflammation about the upper part of the vagina, or pelvic cellulitis, probably leading to softening, and that the labour was lingering, and the presentation, according to the midwife who was first

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called in, breech. The midwife came at eleven at night. The patient had rigors, and was much depressed, but the midwife did not make an examination until about half-past two, when she found the breech presenting. Half an hour afterwards, the woman feeling very cold and ill, she had a sudden bad pain, and said, "I cannot bide that," and then the midwife found the head presenting. She became alarmed, and "sent for the Doctors." An Assistant only could be obtained for some time, who came at various times between 6 a.m. and noon, staying a few minutes at each visit, but doing nothing. The woman getting worse and worse, Mr. John Edward Deane, surgeon, of Coxhoe, whose name does not appear in the Directory, was sent for, and arrived about 4 p.m. He found the woman "very much exhausted, and in a state almost approaching to collapse. The pulse was very rapid and feeble, and her skin was covered with clammy perspiration. She was vomiting every few minutes. On examining the state of labour, I found the head presenting at the brim of the pelvis. The scalp was very much tumefied, and indicated, by that and by the smell which accompanied the examination, that the child was dead. I inferred that the child had been dead for some days. The vagina was rather hot and swollen. There was a little bleeding. I suggested to Mrs. Cole that it was a case of perforation. I was then told that Mr. Wharton had been in attendance, and was coming back in an hour. I had previously been informed by the husband that Mr. Wharton had not been in attendance at all. I then declined to have anything to do with the case, and stated my reasons for declining. The reasons I assigned to the husband for not undertaking it were, that Mrs. Hind had been attended by Mr. Wharton for some time previously, and that, as I knew Mr. Carnes was at home, they should get his assistance, as this was not an ordinary case, and I did not like to interfere at so late a stage. If they could not get Mr. Carnes, I agreed to take the case. I left with that understanding, and waited at Quarrington-hill until I saw Mr. Carnes come. I then retired." Mr. Deane, in his cross-examination, added, "It did occur to me that there was rupture of the uterus." It was about five o'clock when Mr. Carnes arrived, but he does not seem to have taken any active step until about seven, when he introduced the forceps. It is shown that he did this with great care and gentleness; but not being able to fix the instruments properly, he determined to turn. This he did, his hands being cramped, a good deal of force having been necessary. The use of the forceps and the turning seem to have taken about an hour, and the woman died between eight and nine o'clock. Mr. Shaw, of Durham, examined the body after disinterment. There are evidently some mistakes in the report of his evidence at the inquest, but his assertion is distinct that there was no rupture of the uterus, but laceration of the vagina both posteriorly and anteriorly—"One of the lacerations was at the back part; the other was nearly anterior, but a little to the right side." Mr. Shaw evidently thought that these lacerations had been caused by the forceps, and he asserts distinctly that they could not have been caused by extracting the child after turning it. On both these points most practical accoucheurs will differ with him. It is well known that the vagina has been ruptured during delivery after turning—but in this case there is no room for such a supposition. The mischief was, no doubt, done before the midwife left; she says she only made an examination; but one of the women present deposed that the midwife "repeatedly tried to deliver" the deceased. Assuming her account of the breech presenting to be correct, there is little doubt that the rupture took place when the woman said, "I cannot bide that;" that the body of the child passed into the abdomen, and the head came down. A very similar case to this is recorded by Dr. Ramsbotham. The jury seem to have arrived at a very proper verdict—namely, "that they were unanimously of opinion that death had been caused by laceration of the vagina, but how and when that laceration had been produced there was no evidence to show." We regret, however, that they did not append a full exculpation of Mr. Carnes, who seems to have acted with care and skill in a case of great emergency. We should be glad if we could say as much for his assistant, who allowed valuable time to be lost before sending for his principal.

PUBLIC VACCINATION.

The following Instructions for Vaccinators have just been issued to all the public vaccinators in the kingdom, by direction of the Privy Council. They were carefully drawn up by Mr. Simon, and were also submitted to various Medical men, who may be considered as the best authorities in the country on the subject. It will be seen that they embrace the practical conclusions arrived at from the experience of the last sixty years. We earnestly hope, considering the important facts recently brought to light, proving the efficiency of good vaccination, and the comparative inefficiency of imperfect vaccination, that these instructions may be strictly attended to, not only by the public vaccinators to whom they are issued, but by the Profession at large:—

1. Except there be immediate danger of small-pox, vaccinate only subjects who are in good health. Satisfy yourself that there is not any eruption behind the ears, or elsewhere on the skin; nor, even in an incipient stage, any irritation from teething. Under no circumstances vaccinate a subject who is seriously ill, or probably under the incubation of measles or scarlet fever. Do not re-vaccinate persons who in infancy have been efficiently vaccinated, unless they be more than 15 years of age, or, if during any immediate danger of small-pox, more than 12 years of age.

2. Wherever there are proper means of doing so, vaccinate directly from the vesicle of a previous subject. Moist lymph, conveyed from case to case in a vial or in other like manner, must not be used for vaccinating later than eighteen hours (or, in very hot weather, twelve hours) after it has been taken from its source.

3. Vaccinate by four or five separate punctures, so as to produce four or five separate good-sized vesicles; or, if you vaccinate otherwise than by separate punctures, take care to produce local effects equal to those just mentioned.

4. Take lymph only from children who are in perfect health. Especially satisfy yourself as to their freedom from eruption on the skin.

5. Take lymph only from perfectly normal vesicles, and not later than the day week after vaccination. Except on emergency, do not take from any one average vaccine vesicle more lymph than will suffice for the immediate vaccination of five subjects, or for the charging of five ivory points. Do not take lymph from cases of re-vaccination.

6. Register the results of vaccination only after having inspected the cases. Register as "successful" no case of primary vaccination, unless the course of the vesicle have been strictly regular according to the subjoined description. A. Register as "successful" no case of primary re-vaccination, unless either the regular vaccine vesicle have ensued, or the results have been normally modified according to the subjoined description, B.

7. Use every proper care and exertion to maintain at your vaccinating station the means of vaccinating successively from subject to subject without the employment of dried lymph. If from any cause your supply of lymph ceases, or becomes unsuitable for further use, make immediate written application for a fresh supply; addressing your letter "To the Registrar of the National Vaccine Establishment, Privy Council Office, London, S.W."

8. Scrupulously observe in your inspections every sign which tests the efficiency and purity of your lymph. Note any case wherein the vaccine vesicle is unduly hastened or otherwise irregular in its development, or wherein any undue

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local irritation is excited; and if similar results arise in other cases vaccinated with the same lymph, desist immediately from employing it.

SIGNS OF SUCCESSFUL VACCINATION AND OF SUCCESSFUL RE-VACCINATION.

A. "When vaccination has been successfully performed on a healthy infant, the puncture may be felt elevated on the second day, and on the third, if examined with a magnifying glass, appears surrounded by a slight redness. On the fifth day a distinct vesicle is formed, having an elevated edge and depressed centre. On the eighth day it appears distended with a clear lymph. The vesicle, on this, its day of greatest perfection, is circular and pearl-coloured; its margin is turgid, firm, shining and wheel-shaped. On the eighth day an inflamed ring or areola begins to form around the base of the vesicle, and, with it, continues to increase during the two following days. This areola is of a circular form, and its diameter extends from one to three inches. When at its height, on the tenth day, there is often considerable hardness and swelling of the subjacent cellular membrane. On the eleventh day the areola begins to subside, leaving, as it fades, two or three concentric circles of redness. The vesicle now begins to dry in the centre, and acquires there a brownish colour. The lymph which remains becomes opaque, and gradually concretes; so that about the fourteenth or fifteenth day the vesicle is converted into a hard round scab of a reddish brown colour. This scab contracts, dries, blackens, and about the twenty-first day, falls off. It leaves a cicatrix which is permanent in after life, circular, somewhat depressed, dotted or indented with minute pits, and, in some instances, radiated. The above described local changes, while in active progress, are attended by feverishness; first, from the fifth to the seventh day, so slightly that often the fact passes unobserved; and again more considerably during those days when the areola is about its height; the infant now being restless and hot, with more or less disturbance of stomach and bowels. About the same time, especially if the weather be hot, children of full habit not infrequently show on the extremities, and less copiously on the trunk, a lichenous, roseolar or vesicular eruption, which commonly continues for about a week. When vaccination is performed on such adults or adolescents as have not previously been vaccinated, and likewise when lymph is employed which has recently been derived from the cow, the resulting phenomena, as compared with the preceding description, are somewhat retarded in their course; and the areola is apt to be much more diffuse. There is also more feverishness; but lichenous eruption is less frequently seen.

B. "When persons who have once been efficiently vaccinated are, some years afterwards, re-vaccinated with effective lymph, there sometimes result vesicles which, as regards their course and that of the attendant areolæ, cannot be distinguished from the perfect results of primary vaccination. But far more usually the results are more or less modified by the influence of such previous vaccination. Often no true vesicles form, but merely papular elevations surrounded by areolæ; and these results, having attained their maximum on or before the fifth day, afterwards quickly decline. Or if vesicles form, their shape is apt to vary from that of the regular vesicle, and their course to be more rapid; so that their maturity is reached on or before the sixth day, their areolæ decline on or before the eighth day, and their scabbing begins correspondingly early. In either case the areolæ tend to diffuse themselves more widely and less regularly, and with more affection of the cellular membrane, than in primary vaccination; and the local changes are accompanied by much itching, often by some irritation of the axillary glands, and in some cases on the fourth or fifth day by considerable febrile disturbance."

"GREGORY," revised by CEELY and MARSON.

M. VEULER, through M. Dumas, informs the public that an aerolite which has recently fallen in Hungary contains organic matter.

"THERE is a great difference between a Pathologist and a Physician. The Pathologist studies disease for the disease itself; the Physician studies disease for the victim of the disease. One exercises his art for the sake of art; the other exercises it for the purpose of soothing the sufferings of humanity."—*L'Union Médicale.*

REVIEWS.

Transactions of the American Medical Association. Vol. XI. Philadelphia: 1858. 8vo, pp. 1027.

THE American Medical Association, like the British Medical Association, has about two thousand members; but while the "British" has degenerated into a trading Society for the printing of a weekly journal by the aid of advertisers, and has been brought to the verge of bankruptcy by so exhausting a drain on income, our American brethren have produced eleven splendid volumes of *Transactions*, containing the reports of committees appointed to investigate subjects of importance, and have contributed rewards in the form of prizes for original investigations. A mere list of the papers in the volume before us will prove how far ahead of us our Transatlantic brethren are in their knowledge and application of the true principles of association.

In the volume before us, after a report of the eleventh annual meeting of the Association, of the Committee of Publication, of the Treasurer, and of the address of the President, we have the following series of reports by members of the Association, or by Committees:—

1. On the Medical Topography and Epidemic Diseases of Kentucky.
2. On the Topography and Epidemic Diseases of New Jersey.
3. Committee Report on the Epidemics of Ohio.
4. " " Medical Literature.
5. " " Medical Education.
6. On Spontaneous Umbilical Hæmorrhage in the Newly-born.
7. On Marriages of Consanguinity.
8. On the Functions of the Cerebellum.
9. On the Treatment of each Variety of Cataract.
10. On the Medical Jurisprudence of Insanity.
11. On the Law of Registration of Births, Marriages, and Deaths.
12. On the Nervous System in Febrile Diseases.
13. On Moral Insanity in its relation to Medical Jurisprudence.
14. On Stomatitis Materna.
15. On the true position and value of Operative Surgery.

Then follow the two prize essays of the year—one on the Clinical Study of the Heart Sounds in Health and Disease; and the second on the Ophthalmoscope. The volume is concluded by the Plan of Organisation and the Code of Ethics of the Association, with a list of the officers and members. We should add that it contains several coloured engravings, besides maps and woodcuts, and that some of the above reports are masterpieces.

Each member of the American Association pays twelve shillings a-year as his subscription. The subscription to the "British" is a guinea. The one Association offers prizes, makes grants for the expenses of original inquiries, appoints working committees to investigate important questions, and supplies its members with the result of all this work in an annual volume of Transactions, which is a real acquisition to any Medical library. The Association has published carefully-prepared reports of the various epidemics and diseases which have prevailed during the past ten years, and of the vital statistics of the principal cities, illustrating them by charts, maps, diagrams, tables, and plates. "Every state and territory, every large city and sick community, with scarcely an exception, has had its hygienic condition explored by this body; and dysentery and cholera, typhoid and yellow fevers have specially claimed attention." The Association has been thanked by the Senate for its prevention of the importation of worthless or adulterated drugs; it has introduced a uniform system of registration of births, marriages, and deaths to the different States; it has framed regulations for the sanitary government of emigrant vessels; it has investigated the indigenous Medical flora of the Union; it has elevated the standard of Medical education in the States, having reformed the schools solely by its moral power; lastly, it has blended the Medical body into a "common harmonious fraternity," and has thus acquired for the Profession a power of extended usefulness, and has elevated the position of our order. What a contrast is offered by the British Medical Association! As a scientific body, encouraging research and

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rewarding merit, it is absolutely unheard of; as a medico-political power it is destitute of influence, because destitute of funds. The clauses it attempted to introduce into the Medical Act were as complete failures as the Act it unsuccessfully attempted to induce the Government to accept. It has done nothing for vaccination, nothing to check the sale of poisons. The various Public Health Acts have been passed without reference to it. It has done nothing of importance in Poor-Law Medical Reform. It has done nothing to check irregular practice, or promulgate a code of medical ethics. It is a mere joint-stock company, vainly attempting to compete with this and the other weekly Medical journal of the metropolis. Its sole vitality is in its annual social gatherings. Let them be kept up; but in all other respects, if the Association is to become a useful, influential, and respected body, let it return to its original constitution, encourage experimental investigation, promote Medical science, assume some authority in the sanitary affairs of the nation, put away discreditable trading competition, and outshine, instead of being shamed by, its younger and more vigorous brother in the West.

Horæ Subsecivæ. Locke and Sydenham; with other Occasional Papers. By JOHN BROWN, M.D. Fellow and Librarian of the Royal College of Physicians, Edinburgh. Edinburgh: 1858. 8vo, pp. 478.

THE perusal of this work has afforded us much pleasure in our "bye hours," and we recommend it strongly to our readers from an honest conviction that they will thank us for having so done. It consists of papers on various subjects, professional and general, which have been published at different times in some of the periodicals, and are now collected into a volume. The topics treated are numerous, and many of them, at the present moment, occupy the attention both of the Profession and the public. Thus, in a comparison of the writings of Locke and Sydenham, our author introduces the important subject of Medical education; a notice of Dr. Andrew Combe leads him to the consideration of the subject of hygiene; while a review of the works of Dr. H. Marshall gives him an opportunity of discussing those questions on the health of the Army, which have of late been so prominently before the public. In "Our Gideon Grays," he pays a just tribute to the worth of that valuable, but underpaid and undervalued class, the country practitioners. "We speak not without long, intimate, and extensive knowledge of the men who have the charge of the lives of our country population, when we assert that not only are they, as a class, fully equal to other rural Professional men in intelligence, humanity, and skill, and in all that constitutes what we call worth; but that, take them all in all, they are the best educated, the most useful, the most enlightened, as they certainly are the worst paid and hardest worked country Doctors in Christendom. Gideon Gray, in Scott's story of the Surgeon's Daughter, is a faithful type of this sturdy, warm-hearted, useful class of men, 'under whose rough coat and blunt exterior,' as he truly says, 'you find professional skill and enthusiasm, intelligence and humanity, courage and science.'" The admirers of Sir Walter Scott (and who is not?) will read with interest a description of the bones of "The Black Dwarf," and some curious particulars of his history. But the best paper in the collection is, in our opinion, a tale entitled "Rab and his Friends," which is characterised by humour, pathos, and genuine right feeling.

The nature of the book now before us is such as to render it difficult to give a detailed review of it; but this is the less to be regretted as it is one which will amply repay perusal, and will afford an agreeable occupation for the "bye hours" of the readers, as it doubtless did for those of the author. We shall therefore close this short notice with the following extract, the sound sense and practical wisdom of which will be acknowledged at least by the more advanced in practical knowledge of our Professional brethren:—

"It is said that *facts* are what we want, and every periodical is filled with papers by very young Physicians made up of practical facts. What is fact? we would ask; and are not many of our new facts little else than the opinions of the writers about certain phenomena, the reality, and assuredly the importance, of which is by no means made out so strongly as the opinions about them are stated. In this intensely scientific age we need some wise heads to tell us what not to learn or to unlearn, fully as much as what to learn. Let us by all means avail ourselves of the unmatched advantages of modern science, and of the discoveries which every day are multiplying with a rapidity which confounds; let us convey into and carry in our heads as much as we safely can, of new knowledge from chemistry, statistics, the microscope, the stethoscope, and all new helps and methods; *but let us go on with the old serious diligence*—the *experientia* as well as the *experimenta*—the forging and directing, and qualifying the mind, as well as the furnishing, and what is called accomplishing it. Let us, in the midst of all the wealth pouring in from without, keep our senses and our understandings well exercised on immediate work. Let us look with our own eyes, and feel with our own fingers."—P. 72.

Veterinary Medicines; their Actions and Uses, with a copious Appendix on the Diseases of the Domesticated Animals. By FINLAY DUN, V.S. 2nd edition. Edinburgh: 1859. 8vo, pp. 520.

WE can strongly recommend this work to those of our readers who prefer treating the diseases of their own horses, cows, or dogs, upon general principles, to calling in some Veterinary Surgeon in whom they have no great confidence. A consultation with this book of Mr. Dun's is the next best thing to calling in a really scientific Veterinary practitioner.

A Manual of Photographic Chemistry, including the Practice of the Collodion Process. By T. F. HARDWICH. 5th Edition. London: 1859. 8vo, pp. 516.

IN announcing the appearance of a fifth edition of this deservedly popular work it is only necessary to state that about 100 pages on practical photography have been added—a chapter on the chemistry of collodion—and the whole work carefully revised in accordance with the latest improvements in the photographic art.

A Treatise on Diseases of the Air-Passages. By HORACE GREEN, M.D. LL.D. 4th Edition. New York: 1858. 8vo, pp. 348,

IN this work the reader may find Dr. Green's latest account of the mode of treating "those affections of the throat called bronchitis, chronic laryngitis, clergyman's sore-throat," etc. by the local application of solutions of nitrate of silver.

Brief Expositions of Rational Medicine. By JACOB BIGELOW, M.D. Boston: 1858. 8vo, pp. 74.

THIS little work, dedicated to Sir John Forbes, is an attempt to instruct the public mind as to the "true mission and power of the Medical art," as expounded by Sir John in his "Young Physic," and his "Nature and Art in the Cure of Disease." The author trusts that "the extravagances of a so-called heroic and over-active practice on the one hand, and of a nugatory and ignorant practice on the other," may be replaced by something which may deserve the name of rational Medicine. While we join in his hopes, we must remark, that in avoiding the errors of his "over-active" brethren, the author appears to adopt some of those of the "nugatory" school.

A Manual of Medical Diagnosis: being an Analysis of the Signs and Symptoms of Disease. By A. W. BARCLAY, M.D. Assistant-Physician to St. George's Hospital. 2nd edition. London: 1859. Small 8vo, pp. 616.

BUT little more than a year has elapsed since the first edition of this useful manual was published. We then thought so highly of it, and recommended it so warmly to our readers, that we are not at all surprised to find that its merit has been appreciated, and a new edition called for after so very short an interval. As a guide to the investigation of Medical cases in Hospital or in private practice—and especially to those points on which diagnosis is based—Dr. Barclay's work is one of immense practical utility. The present edition has been carefully revised, and a few additions made; but no alteration has been made in plan or arrangement.

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Miscellaneous Papers on Mechanical Subjects. By Joseph Whitworth, F.R.S. London: 1859. 8vo, pp. 183.

These papers are so purely mechanical that they are not likely to interest very many of our readers. "Plane Metallic Surfaces;" "Screw Threads," "Decimal Measures of Length," and "Rifle Fire Arms," are rather out of our way; though the last paper may interest some of our sporting friends and Medical officers in the public service.

The Cyclopædia of Anatomy and Physiology. Edited by R. B. Todd, M.D. F.R.S. Parts 51 and 52. London: 1859.

We have already alluded to the completion of this work when reviewing the closing part. It is now only necessary to add that the double part before us contains new title pages, preface, classified table of contents, index to the supplementary volume, and a general index to the whole work. Since the publication of the first part in 1835, twenty-four years ago, the authors of many of the articles have passed away. Marshall Hall, Harrison, Dutrochet, Newport, John Reid, Bostock, Edwards, John Bowman, and some others rest from their labours; but the majority of the contributors remain to congratulate the editor on the completion of the edifice he projected and has carried on to the end.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

DISCUSSION ON CHLOROFORM.

At the Paris Surgical Society a letter was received from M. Hervez de Chégoin, in which he proposed that, on account of the numerous accidents which had recently occurred, the employment of chloroform should be renounced until its effects had been better studied. Dr. Hayward, of the United States, also forwarded a manuscript to the Society, in which he also recommended the abandonment of chloroform inasmuch as neither the purity of the agent, the small quantity employed, nor the skill of the Surgeon, proved a guarantee against accidents; and he advised going back to the use of ether, which, poured on a sponge, induces anæsthesia in eight or ten minutes at furthest. He is not aware of any instance of death having occurred under its use; which, however, is not a correct statement, inasmuch as a fatal case occurred under the hands of M. Barrier, of Lyons. He states that in all the large Hospitals at Naples, Lyons, and in America, ether is alone employed, and that some of the London (?) Surgeons employ it exclusively. M. Robert objected that ether is often insufficient in its operation. There is always some danger in inducing insensibility, whatever be the agents employed, whether ether or chloroform, and therefore they should always be administered with the greatest caution. As to renouncing anæsthetics, it is utterly impossible. They have too thoroughly entered into the practice of Surgery, and are attended with too admirable results for that. As anæsthesia cannot be rejected our business must be to seek to induce it with as little danger as possible. M. Robert believing ether alone, although less dangerous, to be inefficient, proposes the employment of a mixture of 30 parts of it with 15 of chloroform. Some years since he employed this mixture, producing with it anæsthesia at the end of ten minutes: and he now thinks of returning to it as being less dangerous than chloroform alone. The ether being more volatile than the chloroform is first inspired, and the period of excitement is less violent than when chloroform is used alone. Chloroform is a poisonous agent, and in its employment we should proceed as we do with other toxical medicinal agents—viz. administer it in small doses until we have ascertained the individual susceptibility. While, on the one hand, patients habituated to alcoholic drinks often prove refractory to its influence, others are plunged into complete anæsthesia by a few drops. If, after we have secured abolition of voluntary motion, we continued inhalation, paralysis of the inspiratory muscles is produced and respiration is suspended, the heart continuing to beat some instants before death takes place. This has always been the order of the phenomena in experiments, but in certain very rare abnormal cases in man, the cessation of the heart's action precedes the suppression of the respiratory movements. Although M. Robert was the only person who, during the late discussion at the Academy of Medicine, advocated the use of an apparatus (Charrière's) which permits the quantity of chloroform to be gradually increased, or, if required, to be diminished, he persists in this recommendation as the safest mode of procedure. He drew attention also to the fact of accidents occurring sometimes after the inhalation has been discontinued for some time; and instanced two cases which he had nearly lost himself, but which were saved by artificial respiration. He recommends the administration of some cordial, as a little Madeira, after the inhalation is finished. M. Giraldes regards amylene as very useful when rapid and temporary anæsthesia is desired to be induced, as when we wish to examine diseases of the eye in children. He has, as has also Graefe, derived great advantage from its employment; and if it has been abandoned this is only from the difficulty of obtaining it pure. The mixture of ether with chloroform does not afford entire protection, inasmuch as a case of death is recorded wherein this was employed. M. Legouest confirms this last statement, having seen a case of rapid death take place under the hands of M. Valette, of Lyons—ether having been first inspired, and then a few drops of chloroform added. He does not think it possible to dose the chloroform by means of Charrière's apparatus, the temperature and the more or less rapid respiration of the patient much influencing the amount of chloroform volatilised. It is of the highest importance to examine into the purity of the chloroform employed, as various kinds of inferior alcohol have of late been employed in its production. As to the small proportion of accidents occurring, we have only to look to what took place in the Crimean war, when all the precautions possible were not always taken; for in from 18,000 to 19,000 inhalations two deaths only took place, one in the French and one in the English army.—*L'Union Méd.* 1859, No. 31.

EXCERPTA MINORA.

Chromate of Potass in Warts.—M. Blaschko recommends the following formula as one of certain operation, even in very old-standing and inveterate warts:—Chromate, gr. 1½, lard, ʒi. M. to be rubbed in night and morning.—*L'Union Méd.* 1859, No. 31.

Removing foreign bodies from beneath the Eyelid.—M. Renard, in the case of small moveable bodies which become entangled beneath the upper eyelid, recommends the following simple procedure, which will often dispense with all others. Take hold of the upper eyelid near its angles with the index finger and thumb of each hand, draw it gently forwards and as low down as possible over the lower eyelid, and retain it in this position for about a minute, taking care to prevent the tears flowing out. When at the end of this time, you allow the eyelid to resume its place, a flood of tears washes out the foreign body, which will be found adhering to, or near to, the lower eyelid.—*Ibid.* 1859, No. 32.

Compression of the Carotid in Hemicrania.—M. Merz states that in twenty-four cases he has derived great advantage from compressing the carotid of the side affected for a quarter of an hour daily. This is best done by a truss, which taking its point of support from the posterior muscles of the neck, exerts the pressure by means of a cork placed under its pad just where the artery emerges from behind the sterno-cleido-mastoideus.—*Presse Belge*, 1859, No. 12.

Acute Hypertrophy of the Heart in Bright's Disease.—M. Imbert-Gourbeyre relates some cases which have occurred to him, proving the rapidity with which hypertrophy of the heart may occur in the acute form of Bright's disease. He quotes also a case from Dr. George Johnson, and states also his belief that the cases of acute hypertrophy described by M. Bouillaud, the only author who has alluded to the subject of acute hypertrophy, are examples of the same complication.—*Gaz. Méd.* 1858, No. 51.

Chlorate of Potash in Varicose Ulcers and Hospital Gangrene.—From some trials M. Milon has made at the Hotel Dieu he has come to the conclusion that this substance exerts remarkable influence in hastening the healing and cicatrisation of varicose ulcers; and it has exerted a very prompt action upon some cases of hospital gangrene. A saturated solution of the salt is applied to the surface by means of charpie, one dressing every or every other day, unless the suppura-

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tion is very abundant, when it must be changed twice a-day. The pledget should, too, be kept moist by occasional sprinklings to prevent its adhering to the wound. The application causes some pain, which gradually diminishing, ceases in from fifteen to thirty minutes.—*Gaz. des. Hôp.* 1858, No. 119.

Collodion in Onyxis.—M. Larrey treats this affection, which is very common in the military hospitals, by interposing a few shreds of charpie, wetted with collodion, between the nail and the fleshy projection. The collodion on drying becomes agglutinated to the parts upon which it is applied, and presses down the fungoid growth most effectually. It adheres for three or four days, and is then replaced by a similar dressing. The application causes a little pain at the time, but its action is certain, and in this way simple onyxis is often cured in three weeks.—*Moniteur des Hôp.* 1859, No. 30.

Prolapsus Uteri from the Elongation of the Cervix Uteri from Hypertrophy.—M. Huguier states that the prevalent idea that when the os uteri appears at the vulva or projects more or less beyond the external parts, it does so in consequence of a displacement of the organ, a descent *en masse* is quite erroneous. Even in aggravated cases, when by reason of the size of the tumour, the entire uterus seems as if projecting between the thighs, the body of the organ will in fact be found in its natural site, the prolapse entirely depending upon a hypertrophied elongation of the cervix uteri.—*Gaz Méd.* 1859, p. 179.

FOREIGN CORRESPONDENCE.

FRANCE.

Paris, March 21, 1859.

Not many weeks ago we took occasion to remark how difficult it was in the Paris Hospitals to meet with a single case of typhus fever. Within the last fortnight cases of this disease have become very frequent, so much so indeed as to leave no doubt that it has begun to reign as an epidemic. Last year, about the same season, this malady was very prevalent, and was remarkable for the mildness and benignity of its character. On the present occasion the type is altogether different, and already not a few have fallen victims to it. It is of the low putrid form, attended with great nervous prostration from its commencement. This form is by far the least common in fever epidemics here, the ataxic form being that which is most generally met with. At the Hôtel Dieu, in the service of M. Trousseau, we have seen recently some very serious cases, in which the most active and energetic treatment was called for to prevent the patients sinking at an early stage of the disease. In fever, as in most other acute diseases, when the patient continues for a long time without food, all the symptoms become aggravated from two causes acting simultaneously; first, from the absolute want of nourishment; and secondly, from the system being, as it were, under the necessity of drawing support from its own diseased secretions, in other words, the patient being obliged to feed upon himself. For these reasons Trousseau considers it imperative to inject food into the stomach in all cases where the patient is either unable to swallow, or obstinately refuses to do so. In illustration of this we may notice a case which has recently occurred in the Salle St. Bernard. The patient, a young woman about 20 years of age, seemed so thoroughly prostrated on the fourteenth day of the fever, that Trousseau, seeing she must inevitably sink very soon unless supported by stimulants and nourishment (and she having refused to eat and to drink), had recourse to force, and exhibited both by means of the apparatus commonly in use for the feeding of lunatics who, from notions of suicide or a dread of being poisoned, so frequently refuse food. The operation was repeated several times, and with the view of rousing the nervous system, baths, strongly impregnated with mustard, were also ordered. The good effects of this treatment became apparent in a very short space of time. She is now convalescent, and will be discharged in a day or two. Although active and energetic in cases of an extreme character like this, we have observed that Trousseau usually leaves much to nature where the fever assumes a mild form. When the fever assumes a gastric form, accompanied with great diarrhœa, delirium, and anorexia, he is in the habit of giving emetics, following them up with purgatives, and certainly in some cases we have seen this treatment produce the very best effects. If, after the exhibition of the emetic (ipecacuanha being that which he prefers) the diarrhœa and anorexia continue, he is in the habit of ordering the subnitrate of bismuth, or creta preparata; and if these fail, the nitrate of silver, in the form of pill, to the extent sometimes of ten per diem, each pill containing the fifth part of a grain. Should tympanitis intervene in the course of the disease, enemata consisting of the infusion of camomile flowers he considers superior to every other. In the ataxic form of typhus, where the skin is harsh and dry, the pulse high and the delirium considerable; and where, in addition to these symptoms, there exists a tympanitic condition of the abdomen, he recommends cold affusion of about half a minute's duration, the water being 15° Centigrade. (60° Fahr.) The patient, without being dried, is immediately wrapped up in a blanket and placed in bed. This latter plan of treatment we have seen in one or two instances followed by the very best effects; all the symptoms suddenly undergoing a very marked improvement. It is of importance to observe that the cold affusion as thus descrioed, is admissible only towards the last stage of the disease, being altogether inadmissible at any other part of its course, when it might be attended with very great danger. In the gastric and adynamic forms of typhus it is also contra-indicated.

In the Salle St. Agnes, under the care of this same Physician, is a young man aged 20, who is just recovering from an attack of acute rheumatism, belladonna, one of M. Trousseau's favourite remedies in this affection having been, to the exclusion of everything else, the only medicine employed. The rheumatism was of the articular kind, affecting chiefly the larger joints. The fever ran high, the heart's action was violent, and the "bruit de soufflet" very distinct, accompanied with pain on pressure over the cardiac region. Belladonna was administered in the following proportions—one grain of the extract was given on the first day, two grains on the second, two and a-half on the third, three on the fourth, and so on progressively up to six grains per diem. On the fourth day, the constitutional effects of the medicine became apparent, as was evidenced by spectral illusions, delirium, dilatation of the pupils, foul tongue and parched mouth. Consentaneous with these symptoms an amelioration in the rheumatic pains was observed. Notwithstanding, however, this improvement, the belladonna has been continued; and although the patient is all but free from pain, M. Trousseau deems it prudent to prolong the treatment with a view to the prevention of a relapse. In certain cases, Trousseau, and other Hospital Physicians here, are in the habit of commencing with the maximum dose noted above, and we have known it prescribed to the extent of eight grains of the powder or extract, on the first day of the treatment. The rule is, that each day the dose be increased until delirium set in; at this point the same dose is continued for a few days, then gradually diminished; it is, however, essential that the bowels be kept open by the administration of some purgative, such as calomel and jalap, every day. From what we have observed, there seems to exist a kind of antagonism between belladonna and rheumatism, and the same has also been observed in reference to this same affection and the constitutional effects of quinine.

Without seeking for an explanation of this peculiar antagonism, we must, in the meantime at least, content ourselves with a simple observance of the fact, as the very individuals who are in the habit of employing these remedies do not pretend to enlighten us as to their *modus operandi*. Trousseau himself is of opinion that in the case of belladonna, its curative influence in rheumatism is attributable to its action on the circulatory system, this action, however, being but secondary to the effect it produces on the nervous system. The mere casual visitor to the wards of this able Physician might conceive an erroneous opinion as to his practice; for he is to be found at one time treating all cases of rheumatism apparently without distinction, with quinine, while at another time belladonna is his specific, to the entire exclusion of everything else. This apparent inconsistency disappears when one really knows him and can appreciate his motives. Close and philosophic observation has enabled him to recognise something special and peculiar in its character and form during certain seasons, which is not to be found in it at others; and hence the treatment which may be suitable in

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one series of cases, he finds does not answer in another. What this peculiar modifying influence may be, he does not of course know.

While speaking on this very subject a few days ago in one of his clinical lessons, Trousseau stated that he had observed the same peculiarity in epidemics of catarrhal ophthalmia. When attached to the "Hôpital des Enfants Malades," he had often seen the nitrate of silver act like a charm in a certain series of cases occurring at the same time, while at other seasons this remedy was quite powerless, and a total change of treatment became necessary.

Recently we have seen no fewer than three cases of croup, in all of which the operation of tracheotomy was performed. In two of them suffocation was imminent on their being brought to the Hospital, and the operation was performed almost immediately after their admission. One died of pneumonia the day after the operation, the pulmonary inflammation having set in six hours after its performance. The second case did well; recovery was gradual up to the seventh day, when the canula was withdrawn from the trachea and breathing by the natural passage was re-established. On the 16th day the child was discharged apparently quite well. These two patients, we may observe, were about 2½ years of age.

The third case was that of a little girl between five and six. Although the disease, in her case, had made considerable progress, as was evidenced by the existence of large patches of diphtheritic membrane on the fauces and pharynx, still the state of the breathing did not call for the immediate performance of tracheotomy. It was evident, however, from the rapid progress the disease was making that the time was not far distant when this measure would become imperative. On examination of the urine it was found that the slightest addition of nitric acid indicated the presence of albumen in great abundance. The little patient was taken home. In the afternoon of the same day Trousseau's "Chef de Clinique" having been apprised of her impending suffocation, repaired to the mother's house, where he immediately performed the operation; but as might have been expected from the indications afforded by the urine, the relief was but temporary, the child having died a few hours afterwards from the general diphtheritic poisoning.

In reference to tracheotomy in the treatment of this formidable disease there cannot be a doubt of its success in the hands of certain Surgeons being far greater than it is in the hands of others. For instance, the same Chef de Clinique (M. Moinnier) has perfectly succeeded in ten cases out of twenty-one in which he has operated, whereas, in the hands of others (certainly not less dexterous as operators) statistics show a far greater relative proportion of deaths.

If we are to believe Trousseau, the marked difference of success observed in the practice of Surgeons in this operation is due rather to the after-treatment than to the manner in which it is performed; in other words, that in the majority of instances it is the injudicious after-treatment and not the operation which brings about a fatal result. What, then, should the after-treatment consist in to which Trousseau attributes so much importance? We give it in his own words,—1st. The canula having been introduced, a warm woollen comforter should be wrapped round the throat so arranged that the respiration may be accomplished by the air finding its way between the comforter and the throat to the opening in the canula—it is indispensable that the air enter the trachea in this manner, and not through texture of the cravat, as in the latter case the air would become vitiated, and consequently prove injurious. 2nd. The wound must be carefully cauterised at least once in the twenty-four hours. 3rd. The patient must be nourished; all his caprices must be yielded to with a view to this end; and in the event of his refusing food, which is by no means uncommon, force must be had recourse to.

In a town of Wurtemburg, a M. Helgerad has established, with most perfect success, a printing-house, which is carried on solely by 160 deaf and dumb individuals.

In a case of Plica Polonica, lately observed by M. Raciborski, the *achorion schonleinii* was found in considerable quantity. This fact tends to prove the opinion now gaining ground that this cryptogamous plant is an accident of skin diseases, and not the essential part of the disease.

GENERAL CORRESPONDENCE.

TUBULAR NEEDLES AND GUTTA-PERCHA THREADS.

LETTER FROM MR. STARTIN.

[To the Editor of the Medical Times and Gazette.]

SIR,—Will you allow me to avail myself of your introduction to the readers of the *Medical Times* of the enclosed tubular needles and gutta-percha ligatures, which I have found very useful and convenient in various operations deep seated and superficial, where metallic or other ligatures are required.

As these needles have been employed by Professor Simpson, Mr. Paget, and others, who report favourably of them, they may perchance merit a moment's attention from the Profession, as they will be found to occasion less pain and difficulty, with no dragging and pulling, in inserting a ligature, while they require no other attendant apparatus than a forceps to seize the end of the wire or gutta-percha when it has passed the tube.

The tubular needles, as will be perceived, though capable of being used separately, are so constructed as to form together part of an ellipsis, the point of one needle fitting into that of the other; consequently, the tube of one needle is made larger than the other, and thus, when each needle is inserted into the opposite sides of a deeply-seated wound or fissure, the points can be brought into central contact and a portion of metallic wire can be readily passed by an assistant through the continuous elliptical tube thus formed; each needle can then be separately withdrawn, leaving the wire ligature inserted in the wound—of course care must be taken to keep firm hold of the end of the wire opposite the needle to be removed.

In using the gutta-percha ligature the larger needle only can be employed, as the thread requires to be of a certain thickness to possess the requisite strength; and to make the fastening on these ligatures all that is needed, is a slip-knot, formed by tying one end of the ligature round that of the other; the knot is then to be held between the blades of long-handled dressing or polypus forceps, the other end being pulled towards the operator, when the knot will run or slip up to the required point, and may be there fixed by making gentle pressure upon it, with the same or other forceps previously heated by being placed in boiling water, and oiled; the loose ends of the gutta-percha thread may then be cut off with scissors.

I have directed the makers of these tubular needles, Messrs. Whicker and Blaise, to furnish some needles of less calibre, of very small gold tubing, of which I send a specimen; this will not only make a much smaller wound, but will allow the curvature of the needle to be altered to the requirements of any particular case. I am, &c. JAMES STARTIN.

3, Savile-row, March 14, 1859.

TREATMENT OF STRANGULATED HERNIA.

LETTER FROM DR. LOWES.

[To the Editor of the Medical Times and Gazette.]

SIR,—As the operation for strangulated hernia is recommended, both by lecturers and writers on Surgery, to be performed without delay, that is, after the taxis has been employed for an hour or two, I wish to bring before your notice a few cases that have occurred during the last fifteen years in my practice, in all of which, although I was anxious to perform the operation, yet it proved that it was unnecessary, and if performed might have caused the death of the patient.

I know the rule laid down is, after having tried the warm bath, bleeding, tobacco enemata, etc., for two or three hours, to operate immediately; and such had been my practice till a case occurred, to which I was called in consultation, in a man suffering from all the symptoms of strangulated inguinal hernia. The tumour was tense, painful to the touch, and stercoraceous vomiting had been going on for two days, and there had been no action on the bowels for four days. I thought this a proper case for operation, and advised its being per-

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formed, as the proper means for reducing it had been tried; but the patient was desirous to wait another day, and by dint of warm baths, turpentine enemata, and then employing the taxis, the hernia was reduced, and the man perfectly recovered. I saw the same man again two years afterwards, when he was suffering from a similar attack, when he was cured by the same treatment.

A second case was in a man who had been afflicted with an irreducible hernia of some years' standing. This man had been suffering the most acute pain in the tumour. The abdomen was hard and tender, pulse weak, and very frequent; stercoraceous vomiting. I proposed the operation to him, telling him that it was the only thing that would save his life, as the usual means employed to reduce it had failed; but he refused to undergo it. I had the same treatment persisted in, and to my delight was able to reduce it on the sixth day; and although ten years have elapsed, the man is in the enjoyment of good health.

The next case was one similar, and relieved by the same means. The fifth case was in an old woman, aged 70, who had a strangulated femoral hernia, and was vomiting fæcal matter when I first saw her, and the tumour so painful that she could not bear the slightest touch. She steadfastly refused to be operated on, stating that she would rather die than undergo it. She was very obstinate, and would submit to nothing I proposed; but I prevailed on the nurse to use the warm bath, and also to give a turpentine enema, and on my visit in the morning I found an erysipelatous blush over the tumour. The vomiting continuing and the pain in the abdomen very acute, I proceeded to examine the tumour, and after a little kneading found the tumour to go up: I, of course, expected that gangrene had taken place, and that the contents of the bowel were in the cavity of the peritoneum, and my surprise was great when I found she had a natural evacuation from her bowels, and recovered without a bad symptom.

My practice has since been, when called in in the early stage, to use the warm bath, and afterwards give a clyster of a solution of sulphate of magnesia, with an ounce of spirits of turpentine and two ounces of castor oil; and after waiting about half-an-hour I have generally succeeded in reducing it without having recourse to the operation. Of course in many cases the operation is the only means of saving the life of the patient; but I think a longer time than is generally allowed in our Hospitals ought to be employed in using other means before resorting to so formidable an operation, and one fraught with so much danger, and so often fatal, as Hospital statistics will verify; though I grant that in those cases in which it has not been found necessary to open the sac the mortality has been lessened. I am, &c.

Anglesey, near Gosport, Dec. 13, 1858. F. J. Lowes, M.D. F.R.C.S.

CLUBBING OF THE FINGER ENDS AS A SYMPTOM OF THORACIC DISEASE.

Letter from Dr. Meadows.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your impression of Saturday last, under the head of "Hospital Notes," some very interesting remarks are made upon the phenomenon of clubbing of the finger nails; and a conclusion is arrived at, that this may henceforward be regarded simply as evidence of impeded circulation and deficient oxygenation of the blood. A case which came under my notice a short time ago tends to strengthen this view. A gentleman had for many months suffered from aneurism of the arch of the aorta, and during the time that he was under my observation, the finger-ends of the left hand became remarkably clubbed. Coincident with this, the aneurismal tumour was pressing upwards and to the left, impeding so much the circulation on that side that I could not detect any pulse at all in the left arm. This continued for some time, when the tumour seemed gradually to change its position, the prominence to the left of the sternum which had been so great as even to dislocate the clavicle on that side, gradually diminished; and the same state of things followed on the right side, though to a less extent. The pulse now gradually became more and more perceptible in the left arm, and as this took place the clubbing of the finger-ends gradually diminished—though it never entirely disappeared. As the circulation of the right side became impaired the same phenomenon happened there also. The patient died: no post-mortem was permitted. There was no reason whatever to suspect pulmonary tubercle. I am, &c.

A. Meadows, M.D., Lond.

9, Cavendish-place, Cavendish-square, March 21.

ON THE COMPARATIVE INFLUENCE OF AFFLUENCE AND POVERTY

ON THE PREVALENCE AND MORTALITY OF SCARLATINA.

Letter from Dr. Stallard.

[To the Editor of the Medical Times and Gazette.]

Sir,—It has been justly observed that nothing deceives like a "fact," and it is equally true that "Statistics" are open to the same remark. At a recent meeting a statistical paper of a most elaborate kind was presented to the Royal Medico-Chirurgical Society by Mr. Bakewell, from which among other conclusions it was sought to be established, that pauperism is unfavourable to the spread of epidemic scarlatina. Having been compelled to leave the meeting before the conclusion of the debate, I had no opportunity of exposing the anomaly which this inference presents to the generally received laws which determine the susceptibility to morbific influences. We have hitherto believed that high physical health is one of the best safeguards against fever poisons; and we have long been in the habit of showing that physical depression invariably increases the susceptibility to malaria, miasm, and other influences of a like kind.

The statistics of Mr. Bakewell would make scarlatina to be an exception, nay, would affirm that a weakly ill-fed child, exposed in the house to filthy, overheated, and densely-crowded apartments, and out of doors to cold and wet, is more capable of resisting the infection of scarlatina than the well-fed and carefully-tended children of the better classes. No wonder that the conclusion of Mr. Bakewell was received by the Society with some astonishment. Dr. Copland in some measure exposed its fallacy when he observed that the fatality of a disease was not in all cases a measure of its prevalence; and while he admitted that scarlatina was, for the numbers attacked, more fatal among the middle classes, he was not prepared to argue thence that it was less frequently epidemic among the poor. Now admitting that scarlatina is more immediately and directly fatal among the rich, I nevertheless agree with Dr. Webster, that when epidemic, it first affects the poor, among whom it prevails with peculiar frequency, and indeed from whom it is rarely entirely absent. How then reconcile this apparent contradiction? The answer is simple, and is found in the physical condition of the pauper, which modifies the character of acute disease, diminishes its force, renders its progress slow and its form asthenic, and, while thus obviating the tendency to immediate death, favours rather the production of secondary effects, eventually not less fatal than the original disease. Thus among the poor scarlatina is rarely so acute as among the rich. The constitutional symptoms are less prominent; there is neither violent excitement on the one hand, nor rapid and uncontrollable depression on the other. The eruption is often transient or absent; but its absence does not give rise to very immediate effects; while the throat symptoms assume a hard and chronic form, which contrasts strongly with the rapid swelling and sloughing which are so fatal to the stronger and grosser constitutions. Hence we cannot be surprised that scarlatina is more fatal among the rich. And the same remark applies with nearly equal force to some other diseases; thus I believe that typhoid fever is more severe, and with certain reservations also more fatal, in proportion to the physical condition of the person attacked.

But to resume. Among the poor scarlatina is less immediately fatal. But are not its consequences more severe? Are not dropsies, glandular disease, and other debilitating effects far more common than among the rich? and do not the circumstances of the pauper specially tend to development of sequelæ, which are removed with difficulty, because

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the conditions of physical health are perpetually wanting? Thus the number of immediate deaths affords no correct estimate of the prevalence of the disease, or of the injury it inflicts.

But it may be asked, how it is that measles, an epidemic disease affecting equally both rich and poor, and like scarlatina, liable to a variety of sequelæ, is nevertheless most immediately fatal among the pauper class? The nature of the disease affords the explanation. Measles, in its most acute form, is not a fatal disease; its mortality is chiefly due to the complications which arise during the actual progress of the complaint, and these the resources of the rich enable them to avoid; while among the poor the recession of the eruption is succeeded by congestive pneumonia or by uncontrollable muco-enterite, which carries off the patient in a few days.

Thus, in scarlatina, the deaths among the poor are indirect; they follow the primary disease after a considerable interval, have no very obvious connexion with it, and they appear under other names in the report of the Registrar-General; while those from measles are more direct, and are more readily referred to the disease itself, the symptoms of which are so much better known, and so much more easily recognised. I am, &c.

J. H. Stallard, M.B. Lond. L.R.C.P. &c., and
Phys. to the St. George's and St. James's Dispensary.

12, Welbeck-street.

HOSPITAL APPOINTMENTS.

Letter from Mr. Gamgee.

[To the Editor of the Medical Times and Gazette.]

Sir,—Since discussions are simplified by meeting objectors on their own ground, and proving to them the hollowness of their own arguments, I am again a trespasser on your space.

It has been submitted to me that the national contrast drawn in my last letter is not warranted by the fact, which I admit, that the treatment of Medical and Surgical diseases in English Hospitals is equal, if not superior, to that on the Continent. I have been asked whether I think Skoda and Jobert very great improvements on Dr. Todd and Mr. Bowman? Whether the countrymen of Harvey, Jenner, Sydenham and Hunter have anything to envy even in the countrymen of Ambrose Paré? I beg to be allowed to answer in the Irish fashion. Why is it admitted on all hands that the countrymen of Marlborough and Wellington may profitably, in spite of their unquestionable bravery, learn something likely to be useful on the field of battle from the military academies of Continental Europe? Why is it that the stick-fast advocates of Brown-Bess have been forced to admit that it is useful to teach rank and file such mysteries as the parabolic curve of projectiles as a useful preliminary to the feat of lodging a conical bullet in an enemy's skull at a thousand yards? The answer to all the questions is the same. The greatest of natural endowments admits of perfectionment by well-directed effort. What have we to oppose to the bulletins and memoirs of the Imperial Academy of Medicine, of the Society of Surgery, of the Biological Society, and of the Anatomical Society of Paris? Seriously, what are nine-tenths of our cliniques but Hospital walks? What is the philosophy of field-days? What the *primum mobile* of the advertising fever? Does any other country present the ludicrous paradox of a Court Surgeon—a Court Surgeon, not because a tuft-hunter, but, in justice be it said, because a philosopher—Assistant-surgeon to a Hospital without right to beds? What is it that excludes that man from being at the head of the highest London clinique?

I fancy I hear one of the close-borough men interpolate,—How can it be explained that so many good men are in hospital appointments? The reply is simple; no human device can altogether arrest truth and violate right: the worst of systems does some good; philanthropy and liberality are not altogether foreign to usurers and despots. But will any one acquainted with our hospitals deny that if the Chancellor of the Exchequer bestowed State pensions on a goodly sprinkling of their Medical officers, science might be honoured, and—if human lives be worth guineas—the nation's purse might, in the end, not be lightened? How can young men be expected to go on working when "making a connexion," "keeping up appearances," etc. force themselves as practical necessities, more cogent than the pursuit of wisdom? Many indeed fight the battle; but who knows the cost of the struggle? Our ranks furnish facts quite as startling and as touching as those gathered by Warren from the Diary of a Physician. It is a fact,—the posture for climbing is that of creeping.

The four lines of large print which informed the world on authority from Printing-house-square that there was no foundation for the rumoured elevation of Sir Benjamin Brodie to the Peerage, evinced a state of things causally allied to my theme. True, it is a privilege of genius and moral worth to glow by innate life uncared for and unseen, to toil for prizes to be awarded after the grave is closed; but in no age, in no profession, in no country, has intellect ever been so much wronged as it has been in the Medical Profession in England. Is it very wonderful, when we reflect that the year of John Hunter's disinterment, sixty-six years after his death, is destined to be memorable in Medical history as the first year since the foundation of the Royal College of Surgeons of England, that a knowledge of physiology has been required of candidates for a Surgical diploma?

I begin to fear that I shall again have to trouble you with some remarks on Hospital appointments and administration.

I am, &c.

J. Sampson Gamgee,
Professor of Clinical Surgery in the Queen's College,
Surgeon to the Queen's Hospital.

Birmingham, March 21.

A MONUMENT IN WESTMINSTER ABBEY TO DR. WILLIAM HUNTER.

[To the Editor of the Medical Times and Gazette.]

Sir,—Would you allow me to suggest to the Medical Profession, through the medium of your journal, the propriety of entering into a subscription for the purpose above stated. Dr. Hunter died in March 1783, seventy-six years ago; but as the vaults of St. James's Church have been closed several years, his remains cannot be recovered, and re-interred with those of his brother at Westminster Abbey. But there is no reason that we should not have a monument erected to his memory. It is now, and has always been, the fashion to honour the dead and persecute the living. This is an excellent rule, and should not be departed from without due consideration. I am, &c. Obstetricus.

London, March 19, 1859.

REPORTS OF SOCIETIES.

HARVEIAN SOCIETY.

Thursday, March 3, 1859.

Dr. E. Hart Vinen, President, in the Chair.

A Paper by Mr. Harry W. Lobb was read,

ON THE TREATMENT OF PARALYSIS

BY THE COMBINED AID OF THE CONTINUOUS GALVANIC CURRENT AND LOCALISED GALVANISM.

He divided paralysis primarily into central and peripheric; in the former the disease is seated in the brain or cord, in the latter in the muscles themselves or the nerves supplying them. Localised galvanism affords a most admirable diagnostic of paralysis arising from disease in the cord. Upon its application to the affected muscles, if they readily contract we know that the cord is healthy, whereas, if they do not contract, the cord or muscles themselves are to blame. In rheumatic paralysis the muscles contract, causing severe pain; whereas, in disease of the brain there is no pain upon contraction. The author then proceeded to give the notes of a case of *Rheumatic Paralysis of the Deltoid* of three months' duration, relieved the first day and cured the second. He stated that this was a common affection in both sexes after the 50th year, and that it usually easily gave way before the combined application of the continuous and interrupted

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galvanic currents. This affection was generally the result of cold or damp affecting primarily the cutaneous nerves; these, by reflection, give rise to a secondary injury to the motor nerves, probably setting up an inflammatory condition which, upon subsidence, leave an inability to move without pain, and, in severe cases, inability to move at all. Friedberg, quoted by Ziemssen, has demonstrated in these affections atrophy of the arteries supplying the part. The author proceeded to the method of treatment, consisting of local Faradisation, together with the aid of the continuous current—the patient wearing a Pulvermacher chain. The next description of paralysis described was from long disuse and loss of muscular fibre, without central disease. *Partial Paralysis of Biceps and Triceps from Injury and long Disuse.*—Lieutenant C., wounded before Delhi, June, 1857, by a shell, followed by fever and erysipelas. He was totally incapacitated from using the left arm, and had obtained two years' leave on full pay, with a certificate from the Medical Board, doubting his ever regaining the use of his arm. He was afraid, he said, to use the arm, lest he should drop anything, as he had no confidence in it; he was unable to ride on horseback, as he had no control over the animal; —could not supinate the arm the least, or bend or straighten it with any power. Looking upon this case as one of paralysis from disuse, not from disease, Mr. Lobb promised him the perfect use of his arm in three weeks. A Pulvermacher chain of 40 elements, was applied, from the insertion of the deltoid to the outer condyle of the humerus, the position of the wound; direct current to promote circulation, and the interrupted current of the primary wire, was used daily for half-an-hour, exciting to contraction the paralysed muscles. After the third day he was able to move his arm normally, although weakly; and at the end of a week he could raise a chair and hold it out at arms' length, and supine the arm with great force. This was a most satisfactory case, and astonished the operator from the rapidity of the cure, almost as much as the patient. Mr. Lobb then related a case of infantile paralysis, caused by irritation during dentition, which had been under treatment for ten weeks with the most marked success; but, as the case was not complete, it is reserved for a future occasion. The fourth instance was a young lady, partially hemiplegic for seven years, who had undergone various forms of treatment without success;—amongst others, she had been operated upon at the Orthopædic Hospital, with no benefit. The lower arm was completely paralysed with contraction of the flexor muscles of the thumb and fingers. Electro-muscular contractility was speedily set up in all the affected muscles, but voluntary motion was tardy and very gradual; it commenced in the fingers, then the thumb, and lastly the supinators. She had voluntary power in all the paralysed muscles in the course of six weeks, but the contraction is slow, and evidently the result of great and fatiguing efforts of the will; the muscles are now large and healthy, and with continued voluntary efforts will all return to their allegiance to the brain.

In the discussion that followed, Dr. Handfield Jones, the President, Drs. Camps and Musket, and Mr. Browning, took part.

NORTH LONDON MEDICAL SOCIETY.

The adjourned discussion on Dr. Hillier's paper on "Diphtherite" was opened by Mr. Hamworth, who stated that he had seen no cases of the genuine disease, although he had seen sore-throats of all kinds in abundance. He was anxious to obtain information as to the physical characters of the disease—as to its course and as to its contagiousness.

Mr. Part gave the result of his experience. His first two cases were fatal. Lately he had seen four or five others, which had recovered. His cases had generally been ushered in by vomiting, although the worst case was not attended with that symptom. Lately he had given carbonate of ammonia, with nitric acid applied at first; and subsequently, gargles of soda, with nutritious diet.

Mr. Adams thought that many cases of sore-throat, not true diphtheria, become diphtheritic. He had found in the severer cases albuminous urine. The sickness he believed to arise from the kidney. As to treatment, Mr. Adams thought nitrate of silver worse than useless; also that sesquichloride of iron was of little use. He regarded the disease as a specific blood disease, of which the throat affection is one of the anatomical character, and not usually the cause of death.

Mr. Cattlin made some observations on the extension of the false membrane to larynx.

Dr. Hillier replied.

Mr. Adams proposed and Mr. Hamworth seconded a vote of thanks to Mr. Erichsen, the retiring President, for his very kind attendance and support to the Society during the past year. Carried by acclamation.

Mr. Erichsen having acknowledged the vote, the meeting adjourned.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 16th instant:—

Geoghegan, George Edward, Rathmines, Dublin.
M'Keever, John, Cape of Good Hope.
Owen, George, Machynlleth, Montgomeryshire.
Ringer, Sydney, Norwich.
Roberts, Francis, Nelson-street, Dublin.
Scott, John Alexander, Baymount, Clontarf, Dublin.
Will, George Elmsly, Friendville, Aberdeen.

At the same meeting of the Court, Mr. John Linton Palmer, of her Majesty's ship *James Watt*, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date February 5, 1847.

Also on the 18th instant:—

Bloomethal, T., Newington-place, Kennington-park.
Cæsar, Richard Thompson, Cork.
Carnell, Clement John, Tonbridge.
Rivington, Walter, Upper Holloway.
Starling, Edward Augustus, Bishop's Stortford, Herts.
Winning, Robert, Bedford.
Winslow, H. Forbes, Montagus-place, Russell-square.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, March 17, 1859:—

Davison, George W., Tynemouth.
Dunn, Robert W., London.
Jakins, William V., Cornwall.
Kelty, Patrick M., Newick, Sussex.
Lafarelle, James, Coleshill, Warwickshire.
Noble, Samuel C., Rendal, Westmoreland.
Smith, John, Birmingham.
Wilson, Alexander, Manchester.

The following gentleman also on the same day passed his First Examination:—

Llewellyn, David H., Easton Pusey, Wilts.

DEATHS.

Hine.—On the 18th inst. at Lecford-house, Budleigh Salterton, John Hine, aged 82, late of the Bombay Medical Establishment, and for many years attached to the Residency at Bagdad.

Knox.—On the 5th inst. at Hammersmith, Alexander Knox, M.D. late Surgeon of the Military Prison, Aldershott.

Wilkins.—On the 16th inst. at Bristol, Henry Wilkins, M.R.C.S. Eng., and L.S.A., 1821, aged 59.

A temporary asylum for young girls on their quitting the Hospital St. Eugénie is being established at Paris.

Ovulation.—M. Mattei affirms that it is quite an error to suppose that ovulation is a menstrual function. According to him, the separation of the ovule in woman is an annual affair, and takes place at the same time as the germination of plants and the rut in animals. He does not tell us how the function is performed in those countries where the germination of plants goes on all the year round.

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THE EMPEROR OF AUSTRIA, it is reported, is suffering under some serious cerebral symptoms, which are supposed to be the results of the injury inflicted on him when struck by the dagger of a man who attempted to assassinate him some few years ago.

SMALL-POX IN PRUSSIA DURING 1857.—In 1857, being the latest year for which the official accounts have been published, it appears that 8922 persons were attacked in the various Prussian provinces with small-pox, of which number 914 died.

PROFESSOR HIRSCHFELD.—Ludovic Hirschfeld, formerly *chef de clinique* of the Hôtel Dieu, and well known in this country by his beautiful plates of the nervous system, has been nominated Professor of Anatomy at the Medico-Chirurgical Academy at Warsaw. His appointment was at first opposed on account of his belonging to the Jewish persuasion, but the objection was overuled by the higher powers.

A GERMAN SAVANT has taken the trouble to count the number of hairs existing in four heads of hair, of different colours. He found in a blond, 140,409 distinct hairs; in a brown, 109,440; in a black, 102,960; and in a red 88,740.

THE young Princess Windischgrätz, we are told by a Vienna journal, has been accidentally poisoned by chloroform, having inhaled too strong a dose for the relief of a headache, to which she was liable.

CORK MEDICAL PROTECTIVE ASSOCIATION.—On the 17th inst. upwards of fifty members of the Medical Protective Association dined together, and immediately before dinner, an address, with four splendid silver salvers, was presented to the officers of the Association—Dr. Harvey, President; Dr. Meade, Vice-President; Dr. Richard Corbett, Treasurer; Dr. Charles Armstrong, Honorary Secretary; in testimony of their valuable exertions, for some years past, in upholding the interests of their Medical brethren. Several members of the Profession, from other parts of the province, were present on the occasion. It is cheering to witness such re-unions, and we should be happy to record many similar.

TRANSITORY MADNESS.—M. Devergie relates to the Academy the complete history of a young man, attacked with this species of madness, who killed his mother-in-law. Justice at Bordeaux acquitted him of the crime, because it did not consider him a free agent, and it did so chiefly under the advice of M. Devergie: and now comes the strangest part of the tale. The young man was immediately set at liberty, to the surprise of both M. Devergie and of M. Ferrus, and he starts off for Brussels. On his arrival there, he at once purchases a pair of pistols, takes himself to the cemetery where his mother is buried, offers up a prayer, writes a few lines, "I come to die near to her whom I have loved so fondly," and then blows his brains out. The jury and judge, it seems for once in a way, went a step beyond the Doctors in their desire to save the madman from punishment.

IMPORTANT FOR AUSTRALIA.—The Queen has been graciously pleased to direct that letters patent be passed under the Great Seal, granting and declaring that the degrees of Bachelor of Arts, Master of Arts, Bachelor of Medicine, Doctor of Medicine, Bachelor of Laws, Doctor of Laws, Bachelor of Music, and Doctor of Music, already granted or conferred, or hereafter to be granted or conferred, by the University of Melbourne, in the colony of Victoria, shall be recognised as academic distinctions and rewards of merit, and be entitled to rank, precedence and consideration in the United Kingdom and in the colonies and possessions of the Crown throughout the world, as fully as if the said degrees had been granted by any University in the United Kingdom.

THE LUNACY LAWS.—The Solicitor-General has obtained leave to introduce a Bill to Amend the Lunacy Regulation Act (1853). The object of the measure he stated to be to secure a more efficacious inspection of those unfortunate persons who were found to be lunatics by inquisition. He proposed to refer the bill to the same select committee as that to which two others of a similar nature, which had been laid on the table by the late Home Secretary, had been referred. The bill has been read a first time. Mr. Wyld asked the Secretary of State for the Colonies whether Her Majesty's Government had appointed, or intended to appoint, a commission to inquire into the present state of the public hospital and lunatic asylum of Kingston, Jamaica. Sir E. B. Lytton said the state of this Hospital and asylum had occupied the serious attention of the Government, who had directed the Governor to make the most stringent inquiries on his own responsibility.

DEATH ON THE FIELD OF DUTY.—M. Sturne, a Medical man residing at Blendecques (Pas-de-Calais), has just lost his life in a melancholy manner. He had for some time past turned his attention very particularly to the treatment of quinsey, and lately published a pamphlet on that disease, and on the efficacy of croton oil as a cure for it. A few days ago he was called in to a young girl of 16, who was attacked; but his specific proving ineffectual, he had recourse to the operation of tracheotomy. Not being provided with the necessary probe for the operation, he had recourse to a fragment of a hollow one of india-rubber, which, on being placed in the opening, became distended, and would not allow the passage of the mucus. M. Sturne, in order to counteract that inconvenience, placed his mouth to the end of the probe, and by suction removed the mucus from the throat of the patient, who, however, died in a short time after. This devotedness of M. Sturne cost him his life, for some of the mucus having got into his throat, inoculated him as it were with the disease, and, in spite of every assistance afforded by his Medical colleagues, he expired shortly after.

GRATUITOUS MEDICAL ADVICE.—"What is the meaning of every physician in difficulties—in want of cash or 'cases'—offering to see patients gratuitously at certain times of the day? There is no open system of this kind in the law; yet it would be unfair on that account to charge either barristers or solicitors with a culpable unwillingness to relieve the legal wants of a certain class of persons. No doubt a practised observer may detect irregularities and flaws in every business, but to all appearance lawyers have perhaps less cant, and pull better and more strongly together, than any other set of men engaged in acquiring wealth. Moreover, theirs, like medicine, is a profession, and the comparison is, therefore, a fair one. Go to that mine of forensic eloquence, the Old Bailey (in every depth there is a deeper still), and you will find there an ogre of a fellow who is reported to take half-guinea briefs. His more fastidious brethren hate him as a young Indian officer does a nigger Pandy, and they have not even satire enough to call him their 'learned friend.' There must be a good deal of virtue where each man throws a stone at such an offender as this. What would become of the individual who, by a placard pasted at the foot of his chamber stairs, intimated that on certain days he gives legal advice gratis? Would the plea of doing a charitable act avail him the least in the judgment of his professional brethren? They would very properly decline to believe that he had any other object but that of scraping practice together, under a flimsy pretext of benevolence. Yet the complicated eddies of society have thrown to the surface an immense collection of genuine suffering, harder to bear than bodily pain, but which must be endured by persons who cannot afford the relief which law or lawyers can give. It is undoubtedly an evil, and a rather ridiculous alternative, that the professional man, and more especially the medical man, of modern society, has to acquire money as eagerly as possible, and to show for it at the same time a noble contempt."—*Morning Herald.*

THE ENTERIC JUICE.—The following are results arrived at after numerous experiments by Professor Busch, of Bonn:—1. Hunger is constituted by two sensations; the first is represented by the nervous system in general, and derived from the impoverished condition of the tissues; the second originates with the nerves of the digestive organs, indicating their emptiness. The former is removed only by the required assimilation of nutritive elements, and not by merely filling the first passages. 2. The peristaltic motion of the intestines takes place with the same power within the abdominal cavity as when exposed to the atmospheric air. Its propelling power equals a column of water twenty-four inches high. 3. The alimentary canal has its periods of rest and action. 4. The quantity of enteric juice secreted is invariably small, and of alkaline reaction. Its percentage of solids averages 5·47. 5. Enteric juice is capable of digesting amylaceous and protein substances. 6. Enteric juice converts starch into grape sugar. 7. Enteric juice prepares protein substances for assimilation under the phenomena of putrescence. 8. Enteric juice leaves cane sugar unchanged. 9. Cane sugar, absorbed as such, is not discharged in the urine. 10. Fat, unless exposed to the action of bile or pancreatic juice, is absorbed

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either not at all or in insignificant quantity. 11. Food appears between fifteen or thirty minutes after being taken in the superior third of the thin intestine. 12. Solution of cane sugar disappears in part before entering the small intestine; all that enters the latter is converted into grape sugar. 13. Raw albumen taken from hen's eggs is directly absorbed in the stomach and the adjoining portion of the small intestine. All that descends to the lower portion of the latter is unchanged. 14. Gum is not converted into sugar, but remains unchanged. 15. Gelatine is dissolved, and loses thereby its coagulability. 16. Casein remains partly dissolved in the digestive fluids. 17. Fat is entirely emulgated by the digestive fluids when alkaline or neutral, but partially when acid. 18. The digestive liquids of the small intestines possess digestive powers over protein substances. 19. The minimum of all digestive fluids entering the small intestine in the course of twenty-four hours, amounts to more than the seventeenth part of the weight of the body.

BUCHANAN'S OPERATION FOR RESTORING THE LOWER LIP.—In the *London Medical Gazette* for October 1841, Dr. Buchanan, of Glasgow, described an operation for restoring a lip by means of the skin of neighbouring parts. He had performed the operation at various occasions in Glasgow since 1835, yet he says:—"It is not without some astonishment, and perhaps also warmer feelings, that we hear this operation spoken of in all Edinburgh circles, and written of in all Medical works emanating from Edinburgh, *as Mr. Syme's operation*. Mr. Syme has no title of any kind to be considered as the author of that operation. Mr. Syme did not even introduce it into Edinburgh. I say this with the utmost confidence, because I myself introduced the knowledge of it into Edinburgh." Adding, "What title, then, has Mr. Syme to be considered as the author of the operation in question? Only this—that at a period when the operation was well known, not only in Glasgow and Edinburgh, but broad and wide over every part of Scotland, England, and Ireland, eleven and a half years after the operation had been first performed in Glasgow, Mr. Syme performed it in the Infirmary of Edinburgh, and thereafter published an account of it as a *new operation, which he recommended* to the Profession as superior to all other modes of operating previously in use—'as admitting of general application, without any risk of failure, and with the effect of completely supplying the patient's defect.' It may perhaps, however, be urged that it is not the man who devises and first puts in practice an operation, but the man who first publishes an account of it, that is to be held as the author of the operation. I certainly cannot give my assent to such a doctrine, but at all events, it is of no avail in the present instance to Mr. Syme. The account of Mr. Buchanan's operation appeared in the *Edinburgh Monthly Journal of Medical Science* for March, 1847. Now a full account of the Glasgow operation, accompanied with drawings, was published in the *London Medical Gazette* for October, 1841. Mr. Syme has, therefore, as I have already said, no title of any kind to be considered as the author of the operation in question." It would be well if Mr. Syme's claims to originality in other operations were made the subject of inquiry.

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·601 in.
Mean temperature	47·4
Highest point of thermometer	58·0
Lowest point of thermometer	35·7
Mean dew-point temperature	41·7
General direction of wind	S.W.
Whole amount of rain in the week	0·41 in.
Amount of horizontal movement of air in the week ...	— miles.

VITAL STATISTICS OF LONDON.

Week ending Saturday, March 19, 1859.

BIRTHS.

Births of Boys, 929; Girls, 912; Total, 1841.
Average of 10 corresponding weeks, 1849-58, 1691·7.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	601	574	1175
Average of the ten years 1849–58	631·8	597·2	1229·0
Average corrected to increased population..	..	..	1352
Deaths of people above 90	1	1	2
Deaths in 15 General Hospitals	33	19	52

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	6	9	2	4	1	5
North	490,396	3	12	10	6	7	1	5
Central ..	393,256	2	1	11	1	16	..	10
East	485,522	7	8	12	2	6	4	5
South	616,635	2	9	24	4	13	5	14
Total	2,362,236	15	31	66	15	46	11	39

TO CORRESPONDENTS.

Dr. Barlow's letter shall appear next week.

Querist.—Yes—except the Edinburgh College of Surgeons.

Mr. Bulley's paper on Diphtheria shall appear next week, if possible.

A. Z.—There will be no extra-licentiates under the new bye-laws.

Alpha.—The certificate of any member of the College would be sufficient.

Mr. Raynes.—If the parent procure the necessary certificates of vaccination from any legally-qualified practitioner, the Act of Parliament is obeyed.

Mr. T.—We do not insert births and marriages in this journal—and deaths of members of the Profession only.

Farmaco.—The constable clause in the Sale of Poisons Bill is struck out, and a provision is introduced to include patent medicines containing any of the poisons enumerated in the Schedule.

An Old Subscriber.—Mr. Perrey's letter was printed accidentally from an uncorrected proof; but the errors are so self-evident that it is hardly necessary to insert the errata.

A. Z.—If Savory and Moore's patent bottles come into general use, they will probably do much to prevent accidental poisoning, by arresting the attention of any person using so peculiar a bottle.

G.—The last Medical examination papers of the University of St. Andrews will be found in our number of Dec. 18, 1858, and those of the examination for Honours in Nov. 6, 1858.

Mr. H. W. Lobb objects to *Dr. Waller's* experiments on Voltaic Narcotism, published in our last week's number, that the battery he used was not of sufficient intensity; but Dr. Waller's paper shows that he was quite awake to this.

Dr. Odell, of Quebec, writes strongly in favour of mercurial inunction in the treatment of all forms of syphilitic disease. He has half a drachm of strong mercurial ointment rubbed into the groin every night until the gums are slightly touched.

F. A.—We believe St. Mary's is the only London Hospital at which the appointments are made for a term of years. The rule is for life; but at some the Medical officers have to retire at the age of 65. In none could a Medical officer be dismissed except on some proof of great misconduct or real incompetency.

A Student.—The Atkinson Morley Surgical Scholarships are "for the Promotion of the study of Surgery amongst the students of University College, London." The will of Mr. Morley, the founder of these scholarships, directs that "Elections for such scholarships shall from time to time take place on the Sixteenth day of June in each succeeding year;" and "that persons to be eligible as candidates for such scholarships shall have been of approved good conduct in the said College, and students in the classes of the Faculty of Medicine of the said college, during a period of not less than three years, nor more than five years, immediately preceding each election or appointment, and shall be deemed by the Faculty of Medicine in the college to possess a competent knowledge of anatomy, chemistry, physiology, and Medicine; and that among such eligible candidates, such one student shall be elected in each year, as aforesaid, who, upon examination, to be conducted in such manner as the council of the said college shall from time to time direct, shall be found to possess the greatest proficiency in the theory and practice of Surgery."—A copy of the regulations can be obtained of the Secretary to the Council of the College.

THE COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—If anything could prove the statement of Professor Owen, that corporate bodies have no conscience, it would be the fact that the College which so nobly thanked him for his gigantic labours in producing the Catalogue of the Hunterian Museum, have actually appointed a successor to Professor Owen without a salary. Professor Busk, whose lectures have, to say the least of them, been equal to any ever given in the Hunterian chair of the College, was informed after his appointment, that his services must be entirely honorary. The College seems to regard the Hunterian Museum as a sort of stalking-horse to gain popularity. But few members of the Council can attend the lectures which are intended to illustrate this wonderful collection, and the real amount of importance they attach to it scientifically is seen in the "thanks" for the Catalogue to Professor Owen, and in the non-attendance and no salary for the lectures of Professor Busk. I am, &c. A BLUSHING MEMBER.

March 19, 1859.

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Medical Men and their Titles.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The numerous letters which have recently appeared in your Correspondence show that these are troublous times, when Medical men are no longer allowed to assume titles to which legally they have no claim. I think one or two most obvious reflections might soothe the troubled breasts of your two correspondents whose letters appear in your last issue, and therefore would put before them such reflections as have occurred, in the reading of these said letters, to one who confesses himself an M.D. of St. Andrew's; and who further, when he considers that fact, feels no shame for himself or the University of which he is a graduate. "A Provincial Physician" states that as an M.B. (Lond.) he has "ever been addressed as Dr.' by the Profession, its societies, and its journals." "The universal courtesy of the Profession," he says, gave him this title, as it did also to an M.B. (Cantab.) in the same neighbourhood. Now, here it may be remarked that a title given by courtesy cannot be claimed by right; and if therefore "the Profession, its societies, and journals" should choose to be courteous on this head no longer, or to manifest their courtesy in some other and less pleasing manner, it must be conceded, though their conduct would be neither agreeable nor polite, that they had the most perfect right to do as they thought proper.

But then it is a legitimate source of consolation to the M.B. that the Profession, etc. etc. are not by any means likely to withdraw that courtesy of theirs; and that though the New Medical Act punishes an M.B. if he call himself M.D. yet that it allows all the world to call him Dr. or even M.D. as he may heretofore have done, without awarding a penalty, or even declaring such courtesy an offence. And yet, again, should this M.B. (Lond.) "tax the courtesy of his Medical brethren," as he affirms is his intention, I feel assured they will show themselves much too well bred and courteous to rebel against a tax so easily paid and so highly valued. Another grievance our unfortunate brother has is not so easily dealt with. He is a bachelor medically, but a benedict socially, and the incompatibility between these two states disquiets him. This is a most unfortunate state of things, because he is only an M.B. and the law will not let him call himself anything else; yet if he call himself Bachelor, and thus speaks truth Medically, he tells an untruth socially. Was there ever such a case of conscience? He thinks this might be met by transmitting his "Diploma and a consideration" to Germany; but then this late impertinent act will not admit the legality of such an M.D. unless he go there himself, and perhaps not then; so that after all it might be the best solution of the question were he to go St. Andrew's, the examinations at which he (as an M.B. Lond., of thirteen years' standing) certainly would not dread. Another correspondent, "Every Bird to his own Nest," who calls his Medical brethren of 21 "lads," and who may therefore be presumed to be a very precocious or a very old "bird" himself, sets out with a bold and true announcement that legally an M.D. is not an M.B. or in other words the title of Dr. is legally the title of the former and not of the latter; but goes on to argue that "morally" (by what code of morals we are not told) an M.B. is after all an M.D. or entitled to be called such. He endeavours to prove this by comparing the merits of the degrees, M.D. St. Andrew's and M.B. Lond.; and having, *ex cathedrâ*, pronounced in favour of the latter, the "bird" crows loudly and lustily over his luminous demonstration, which in all likelihood will convince none but unreasonably disconsolate M.B.s; and which, if any truth were allowed to be in it, would justify any one, even though without any qualification at all, in calling himself Surgeon or Physician, if he supposed himself, or knew that others supposed him, well versed in Surgery or Medicine; for, argues he, a man who has no degree of M.D. is morally justified in calling himself Doctor if he know more of Medicine than one who legally bears the title. I have trespassed too much on your space, Mr. Editor, to consider the further speculations hazarded by "Every Bird," etc.; but with reference to his proposal that every M.D. should add Scotch if he be a graduate of a University in Scotland, I would simply say, "our friend asks too much for our convenience." He shall find our qualifications in the Directory or coming Medical Register should he be interested therein, and if an M.B. of the Lond. Univ. (of which I say in all honesty, he may well be proud) let him add to his M.B., Lond., and even graduates of St. Andrew's shall know how to do honour to his degree though he call not himself "Doctor."

I am, &c. One of your Readers.

Erratum.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As my success in the treatment of menorrhagia with the bromide of potassium has been most marked in cases of sthenic type, I shall be glad if you will correct the error made in your impression of last week,—the words "*asthenic* character" being therein substituted for "a *sthenic* character." I am, &c.

18, Lord-street, Rochdale, March 15, 1859. James K. Cheetham, M.D.

Foreign Graduates.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As the subject of the registration of Foreign Diplomas is now under discussion, I would respectfully urge upon the attention of the Council the well-known fact that many Englishmen, in consequence of the greater facilities afforded for dissection, etc. and of the cheapness of Medical education abroad, have been induced to study and graduate at the Continental and Colonial Universities—and have practised with these qualifications in various parts of the United Kingdom. In very many instances foreign graduates (vide "Medical Directory") have highly distinguished themselves in both the Medical and Literary world, and have held the offices of Physician to public charities, and lecturers in Schools of Medicine. I am aware that it is urged by certain jealous and interested monopolists that foreign Diplomas have been sometimes obtained by purchase or by inefficient examination; but fully granting that this may be the case, the same charge may be equally made against the Scotch Universities—from whom, but a few years ago, any applicant prepared with the necessary fees, or ready to undergo a nominal examination, might obtain a degree. I pledge myself to point out several old M.D.s. who candidly confess that they procured their credentials upon such easy terms, and these graduates are entitled, without any previous inquiry, to become registered. So likewise is it with those persons who have purchased the title of F.R.C.S.—those also who have acquired the title of M.D. from the Archbishop of Canterbury, or who were in practice previous to the year 1815, without producing evidence of any Medical education or qualification!!

I admit that it is desirable that the Council should henceforth discountenance, or altogether reject honorary degrees, by whomsoever or wheresoever obtained; but to render the Act of a retrospective character, in opposition to all precedent, and thus deprive men who like myself have practised for very many years, without let or hindrance, and in perfect conformity with the common usage of the country, would be tyrannical and oppressive. Such a mode of legislation would never be countenanced or permitted by any European Government, however despotic.

It would also be bad policy for the Medical men of this country to oppose the admission of the present Medical graduates of foreign universities; for there is a great demand for British Physicians in foreign cities and watering places, frequented by British travellers, and generally by all classes in the United States. I have good reason for believing that any exclusions of foreign diplomas granted by the former previous to the commencement of the Medical Act, will certainly induce them to retaliate upon us, and in that case it would be greatly to our disadvantage, for very few foreigners are practising in this country.

Having full confidence in the honour of the Council, I feel assured that they will feel and admit the truth and force of the preceding observations; and in accordance with precedent register all gentlemen who have procured degrees (prior to the passing of the Medical Act), from Universities legally entitled to grant them. I am, &c.

March 22, 1859. A Foreign Graduate of many Years' Standing.

COMMUNICATIONS have been received from—

Dr. Robert Lee; Dr. Ramsbotham; Dr. Lankester; Mr. Gamgee; Dr. Barclay, Leicester; Mr. Jardine Murray, Edinburgh; Mr. Bulley, Reading; Dr. Brown-Sequard; Surgeon Major Odell, Quebec; Mr. Bowen; Mr. Terry; Dr. Baines; Mr. Weedon Cooke; Mr. Stewart; Dr. Meadows; Dr. Fyfe; Dr. Fowler; Dr. Seaton; Mr. Atkinson; Dr. Cheetham; Dr. Frank, Cawnpore; Dr. McCraith, Smyrna; Mr. Stevenson; Registrar-General; Mr. McDermott; Mr. Vincent; Dr. Armstrong; Mr. Lobb; Mr. Carpenter; Mr. Houston; Mr. Boswell; Mr. Yea; Mr. Lording; Mr. Taylor; Mr. Ravenscroft; Dr. Barlow; Mr. Copney.

APPOINTMENTS FOR THE WEEK.

March 26. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

Royal Botanic Society, 3½ p.m.

Royal Institution, 3 p.m. Dr. W. A. Miller "On Organic Chemistry."

28. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8 p.m. Mr. P. C. Price "On some of the Causes of Failure following the Operation of Excision of the Knee-Joint."

29. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Institution, 3 p.m. Professor Owen "On Fossil Mammals."

30. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

Microscopical Society, 8 p.m.

Chemical Society, 8 p.m. (Anniversary.)

31. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.

Royal Society, 8½ p.m.

Royal Institution, 3 p.m. Professor Tyndall "On the Gravity of Liquids."

1. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m.

Medical Society of London, 8 p.m. Council Meeting.

Western Medical and Surgical Society of London, 8 p.m. (Council—Adjourned Meeting, 7 p.m.) Practical—Morbid Specimens and the Reading of Cases.

Royal Institution. (Meeting at 8, Locture at 9 p.m.) N. S. Maskelyne, Esq., M.A., "On the Optical Relations of the Crystal Molecule as Revealed Polarised Light."

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

Lithotomy—By Mr. Fergusson. Teale's Amputation of Leg; Removal o Cutaneous Tumour from Brow—By Mr. Bowman.

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(Knight of the Order of Leopold of Belgium)

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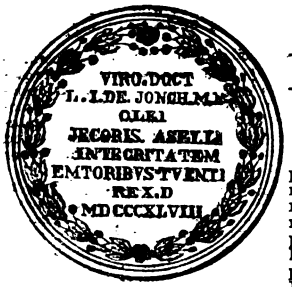

CAUTION.

Serious and repeated complaints having been made of a discreditable system pursued by many Chemists and Druggists of intrusively recommending or surreptitiously substituting a pale, yellow, or coarse brown preparation, when Dr. DE JONGH'S Oil is prescribed, the Medical Profession are respectfully and earnestly solicited to afford their assistance in counteracting and repressing a practice alike injurious to their patients and to the fair repute of a remedy now held in such high and general estimation. In all cases where this Oil cannot be procured from a respectable Chemist, application should be made to Dr. DE JONGH'S Agents,

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WALTERS' CONVENIENCES FOR LADIES will be found particularly useful during pregnancy. They are perfectly soft and flexible, and may be worn with perfect comfort.

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the particular attention of the Managers of Hospitals and Dispensaries, and the Medical Profession generally, to the price and quality of their Hot or Cold Water Beds. The prices hitherto charged being so high as to limit the sale of such articles to the affluent, they are induced to offer them at such prices as will enable the public generally to realise the advantage and comfort to be derived from their use.

WATER BEDS, £3 13s. 6d., £5 5s., and £6 16s. 6d.

Water Pillows and Cushions, 7s. 6d. to 21s. Urinals, from 2s. 6d. to 12s. 6d. Cotton Elastic Stockings, 4s. 3d. Silk, 5s. 3d. Knee Caps, Leggings, Anklets, &c.

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E. and H. Harris and Co. beg to submit the following prices, for quantities of 6 gross, assorted to suit the convenience of the purchaser.

6 & 8 oz., any shape, plain or graduated	clear	8s. per gross.	
3 & 4 oz., do.	do.	blue tinted	7s. 6d. do.
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No remittance required until the goods are received. Immediate attention to country orders. Packages free. Delivered free within 7 miles. Post-office orders payable to E. and H. HARRIS and Co., at Chief Office, London. Bankers: Union Bank of London.

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Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-Foot Jellies of various kinds for table use. C. and B. are also sole agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

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"PULVIS JACOBI VER., NEWBERY'S."

As Medical Men are not

generally aware of the fact, that, unless "OUR DR. JAMES' FEVER POWDER" is prescribed as "PULVIS JACOBI VER., NEWBERY'S," the common preparations of Antimony, surreptitiously called "James' Powder," are liable to be substituted. Also, as Practitioners are disappointed in the result of their Prescriptions by these means, we beg to call their attention to THIS SURE METHOD of securing the use of the Genuine Old-established Medicine. (Signed) F. NEWBERY & SONS,

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ESTABLISHED A.D. 1746.

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture X.

On Caruncles of the Urethra—Neuromata of the Vulva—Hyperæsthesia and Neuralgia of the Vulva.

Gentlemen,—At the close of my yesterday's lecture, I showed you a small fleshy excrescence or caruncle which I had removed on the previous day from the urethral orifice of a patient, and I then intimated to you my intention of devoting a portion of this lecture to the consideration of these

Urethral Caruncles.

Florid red caruncles not infrequently make their appearance at the external orifice of the female urethra, proving a source of very severe suffering and distress to the patient, and bringing the doctor who procures her relief by detecting their presence and effecting their removal no small degree of credit—credit, unfortunately, which is oftentimes not very enduring, seeing that these morbid growths are extremely liable to become reproduced, and with them all the painful symptoms and sensations of the disappointed sufferer. I show you here some representations of the disease, published

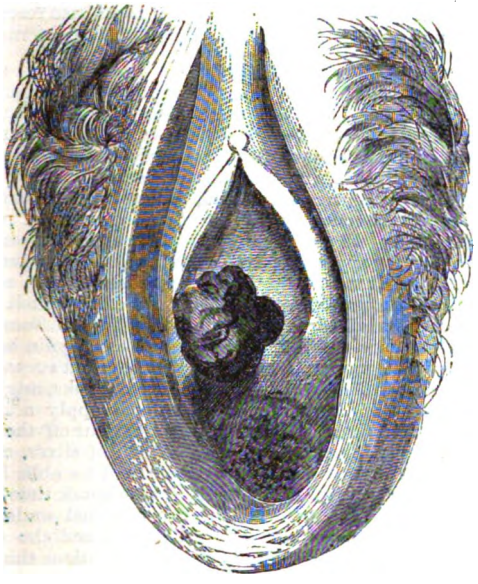

Fig. 1.—Urethral Caruncle (Boivin).

by Madame Boivin, which will give you a sufficiently vivid idea of the general appearance presented in such cases. In these plates, however, the caruncles are represented as being of a far larger size than they are in most of the cases that will come under your observation, for though they may vary in size from a millet-seed to a cherry, those of small size are of most frequent occurrence. They vary also in form, and are sometimes seen to be quite round and smooth, at other times they are more irregular and nodose, and sometimes they are flat and spread out like a newt's foot all around the margins of the orifice, where they usually grow from the inner edge. In some cases they are sessile, in others pediculated. Sometimes they are situated more deeply within the canal of the urethra, where they lie concealed from view, and undiscoverable, unless the orifice be by some means dilated. More frequently they protrude, and are at once visible on separation of the labia pudendi. They seem in some cases to be not merely connected with the orifice of the urethra, but to extend to some distance along the canal, a fact which must not be lost sight of when you come to attempt their removal. Such an excrescence, so small in size, may appear to you to be a very insignificant piece of pathology; but in a practical point of view, it comes to be of very considerable importance, for you will often meet with patients whose lives are embittered by it, and who will urgently demand of you to exert your professional skill to effect for them a cure of this very distressing disease.

Semeiology.

What, then, are the symptoms produced by the bodies in question? and how do they come to attract the attention of patients, and become a subject of interest for Practitioners? First of all, they sometimes become a source of intense suffering and pain, and this class includes the majority of cases where your aid will be demanded. In other patients the occurrence of hæmorrhage from the part, or the occasional admixture of a little blood with the urine, serves to direct attention to their existence. But in a third class of cases they are discovered quite accidentally, producing no special symptom and no degree of suffering, and only attracting your notice by their peculiar appearance when you chance to be making some examination of the vaginal canal. We have at present in the Hospital a patient from Banff, who has been cured of a vesico-vaginal fistula of fourteen years' standing, in whom, as some of you have at different times had an opportunity of observing, there is one of these caruncles, of considerable size, at the orifice of the urethra, which seemed to become enlarged during the period when she had to wear the catheter—probably from the contact and irritation of the instrument—but since she has begun to move about, it is again diminishing in size. In this case the urethral caruncle causes no pain or inconvenience to the patient, who is probably not aware even of its existence. In another patient, on whom I operated successfully for vesico-vaginal fistula about two months ago, there were two such excrescences at the urethral orifice, which were slightly sensitive, and proved a source of pain to the patient when the catheter was used. We tried to make this patient wear the instrument for a day or two before the operation was performed, to accustom her to the use of it; but it caused her too much pain at that time, although after the operation she bore it perfectly well—a result which was no doubt due to the anodyne effect of the large doses of morphia which were constantly administered to her. So, then, there are some of these growths which cause no particular discomfort at all to the patient, while in others they are as painful to the touch as the most sensitive neuroma.

Pathological Anatomy.

It would be a matter of much interest to determine whether there are differences in their anatomical structure corresponding to these differences of their clinical phenomena; but so far as I know they have not yet been very carefully examined. Mr. Quekett found one, which he examined microscopically, to be composed of epithelial cells, and a number of capillaries coming up close to the surface; and this observation explains the occasional tendency to bleeding witnessed in these bodies. We have also a description of the disease, and a figure of the appearances presented by the vessels in a urethral caruncle in the Pathological Histology of Wedl, who regards these bodies as "dendritic, papillary, new-formations of connective tissue." The one that he examined "was of a somewhat elongated figure, above 0·5‴ in length, and 3·1—3·5‴ in diameter, of a bluish-red colour, and spongy texture, and exhibited, when cut into, cavities containing colloid matter. . . The most interesting point was the distribution of the blood-vessels, which could be very distinctly traced in transverse sections, moistened with a solution of sugar or of common salt. The ramification of the vessels precisely resembled that witnessed in the *vasa vorticosa*. Several considerable sized vessels entering one of the lobules, divided into a multitude of smaller ones, which, though not of capillary dimensions, made numerous undulating curves, extending up to the periphery of the lobule

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where they terminated in mostly short and abrupt loops." (See Fig. 2, *ss.*) He goes on to observe that the walls of these vessels were everywhere simple like those of capillaries, and that the red blood-corpuscles were of unusually small size. He found, further, extravasations of blood at several points, both of old and of more recent occurrence. But these observations as to the distribution and character of the blood-vessels, while they afford a very satisfactory explanation of the liability to hæmorrhage which the caruncles present, do not in any measure account for the peculiarity of the nervous phenomena. The late Dr. John Reid once examined for me most carefully with the microscope a very sensitive and painful caruncle which I had removed from a patient, and he came to the conclusion that there was a very rich distribution of nervous filaments in it. It is, I believe, a matter of great difficulty to make a satisfactory observation as to the terminal filaments of nerves, but Dr. Reid was a true and faithful observer, and his opinion on a histologic point such as this is of the highest value. And we may yet find that the observation will hold good in all those cases where these bodies are so exquisitely sensitive that they are very richly supplied with nervous filaments. It is, at all events, what we should, *à priori*, expect.

Fig. 2.—Arrangement of the vessels in a urethral caruncle as seen under the microscope (Wedl).

If you inquire further into the history of any of these cases, and question the patient as to the particular form of distress from which she suffers, you will sometimes have curious statements made to you. Thus you will often find,—though this is not so frequently the case now as it formerly was, when the disease had been but seldom noticed, and but few Practitioners were prepared to recognise it, you will often still find, I say, that the patient has been consulting a great many different Medical men, with the view of obtaining relief from her sufferings, but that no one has been able to discover their source. In some cases the patient suffers pain chiefly at the times when she is micturating, and it may then be most excruciating. I was told by a shepherd's wife, who had one of these sensitive caruncles at the orifice of the urethra, that whenever she was obliged to pass water, she was in the habit of going to some distance away from her cottage, in order that she might moan and scream unheard, and not distress her family with the sound of her cries, so intense and intolerable was the suffering which at such times she experienced. About three years ago we had in the Hospital a little girl about the age of puberty, in whom one of the largest caruncles I ever saw was growing from the urethral orifice; it was of the size of a cherry, and seemed to extend along the canal for some distance, and in her case the pain she felt on passing water was so severe, that she used to retain it in the bladder for twelve hours at a time; and she looked forward to the period when the bladder must be emptied with the utmost horror. But the pain is not necessarily felt during micturition, or then only. It is sometimes occasioned at other times. In married women, attention is often first directed to the disease by the pain experienced during marital intercourse. Some patients only suffer when in walking or taking exercise of any sort, friction of the parts is produced. Occasionally there is reflex or sympathetic pain in some different and distant part. Thus, in one of the first cases I ever saw, the patient not only suffered from pain in the vulva during micturition, but also, then, and at other times, from acute pain in the lower extremities, stretching down even to the heels and soles of the feet. Dr. Whytt speaks of such sympathetic pains in the extremities in connexion with calculus of the bladder, and irritation of the urinary organs, and I have traced them, I repeat, several times in connexion with these urethral caruncles.

Diagnosis.

To discover the presence of these urethral caruncles it is not enough that you make a digital examination. By the touch of the finger you can elicit an expression of pain, and so determine the existence of a painful point. You may sometimes feel a small projection there, but the sensation is very deceptive. You can come to no certain conclusion in such a case until you separate the labia pudendi, and examine with the eye, when you will see the bright red caruncle of variable size lying at or in the orifice of the urethra. Sometimes, as I have already observed, it will be sessile, and attached by a broad base; in other cases you will find it attached by an elongated neck or stalk, and resembling a polypus. There may be only one; sometimes there are two or three; occasionally even more, in which case they are mostly small. You will find the orifice of the urethra in different states of dilatation in this affection. Sometimes it is open and dilated, and occasionally the lining membrane of the urethral canal is partially prolapsed through it. More frequently the orifice is short and natural in appearance; and in a few cases it seems small, contracted, and, as it were, in a state of spasm. It always appears to me that urethral caruncles resemble internal hæmorrhoids more than any other pathological structure, and that they look, so to speak, like urethral hæmorrhoids. They have the same florid red colour, often the same rounded lobular form, and the same tendency to bleeding. They differ from rectal hæmorrhoids in being in some cases painful at all times, and not merely, as is the case with the latter, when they are in a state of congestion and inflammation; and in this other feature, that when they are removed with a ligature, with the knife, or with caustics, they show a far greater tendency to return, than is seen in the case of piles. They sometimes give rise to a sort of leucorrhœal discharge, and you will sometimes find a slight degree of suppuration going on around them. I think I have in one or two instances found the sufferings of the patient considerably aggravated by the existence of a slight fissure at their base resembling those you sometimes meet with at the root of an external pile.

Treatment.

Having detected in any particular case the presence of such growths as I have been describing to you, the question arises, what are you to do with them? If the caruncles cause no pain nor inconvenience, and are not particularly sensitive, I should advise you by all means to leave them alone. In those cases, on the other hand, where they are sensitive, and a source of much and frequent suffering to the patient, you should by all means attempt to palliate at least that suffering by the application of local anodynes; and generally you will find it necessary to have recourse to the surgical removal of the painful growths—a proceeding which will in almost all cases affords a temporary relief, and in some effect a permanent cure. This operation, let me warn you, however simple as it may appear, is not always so easy and successful as the descriptions of it, which you will find in books, might lead you to suppose. You will read, that if you apply a ligature to the polypoid forms of urethral caruncle, cut off the sessile ones, and apply in some cases alum, nitrate of silver, or some astringent or caustic to the parts, you will be able in most cases to cure your patient. But those who speak thus cannot have had many patients for a lengthened period under their observation; otherwise they would have found the disease recurring far more frequently after such operations than their published accounts indicate. For after simple removal with a ligature or scissors, they almost invariably grow again; and there is one further point about their pathology to which I have forgotten to refer, but which renders it a matter of the greatest difficulty to effect a perfect and permanent cure by removal of the urethral caruncles.

There is often in such cases not merely a prominent red caruncle, or a number of them, lying at the orifice of the urethra; but there are in addition to these, a number of small very red specks scattered all about the mucous membrane, around the orifice, and upon the neighbouring mucous surfaces, which red specks and patches are not very striking in appearance and may very easily be overlooked, but which are found to be as exquisitely tender as the urethral caruncles themselves when touched with the point of a probe. These insignificant looking flat red spots are all so many seats and centres of the painful sensation; and if in removing the larger bodies

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you leave them unheeded, you will never succeed in curing

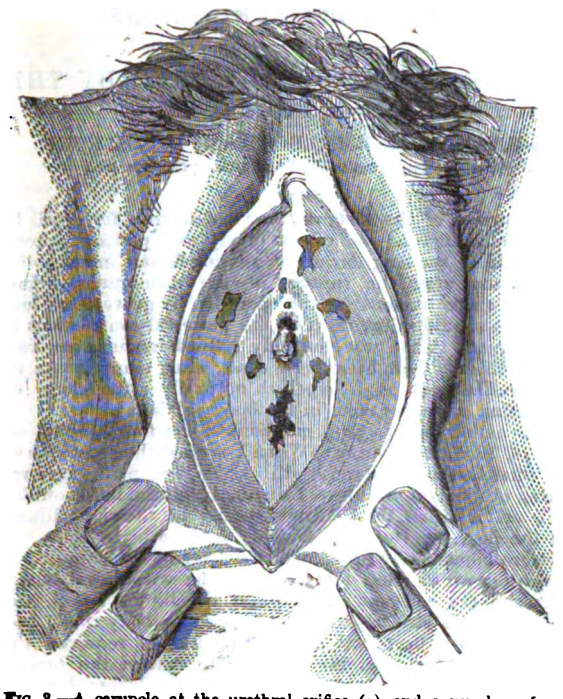

FIG. 3.—A carunole at the urethral orifice (a), and a number of red painful spots in the surrounding mucous membrane.

your patient or in affording her permanent relief. From the study of the homological anatomy of the organs of generation in the two sexes, physiologists have come to recognise in the female organs, parts or members corresponding to each of the different constituents of the generative organs of the male with only one very marked exception. Thus we know that the large and well-developed uterus of the female is only the representative or analogue of the small pouch or sinus pocularis in front of the crista galli of the male urethra into which the seminal ducts themselves—the analogues of the Fallopian tubes—enter. So that when in passing a bougie into the male bladder your instrument becomes arrested at this point, as is very frequently the case, you have in reality got entangled in the male os uteri. But there is one member of the generative apparatus of the male for which anatomists have not yet been able to determine the existence of a certain analogue in the female; I mean the prostate gland. All anatomy, both human and comparative, leads us, however, to suppose that the female urethra corresponds to that portion of the male which lies in or behind the prostate at the neck of the bladder, and that the prostate gland belongs rather to the urinary than to the generative organs. In this case analogue in the female of the prostate in the male should be sought for in connexion with the urethra or urinary canal, and not in connexion with the uterus, as has most commonly been attempted to be done. Now it may be that in the numerous glandular structures which are scattered about so profusely in the neighbourhood of the orifice of the urethra in the female, we have the representatives of the mass of acini which combine to form the conglomerate prostatic gland of the male; and, if so, it would be a curious subject to determine how far the disease which we are now considering depends upon an enlargement and change in these small scattered follicles, and how far it bears a resemblance to some of the diseases occurring in the prostate. But whatever may be said as to the pathological anatomy of the disease, one thing is certain in regard to it, and that is, that, as a very general rule, no hope of a permanent cure can be entertained except by the radical removal of all the small red spots, as well as of the more prominent and projecting tumours. Different authors have recommended different

METHODS TO BE FOLLOWED FOR THE REMOVAL OF URETHRA CARUNCLES.

1. *Application of a Ligature.*—As in the case of so many other morbid growths, and encouraged, more especially, by the success which attends the use of the ligature in the removal of internal hæmorrhoids, some have proposed to get rid of these urethral caruncles by tying a ligature tightly found their base, and so strangulating and causing them to slough off. But here it could only be applicable to those cases where the growth was stalked or polypoid; and even then it would be a much more tedious and painful process to tie a thread round the neck of the tumour and leave it there to die and separate, than to have recourse at once to the simpler

2. *Excision with a Knife or Scissors.*—If the ligature may seem to possess some advantage theoretically over cutting instruments in such cases,—inasmuch as there can be no fear in using the former of the hæmorrhage which you might suppose likely to attend the latter when applied to such vascular growths,—yet in practice you will find that, while the ligature is in most cases very difficult, or indeed impossible of application, the excision of the diseased structures is not attended with any formidable degree of hæmorrhage. I never saw a case where it was not very easily controlled. You may use either a knife or a pair of scissors for the excision. It is usually advantageous to draw out first the caruncles with a hook or small vulsellum, in order to make their removal complete. In operating, you must be careful to remove not only the projecting tumours, but also the piece of mucous membrane on which they are seated, as well as any pieces of membrane that may be studded with the red spots of which I have spoken to you. Removal of urethral caruncles in this way, I must again warn you, however, though it does sometimes effect a permanent cure, usually affords only a temporary relief. For a month or two, or even longer, the patient may remain free from pain; but, unless some further more potent remedial means be had recourse to, her sufferings are almost certain to return. Along with Dr. Fowler, I saw a few days ago a patient with a painful tumour at the orifice of the urethra, which I removed along with a portion of sound mucous membrane; and this has had the good effect of releasing her in the meantime from the local pain and irritation which have been distressing her. But I greatly fear that you will find as a general rule, that the reproduction of the caruncle and of all its painful symptoms will take place, unless you make use of some powerful means for destroying the morbific tendency of the part; and I believe that the most hopeful and the most effectual means that you can in such a case employ is the

3. *Application of the actual cautery.*—I have tried caustics of many different kinds, for the cure of this intractable disease. But seldom have I found permanent success from the employment of any of them. I had a patient under my care several years ago, with a very painful growth at the orifice of the urethra, which I had frequently attempted to burn down with different kinds of caustics, but it was always reproduced; and when excision was had recourse to the result was no better. I was beginning to despair of ever being able to effect a cure, when at the suggestion of my friend Professor Retzius, of Stockholm, who saw the case with me, I destroyed it with the actual cautery; and ever since the patient has remained perfectly well. Since that time I have used it frequently, and, in many cases, with the happiest result. Yet I must confess to you, that this means, too, has in some instances failed to effect a permanent cure. In order to apply the actual cautery to destroy a caruncle or caruncles of the urethra, 1, you may use either an iron of proper size and shape adequately heated; or 2, you may apply the requisite degree of heat through the galvano-caustic wire. The latter method is specially useful when the caruncles extend up the urethra higher than the orifice,—because you can introduce and apply the wire before heating it up by the transmission of the galvanic current. Apply immediately afterwards cold water and cloths soaked in it; and subsequently treat the ulcerated surface, after the slough separates, with very frequent applications of black wash, zinc lotion, or other surgical applications. The position, therefore, in which we at present stand with regard to the treatment of these urethral caruncles is such, that their excision with the knife or scissors, and their removal by means of caustics, are to be looked upon and employed as measures for affording usually a temporary relief only; while their destruction by means of the red-hot iron, or the galvano-caustic wire, affords a reasonable prospect of a permanent cure, although even by this more heroic treatment we cannot be absolutely certain in every case that we free the patient from her disease for ever.

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Palliative Treatment.

I have one word more to add with respect to the treatment of this painful affection before I have done with it, and it is this. In those cases where all radical measures have proved ineffectual for relieving your patient, or where the caruncles are in such a situation as not to admit of their removal, you will require to administer sedatives of various kinds internally, or, what is better still, to apply some local anodyne. The best local remedy that I know of for this purpose is prussic acid, applied in the form of an ointment made up of two drachms of the dilute hydrocyanic acid of the Pharmacopœia to the ounce of lard. A bit of this ointment about the size of a pea applied to the part three or four times a-day, often relieves the pain more effectually than any quantity of opium administered internally, or than any other form of local anodyne which I have used. Aconite and chloroform ointments sometimes also form good palliatives. So does tepid water. You will add, sometimes very greatly, to the comfort of your patient, by advising her to sit in a warm hip-bath during micturition.

NEUROMATA OF THE VULVA.

I have alluded to the existence of sensitive points and structures external to the orifice of the urethra, and have spoken of them as closely allied to, or identical with the caruncles at the opening of the urethra. There is a diversity of opinion in regard to them, some regarding them as partaking of the nature of true neuromata. It may be that there are two different kinds of them—one more vascular and glandular, the other more nervous and papillary. However this may be, I have found true small nodular neuromata occurring under and beneath the mucous membrane here, such as are found subcutanously in other parts of the body; and as in the case of the urethral caruncles, our only hope of curing them is by the most complete and radical removal that we can by any means effect.

Hyperæsthesia and Neuralgia of the Vulva.

There is one other morbid condition of the female genital organs, regarding which you must allow me to say a word or two during the few minutes we have still at our disposal. It is observed chiefly in married women who come to you complaining that contact with a certain point in the sides of the vaginal orifice, or vulva, causes them such acute suffering that they are totally unable to endure any attempt at marital intercourse. This pain seems to be due to a state of hyperæsthesia of the pudic nerve, and was first described by Dr. Burns, of Glasgow, who, in his Principles of Midwifery, after describing the anatomical distribution and relations of the nerve, goes on to say that it "is often prenaturally sensible, so as to cause great pain *in coitu*, as well as at other times. It may be exposed, by cutting through the skin and fascia, at the side of the labium and perineum; beginning on a line with the front of the vaginal orifice, and carrying the incision back for two inches. The nerve being blended with cellular substance is not easily seen in such an operation; but it may be divided by turning the blade of the knife, and cutting through the vagina to its inner coat, but not injuring that. It may be more easily divided by cutting from the vagina. Slitting, merely, the orifice of the vagina will not do; we must carry the incision fully half an inch up from the orifice, and also divide the mucous membrane freely in a lateral direction" (p. 45). I formerly knew one or two patients who had consulted Dr. Burns in regard to this affection, and in whom the pudic nerve had been divided in the manner he describes, either by himself or by his son: yet in these patients the painful sensation returned, though sometimes not in the same place, but in the track of some other nerve. I believe, with Dr. Burns, that the best palliative treatment for such cases is division of the affected nerve; but, instead of laying it bare, I have usually cut it through subcutaneously, by means of an ordinary tenotomy knife. It is a surgical measure far more simple in its character. Occasionally there is greater supersensitiveness and neuralgia of the vulva and vaginal orifice, without there existing any local lesion whatever capable of accounting for it. The pain is not then usually limited to any one single point. Such cases require the usual constitutional treatment of neuralgia, as iron, manganese, arsenic, etc., sometimes in long-continued courses. You have to use general anti-neuralgic tonic medicines and measures; and locally all forms of sedatives and anodyne applications.

ORIGINAL COMMUNICATIONS.

CASE OF LABOUR TERMINATED BY THE LONG FORCEPS.

By FRANCIS H. RAMSBOTHAM, M.D. F.R.C.P.
Obstetric Physician to the London Hospital, etc. etc.

In the number of the *Medical Times and Gazette* for April 1, 1854, I published the case of one of my own patients, whom I delivered by the long forceps of a living female infant, only three hours after the rupture of the membranes, being induced to have recourse to the operation by grave fears lest the uterus should injure itself by the powerful contractions it had assumed. That was the lady's third labour; her two former children had been born dead, after many hours of severe suffering, though expelled naturally; the cause of delay being a want of room in the bony pelvis (a).

I was called to her again, in labour of her fourth child, on June 24, 1855, at 1.30 a.m. When I arrived the os uteri was well dilated, the membranes still whole, and pains were recurring every eight minutes. I distinctly felt the left shoulder at the pelvic brim; the head was resting on the right ilium, and the face was looking towards the mother's spine. I therefore immediately proceeded to deliver by "turning." I brought down the left foot; but on the withdrawal of my hand, and the consequent escape of the liquor amnii, the uterus acted so strongly around the child's body that I had some difficulty in effecting the version. It required the application of considerable exertion to extract the breech through the brim; fully five minutes passed before I could get the arms down, and another five minutes before the head was in the world. During the whole of this interval, of at least ten minutes, the arteries of the funis had ceased to pulsate. I was prepared, therefore, for the child's being born lifeless; and so indeed it appeared; but feeling a tremulous throbbing of the heart, I instantly, before tying the navel-string, commenced inflating the lungs from my own mouth. This produced a more regular pulsation, and presently a gasp. After two or three efforts at inspiration on the part of the child, I separated it, and continued the artificial respiration for more than half-an-hour. At the end of this time the breathing appeared natural and regular, and the circulation, though rapid, was distinct. Whenever I omitted inflation, the pulse flagged, and was again restored on its resumption. No other means seemed to produce the least influence on the system. When I left the house, three hours after my patient's delivery, the nurse was washing it; it was breathing freely, and had opened its eyes; although it had not cried, I expected it would do well. It remained much in the same state till two o'clock the next morning, never having cried, nor swallowed anything, when it was seized with a convulsion, and, after a succession of fits, died at 8 a.m. The lady is short in stature; the pelvis narrow throughout; the brim does not possess more than 3¼ inches in the conjugate diameter, if so much; the tuberosities of the ischia approach too near each other, contracting the pubic arch, and diminishing the outlet; while the spinous processes of that bone, being longer than natural, and turned too much inwards, encroach upon the space as well of the cavity as outlet.

I was summoned to her in her last labour, at 4.30 a.m., on the 23rd of last month (February). The os uteri was then dilated to the size of a shilling, and pains were coming on every twenty minutes. The case progressed satisfactorily; and at 3.30 p.m., the os uteri being almost entirely dilated, the pains returning every three or four minutes, the membranes being tough, and protruded low into the vagina, I ruptured them. From that time uterine action became much more powerful and frequent; at 5.30 indeed it was almost incessant. The chief part of the head was still above the brim, the face looking to the left groin; the scalp at the vertex was much corrugated, showing that the head was subjected to great pressure; and the os uteri, which was pinched posteriorly between the head and pelvic bones, from being thin and supple, had become at that part hard and tender, and swollen to the thickness of a man's finger. The lady was very

(a) I was not in attendance on either of those occasions.

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desirous that I should relieve her, as before, by the forceps; and, fearing, as I had done in the former case, rupture or other injury to the uterus, I adapted the blades, one over the left brow, the other behind the right ear; though before I commenced I hardly expected I should succeed in delivering then, in consequence of the head being still so high. The blades of my long forceps, which I used, measure eight and a-half inches in length; and they were passed up so far, that the lock was on a line with the external parts. I was obliged to employ more exertion than I like to use in bringing the head through the brim; but I felt quite sure I should succeed from the ease with which the blades were locked, when fully introduced; for I have remarked in such cases, that the facility of extraction corresponds very closely with the facility of adjustment. The operation occupied about five minutes; the child, a girl, was born alive, and the placenta passed almost immediately. There was the mark of the instrument very visible over the left side of the forehead, the point reaching to within half-an-inch from the eyebrow; but it disappeared before the end of the fourth day. The lady has recovered as well as if the labour had been of the most easy and natural description; she is nursing, and has resumed her domestic occupations. I may state that the other child which I delivered by the forceps is now a strong and healthy girl.

I publish this case, not as an example to be generally followed, because I look upon it as an exceptional one, but to show the advantage which the long forceps under such circumstances offers, and how much may sometimes be gained by their judicious application. I bring it before the notice of the Profession, also, because it is exactly in this kind of case,—where the pelvis in its conjugate diameter at the brim measures but a trifle more than three inches, and the head is arrested there—that we have recently been advised, for the sake of saving the child's life, to revert to the practice so commonly resorted to, before the invention of the forceps—that of turning and delivering by the feet.

In these two labours that were terminated by the forceps both the children (and the last was much larger than the average), were born vigorous and hearty; while in that where, in consequence of the transverse position of the fœtus, version was performed under the most favourable circumstances, namely, with the os uteri soft and widely dilated, the vagina and perineum lax, and the membranes whole, the child, though not born absolutely dead, was with difficulty revived; and, as the result showed, its perfect restoration was impracticable.

8, Portman-square.

OBSERVATIONS ON THE NATURE AND TREATMENT OF DIPHTHERIA.

By F. A. BULLEY, F.R.C.S.
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I take the liberty of forwarding to you a few observations on the nature and treatment of diphtheria, which I trust may not be considered unworthy of a place in your valuable journal. The circumstance of several members of my family circle having recently been more or less affected by this dreadful disease has afforded me opportunities of observing its manner of commencement and different stages; and I shall therefore make no apology for acquainting you with the ideas which I have been led to form upon the subject.

From all that I have been able to observe in my own children, and in two or three other cases, which I had previously attended, the disease was manifestly preceded and accompanied throughout by an unusual depression of the vital powers, as shown by an extreme languor, paleness of the countenance, feeble pulse, and an indisposition to join in the ordinary amusements of children; after a time more or less remote, according, perhaps, to the original intensity of the poisonous influence at work, or the constitutional power of the individual to resist its effects, there appeared an external painless swelling of the throat, not painful in some cases even on firm pressure, and certainly showing no appearance of active glandular inflammation of the part. On examining the fauces at this time the mucous membrane covering the tonsils might be observed not to be actively inflamed, or even to be reddened by acute inflammation, but of a dull, mottled appearance, such as would be produced by a low erysipelatous condition of the mucous membrane of the part, a state of action without power, in fact, such as may be ordinarily observed in local erysipelas affecting any particular portion of the general cutaneous surface.

Very shortly after this there might be seen upon the apparently erysipelatous surface one or two laminæ of a dull white or yellowish substance of varying thickness, which appeared to have been simply exuded through the mucous ducts, concreting on the surface, and very slightly adherent to the mucous membrane underneath; for on their removal, either by accident or their natural exfoliation, the exposed surface appeared to be much in the same state as before the exudation had occurred; but they were speedily renewed, and, *pari passu*, as the debility of the patient increased, they likewise became extended in their circumference, affecting the nose and buccal membrane, encroaching downwards upon the pharynx and epiglottis; and finally, by the continuous spreading of the erysipelatous inflammation invading the larynx, where the disease terminated by the formation of an adventitious membrane, apparently of the same nature as had previously been observed in the fauces, and in this respect it resembled croup, in the manner of its termination by the supervention of asphyxia. In other cases, as I have been informed, death has ensued from the erysipelatous inflammation spreading from the throat along the respiratory passages into the cellular tissue of the lungs, causing a kind of adynamic pneumonia, and again in other still more severe instances, it has appeared to be the immediate result of the extreme prostration of the vital powers, through the accumulative poison of the disease in the system, thus resembling in some respects the state of collapse observed in the last stages of malignant cholera.

The disease does not appear to select any particular organ for its elimination; no considerable strain is thrown either upon the kidneys or on the alimentary canal, at least in the first instance; the urine secreted is, perhaps, rather deficient in quantity, and the bowels are generally torpid in their action; there is in many cases also, as respects the skin, an entire absence of febrile reaction, and consequently of those critical perspirations, which operate so beneficially in the resolution of some other blood diseases. If any particular part of the body can be said to be chosen for the excretion or separation of the disease from the system, it would certainly appear that the secretory apparatus of the tonsils and fauces had been chosen for that purpose, and if so, it is probable, that owing to the great burden which would thus be thrown upon them, these organs would become passively congested, and their natural healthy mucous secretions become perverted, coagulating in the crypts and follicles of the part, whence it is squeezed out through the excretory ducts to form upon the surface the principal diagnostic indication of the general disorder.

It has been endeavoured to establish the identity of this disease with what has been called undeveloped scarlatina, but this is at present a *questio vexata*. In favour of its being so identical, it may be said that it occurs at periods and in situations where scarlatina has been prevalent, and that the throat symptoms, in cases at least of an undeveloped eruption of the latter disease, sometimes resemble those which are observed in the earlier stages of diphtheria; but then it must at the same time be remembered that according to common experience, the local symptoms in the throat in scarlatina do, now and then, especially in the first stages of superficial ulceration, assume the appearance of the diphtheric exudation; but on the separation of the crust we are enabled at once to distinguish this difference, that, whereas, in diphtheria the surface to which it has been attached will have remained unaltered and unbroken; in scarlatina, on the contrary, it will be found perhaps to be ulcerated, and showing other signs of the progress of a destructive inflammation of the part, the result of a metastasis, as it were, of the excretory action of the disease, from the skin to this particular situation, attended with an amount of inflammatory action, which is never under any circumstances observed in diphtheria: moreover, it has been found that where the throat symptoms in diphtheria have been sufficiently well marked from the first, none of those means which have been successfully practised for the production of the characteristic rash in undeveloped scarlatina have ever been known to produce an eruption in diphtheria.

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If there be any real relationship between the two diseases, I think it can only be in this way, that diphtheria may possibly be an intensification of the poisonous influence that acts in the production of scarlatina, but so powerful and oppressive to the secretory functions of the body and the vital actions in general, as entirely to prevent the separation of the materies morbi from the system, through the natural excretory outlets for morbid matter; and in this respect these two diseases might seem to be only modifications of each other, in the same manner as in the more severe cases of the Asiatic cholera, which have been considered by some to be only modifications of the ordinary bilious diarrhœa, which prevails at the same time and in the same localities, but rendered more fatal by the original intensity of the poisonous influence at work, or through some peculiarity in the constitution of the individual attacked by the epidemic.

With regard to the constitutional origin of this mysterious affection, I think without reference to external predisposing causes, that it most probably results from a poisoned condition of the blood, occasioned principally by the retention of effete carbon in the circulation, accompanied by great consequent depression of the nervous energy, with a manifest diminution of the animal heat. In some cases this morbid condition is attended with an entire suspension of the transpiratory functions of the skin; in others less severe the secretory actions are only partially interrupted or disturbed; and in these latter cases, nature seems capable of establishing a series of conservative febrile efforts for the expulsion of the poison from the system by the skin, which when assisted by judicious medication applied to the other secretory organs, it frequently succeeds in effecting.

I cannot better illustrate my meaning than by relating a case which came under my notice some time since.

A little girl, aged 7 years, the daughter of the Superintendent of the County Police at Reading, had been complaining for some days of very great languor, with a sensation of fulness, but no particular pain about the throat. The skin was dry and inactive, but not hot or feverish; and the mother told me that since she had been ailing she had noticed that the child had not perspired in that natural healthy manner that she had been accustomed to do before her illness. She was evidently suffering from great general prostration, and the healthy functions of the emunctory organs in general were obviously interrupted. Externally the throat was swollen on either side, but not painful on pressure; and but for the trifling feeling of fulness mentioned, its implication in the disease might have remained entirely unobserved. The pulse was weaker, but not quicker than natural. On examining the fauces, I observed the tonsils to be a little swelled, not actually inflamed, but having a somewhat erysipelatous appearance, and adherent to their surface were two yellowish or dirty white patches, each of about the size of a sixpence, which, combined with the general symptoms, I had no doubt indicated the existence of true diphtheria. I lost no time in putting in practice the following simple mode of treatment:—

Having witnessed the evil results of what is called mopping out the fauces with solutions of nitrate of silver, I determined to do nothing whatever to the inside of the throat, but contented myself with rubbing in a strong liniment of camphor and hartshorn over the external swelling, afterwards covering the whole throat with a flannel compress soaked in hot vinegar and water, and kept constantly in contact with the part. I then had the little patient wrapped up in the hot-water packing, according to the method I have so frequently described in the pages of the *Medical Times* for the treatment of scarlatina, which shortly had the effect of inducing a copious diaphoresis, in which she was allowed to remain for about three hours, when the envelopes were gradually and carefully removed. She continued in a gentle perspiration during the night. The next morning I was agreeably surprised to find that the swelling of the throat had greatly subsided; internally, the crusts had separated, and what had appeared the night before to be inflammation of a low erysipelatous character was now changed to a healthy redness of the surface, which the constant sucking of small pieces of ice speedily relieved. From this moment there was no repetition of the exudation, and the external swelling gradually subsided. The internal remedies employed consisted of 5 grains of the ammonio-tartrate of iron, and 10 drops of the tinctura ferri sesquichlorid. to the dose, each being taken in a wine-glassful of tepid water, alternately three times a-day. A gentle perspiration constantly bedewed the skin during the convalescence, which was somewhat encouraged by warm clothing; and further to promote its healthy action, the patient took frequent draughts of vinegar and water, with occasionally a sweetened infusion of marygold flowers, which as simple ordinary drinks I have found useful for diaphoretic purposes in many other diseases, where a continuous action of the skin appeared to be desirable. There had been no appearance of albumen in the urine.

I have mentioned that I thought the indiscriminate mopping of the fauces, as it is called, with solutions of nitrate of silver, was frequently attended with injurious results in this disease, principally I believe for this reason, that owing to the struggles of the little patient, it is impossible to apply the caustic solution with that precision which the case absolutely requires. Thus it is applied to parts which are entirely free from disease. I have been told of cases where the inside of the cheeks has been covered with it; in coughing, a portion of it has been expelled upwards through the nose, corroding the susceptible surface of its mucous membrane; and, again, other portions of it have seemed to pass downwards into the pharynx and œsophagus, and perhaps even into the stomach itself; and I am not sure that during the convulsive struggling of the patient in resistance some of it may not also enter the larynx, where it may possibly initiate those inflammatory changes in the mucous membrane of the air-passages, which are too frequently the harbinger of death in this disease. But the more appreciable results of this indiscriminate and uncertain medication are as follow,—that as soon as the eschar caused by its application separates from the surface to which it has been applied, an extensive abrasion or rawness ensues, which from the soreness induced, prevents the patient swallowing that quantity of nutrient food which it is allowed on all hands is necessary to support the system against the debilitating influence of the disease; moreover, it is impossible, under these circumstances, to administer the most useful internal remedies, which, according to the latest experience, are found to be those of a chlorinated acidulous nature, without the greatest trouble and disinclination on the part of the patient, from the distress which they occasion. Perhaps if it be necessary to apply the nitrate of silver at all, in which we must of course be guided by circumstances, assuming that the inflammation of the throat is of a low erysipelatous character, as it certainly appears to be, the best mode of applying it, would be, by cautiously surrounding the patches of exudation by a ring of eschar made with the solid stick, by which we might possibly be able to control the spread of the inflammation, in the same manner as it sometimes serves to limit this particular kind of inflammatory action of the integument and cellular tissue in other parts of the body. I believe it is now generally acknowledged that the best topical application is a lotion of the nitric or hydrochloric acid, of sufficient dilution with water to prevent its abrading the mucous membrane of the part.

With regard to the constitutional treatment of this disease, depending, as it seems to do, upon a poisoned state of the blood, from the retention of effete material in the system, it is clear it must be either directly eliminatory through the ordinary secretory channels, or antidotal, and therefore capable of counteracting the effects of the poison within the body; and in the earlier stages of the disease, it is probable that either or both of these means conjoined may be employed with a fair prospect of success: but it unfortunately happens, in many cases, that, owing to the painless nature of the throat affection, which is the earliest, and indeed only diagnostic indication of the presence of the poison in the system, this symptom is liable to be overlooked, and we thus lose the most favourable opportunity of grappling with the disease. In a great number of other cases, the throat symptoms being apparently slight, and nothing but the general languor being perceptible, parents are too apt to postpone resorting to medical aid until the disease has obtained such a hold upon the system as to render the effect of any kind of treatment extremely uncertain. Surely, there is no disease in which the axiom *principiis obsta* is more particularly applicable than the one under consideration.

As respects the elimination of the poisonous element of the disease through the kidneys and intestinal secretory organs, every means must of course be taken to preserve, at least, their healthy functions, and encourage their action by gentle

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auxiliary medicines. Experience proves that we cannot interpose any particularly heroic drug treatment in the way of strong diuretics, or drastic or mercurial purgatives, with impunity, or even without great danger to the patient, from the prostration induced, through the excited and perhaps not very controllable action brought into play by these means.

It was a consideration of this kind which prompted me to employ the means for the induction of diaphoresis in the case which I have just related, where I had every reason to believe that the natural action of the kidneys and intestinal organs was interfered with by the depressing influence of the disease; yet, as soon as the poison appeared to have been eliminated from the system by the prolonged perspiratory process resorted to, their proper function appeared to be restored, and convalescence immediately followed.

It is needless to enlarge upon the beneficial effects of what is termed a natural or critical perspiration in the relief of febrile diseases in general; and as this disease may be considered to be somewhat of this nature, but with a very imperfect power of development, these remarks may be made to apply to this as to any other kind of febrile disorder.

The sweating stage in intermittent fever constitutes its cure for the time, apparently through the removal of some toxic element from the blood; and every one must have observed that even in cases of simple continued fever the occurrence of a natural perspiration, after a period of cutaneous inaction, is very frequently the forerunner of recovery. In what is called relapsing fever, it must have been also noticed that during the time the patient has been subject to the relapses, there has been in many cases a marked and continuous suspension of the natural transpiratory action of the skin; but that as soon as this latter has returned either naturally or through the beneficial operation of remedies, recovery has often quickly followed. I have endeavoured to imitate these natural sudatory actions in the treatment of diphtheria by means of the process I have described; and from what I have witnessed of its effects I have every reason to feel satisfied with its action.

But over and above the eliminatory effects of this particular method of treatment, something may be due to its power of restoring the animal heat, of which there is a perceptible diminution in this disease; and the following remarks, copied from the *Leader* newspaper of October 1, 1853, will further illustrate its mode of action:—"It has long been known that sudden lowering of the temperature to a certain degree causes death to all mammalia. It is also known that in cases of poisoning there is a remarkable lowering of the temperature. Connecting these facts with the known diminution of temperature resulting from wounds, from diarrhœa, from cholera, etc. it occurred to the celebrated physiologist, M. Brown-Séquard, that diminution of temperature was in all these cases the proximate cause of death. He tested this hypothesis by experiment, and in the first volume of 'Les Mémoires de la Société de Biologie,' p. 102, the readers will find a communication he addressed to the Society in July, 1849. We give briefly his results. He found that a dose of poison which would, under ordinary circumstances, destroy an animal, was ineffectual if the animal's normal temperature could be maintained. Thus a dose given to an animal kept in an atmosphere of 8° or 10° centigrade (46° to 50° Fahrenheit) destroyed it in periods varying from four to forty-eight hours. But a similar dose given to a similar animal, whose temperature was maintained by keeping it in an atmosphere of 28° to 30° centigrade (82° to 86° Fahrenheit) did not take effect. The animal survived.

The most appropriate internal remedies in this disease appear to be those which are capable of conveying the largest amount of oxygen into the system, and I believe no medicine has been found so generally efficacious as the chlorate of potash, combined with strong hydrochloric acid, the gas evolved in the mixture being fixed by the sudden addition of water. The exact proportions and method of taking it, together with an account of its presumable mode of action on the system, were published some weeks ago in a letter in the *Lancet*, so that it is unnecessary to dilate upon it here (a): in one or two very bad cases in which I employed it appeared to act more immediately by inducing diaphoresis, which seemed to afford great relief to the little patients, and at the same time it appeared to relieve the throat as a lotion to the part as it passed over it in swallowing.

In conclusion, there is one other portion of the subject to which I would beg to direct attention, and that is, the great importance of removing, if it be at all possible, the child attacked, from the close and tainted air of a town, to the fresher and better oxygenated atmosphere of the country. In the bad cases of the last epidemic of cholera, removal into the country, or anywhere out of the infected locality, acted like a charm, and it is not unfair to consider that it might have the same effect in this disease, which, as regards the prostration accompanying it, and the generally acknowledged poisoned condition of the blood which occasions it, greatly resembles the depressed stage of the epidemic cholera. There can be no doubt that in all cases of this kind produced by external impressions of a local nature the infecting cause continues to act more or less prejudicially, even after the first effect of the impression has been combated by remedial means; and it is, therefore, our duty to take the patient out of the infected locality with as little delay as possible; but if we cannot do this without immediate danger to the patient already infected, there can be no doubt that it would be judicious to remove other members of the family not yet touched by the disease into an unaffected atmosphere, on the principle that "ablatâ causa tollitur effectus." Of course this disease is found to occur in the most salubrious country districts; but then it may be considered that there must be some local cause for it existing either in the house, or some epidemic influence acting in the neighbourhood, in which case, it would be quite as necessary to remove the patient into an uninfected atmosphere from the country, as from a densely-populated town.

(a) Vide a letter by H. Lambden, Esq., in the *Lancet* of November 20th, 1858.

NITRO-GLYCERINE OR GLONOINE.

By A. G. FIELD, F.R.C.S., Brighton.

I AM glad to see the therapeutic action of nitro-glycerine or glonoine has occupied the attention of other Medical practitioners; convinced as I am, notwithstanding the discouraging experiments of Drs. Fuller and Harley, that it is a remedy of great potency and value.

After experiencing the powerful action of nitro-glycerine on my own system, I lost no time in making known the result in the *Medical Times and Gazette* of March 10, last year. I was led to record my experience thus early, and before my experiments were matured, by the hope of preventing accidents to others, as well as to excite further inquiry into the subject. A paper by Mr. Brady, of Sunderland, illustrates the necessity of the cautions which my communications contained; for with two drops and a-half of a solution (containing one-eighth of a drop of pure nitro-glycerine) a very alarming condition of depression was produced. Happily, however, that gentleman, more wise than timid, was able to separate the evil from the good; and he must now feel himself, as I have done for the last twelve months, in possession of another very important remedial agent.

From my own observation I quite agree with Mr. Brady that the symptoms produced on animals are no safe criterion of the effects of nitro-glycerine on the human subject; and if reference is made to the papers in the *Medical Times and Gazette* for March 10 and April 10 of last year, it will, I think, be seen that the excitement observed in the kitten to which ten drops were given, as recorded in the paper which appeared last week, was due to the spirit of which the solution was principally composed, and not to the nitro-glycerine; for when I gave the latter quite pure, no such effects were produced. The torpor which followed may also be referred to the same cause.

The solution which I am in the habit of using contains only one per cent. of pure nitro-glycerine, and I have found one drop of this frequently to produce so severe a headache that I now always begin with half that quantity. One lady to whom I have frequently given the medicine on account of a neuralgic affection, states that she always experiences more decided effect from it when given undiluted, than when the solution is mixed with water; and the following case confirms the truth of her observation.

The Rev. A. T. frequently suffers from very acute head-

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aches, which usually last the whole day. In the morning of August 28, I found him in bed, with one of his worst attacks. I administered one drop of the solution in a tumbler of water in two doses, with a few minutes' interval. No effect was produced. I waited a short time, and then touched the tip of his tongue with less than a drop of the solution, and in a minute after he exclaimed, "I am quite well, my headache is entirely gone!"

This is not by any means an unique case. I have frequently seen severe headache cured or relieved by nitro-glycerine, though it must be confessed the malady is much more frequently aggravated by it.

I am quite unable to distinguish the kind of headache to which nitro-glycerine is remedial; but I believe it to be that of a neuralgic character.

Mr. S. called on me Sept. 1st, complaining of headache. I touched his tongue with the stopper of a bottle containing a solution of nitro-glycerine. The pain was increased, with the addition of a sense of beating in the vertex. This passed off in two or three minutes, leaving him as bad, but not worse than before.

The beneficial action of nitro-glycerine is certainly most marked in neuralgic cases, but it is by no means limited to such, as the following case will show:—

On the 21st of August I had performed a slight operation on one finger for Miss M. A., a lady whose whole life is passed in active charity and beneficence. I was summoned to her at 3 o'clock the following morning, and found her suffering from a marked sense of stiffness, without swelling, in the lower part of the face and side of the neck. I adopted some simple treatment, and tried to allay her nervous apprehension, which was considerable. On repeating my visit in the middle of the day I found the symptoms had increased; the stiffness in the face and neck was aggravated, there was marked depression of the whole system, and great pain in the front part of each fore-arm, compared by her to hot wires buried in the flesh. Half a drop of solution of nitro-glycerine was given every four hours. In the evening she was much relieved, but could not close her hands. The next day but one, the medicine having been discontinued some hours, pain returned in the arms, but yielded immediately to a dose of nitro-glycerine. The same thing occurred two or three times afterwards, the medicine always giving speedy relief. Miss A. eventually recovered, but her hands and arms remained powerless for many days.

The following cases show the beneficial action of nitro-glycerine in neuralgia:—

Miss G. aged 16, had suffered from facial neuralgia several days, and I had treated her with quinine, increasing the dose gradually, after paying attention to the secretions, and seeing that all the functions were healthily performed. At first the severity of the pain diminished, but for the last three days she has suffered more severely.

August 22.—The attacks had been more severe since my last visit, and on this occasion she was suffering acutely. About half a drop of solution of nitro-glycerine placed on her tongue gave almost immediate ease and produced no headache. The medicine was continued in half-drop doses every four hours for three days, by which time all pain had subsided.

Miss E. B. had suffered from neuralgia of the face, throat, and tongue as she expressed in writing to me, "to such a degree that a night's rest I have been a stranger to for the past few months. The first dose of the mixture you administered increased my pain tenfold. The second produced quietude, but not freedom from pain. The fourth, positive ease and a night of sound and undisturbed sleep. He who alone knows what I have suffered can know my gratitude to you." The mixture was half-drop doses of nitro-glycerine in water, coloured with tincture of cardamoms taken every two hours. Though it quite subdued the neuralgia, some headache always followed its use.

Absolute proof of the power of any medicine over disease is scarcely attainable. Improbable though it be, it is just possible that the taking the medicine and subsidence of the pain were merely coincident in every instance in which the medicine was employed. I think, however, it will be admitted that I have adduced a sufficient number of instances to reduce this possibility to the lowest degree; but were it necessary I could go on quoting cases so numerous as to extend this paper to a very inconvenient length.

I would strongly advise every one who intends to employ nitro-glycerine, first to test the power of the particular sample by taking a minute quantity himself. I invariably do so before prescribing it, and I do not trust the preparation unless in about a minute after moistening the tip of my tongue with it I experience a sense of fulness and pulsation in the head, with or without other symptoms more or less constant. Carrying out this my usual custom, the other day in a chemist's shop I induced the proprietor to follow my example, and I subjoin his own description of the result:—

"The quantity I took was about one drop and a-half of a solution containing one per cent. of glonoine. Upon taking it I almost immediately experienced a pain like pressure in the glands of the throat and the neck, which was succeeded by pressure on the temples, and headache. In a few minutes I felt faint, with a desire to get into the fresh air, and the blood forsook my hands and face, the circulation being seemingly partially suspended; with the aid of sal volatile, etc. I recovered a little, but felt sickness and pain in the bowels, which pain lasted at intervals for some days following. I can only say the feelings produced by glonoine are not so pleasant that I am at all anxious to renew the experiment."

28, Old Steine, Brighton.

(To be continued.)

ON SOME OF THE

INJURIES AND DISEASES OF JOINTS,

AS ILLUSTRATED BY CASES FROM GUY'S HOSPITAL.

By THOMAS BRYANT, F.R.C.S.
Assistant-Surgeon, etc. to Guy's Hospital.

COMPOUND DISLOCATION AND FRACTURE OF THE PHALANGEAL JOINTS.

I have not included in the previous papers the subjects of compound dislocation and fracture of the phalangeal joints, as the position and value of the joints themselves render a distinct consideration of their treatment requisite; and the slight constitutional symptoms which such injuries induce, enables the Surgeon to treat them with purely local considerations.

It is unnecessary at the present time to dwell upon the importance of the integrity of the hand as a whole, or to bring forward arguments to prove the necessity of saving as much as possible of the thumb and fingers. Still this rule has its limits, and although at all times and in all injuries, it is the duty of the Surgeon to attempt to save a joint, it must not be forgotten that anchylosis of some of these joints may prove an impediment rather than an advantage to the free use of the hand.

With the thumb, I believe, this rule may be considered absolute, and an attempt should invariably be made to save the joints, and as much as possible of the injured parts, leaving the bone to granulate being better than its removal; for the use which may be made of a thumb, either fixed by anchylosis of the joints or shortened by injury can only be appreciated by those who have been fortunate enough to witness such instances.

With the fingers, the rule will not hold so good; for although in the abstract it may be considered just, practically it will be found occasionally to fail, and the loss of a finger will be found to be of less inconvenience than a joint fixed by anchylosis.

A stiffened metacarpophalangeal joint must always be an impediment to a labouring man, although to a gentleman it may be of service to preserve the appearance of the part. A fixed first phalangeal joint will to some trades prove unprejudicial; to others it will be of great inconvenience. But an anchylosed joint between the extreme phalanges, will seldom prove a serious impediment.

Upon the whole, the patient himself must be called into consultation with the Surgeon, and the advantages and disadvantages which may accrue from such a result, must be weighed with care, and the treatment moulded accordingly; for it is too common to find in the London Hospitals patients applying for amputation of a finger which has been carefully preserved after injury, but, when cured, has been found an impediment to the free performance of his trade.

And although I should not wish to be considered an advocate for general amputation of fingers where anchylosis may

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be expected, nor an opponent to what is now called conservative Surgery; but rather an advocate for such a practice, where a fair chance is offered for the preservation of the limb, and what is of more consequence, a fair chance of its subsequent usefulness; still, in the words of a clever writer, "By a limb saved, I do not mean one with the wounds healed, having, nevertheless, the extremity contracted, bent, motionless, or otherwise useless; cases which by a loose kind of phraseology are often termed 'limbs saved.' The object of saving a limb is that it may be useful. If this is not the result, the member by hanging to the body of the patient, is lost in my estimation, as truly as if amputated; but with the additional circumstances of being converted into a source of misery to the sufferer, an impediment to the free motion of the rest of the body, and often a cause of irremediable ill health. Such cases I hold to be among the worst specimens of bad and injudicious Surgery." In the surgery of the fingers, these observations apply as forcibly as to the surgery of other parts; and although it may be gratifying to a Surgeon to save a limb, still subsequent utility is the only sound test of the value of the practice; and in our anxiety to perform such a triumph, we must guard ourselves against falling into such errors, as the passage just quoted so well enumerates.

The frequency of the dislocation of the bones of the thumb is not so great as to afford a large selection of good cases, and from my notes of cases of compound dislocation I can bring one in which the thumb of a boy aged 13 (Case 1), was completely blown off at its carpal joint by the explosion of gunpowder. The parts were left to granulate, and water-dressing employed; and although some secondary hæmorrhage followed, a steady convalescence ensued.

Of compound dislocation at the metacarpophalangeal joint, I have no example, although it is at this joint that authors generally describe dislocation as being the most frequent. Of dislocation of the extreme phalanx I have three examples—two of dislocation backwards, and one forwards.

Case 2.—One of the former occurred in a labourer of irregular habits, aged 24, who, having fallen upon the point of his thumb, dislocated his ungual phalanx backwards, the head of the first projecting through the integument. As reduction was impossible, the head of the first phalanx was removed, and a dorsal splint applied. Rapid convalescence followed, and the man left in one month with a fixed joint.

Case 3.—The second case was in a man aged 20, who, when drunk, fell from a cart with his fingers extended. The last phalanx of his thumb was dislocated backwards, and protruded through the integument, producing a wound an inch long. The parts were firmly fixed by the flexor tendon and lateral ligaments. Before reduction could be accomplished these were divided and water-dressing employed. After two weeks a splint was applied, and the wound healed, and he left in a month with a stiff joint.

Case 4.—The third case was in a male adult, and was produced by a fall upon the palmar aspect of the top of the thumb. The base of the last phalanx protruded forwards. The dislocation was reduced with ease by simple extension, and a dorsal splint was applied. The man rapidly recovered with a stiff joint.

In such cases the treatment is not complicated, although at times it may be difficult. The parts, unless as in Case 1, should always be preserved, even when it may appear almost hopeless; but as long as there is a chance of saving it the attempt should be made.

In case 2 the head of the first phalanx was required to be removed, and in such injuries such treatment is not infrequent, although occasionally by dividing the lateral ligaments reduction will be permitted. In others, as in case 3, these lateral ligaments, with the flexor tendons, form the impediment; division of both may then be called for. In some cases reduction will be completed by manipulation, or by simple extension (Case 4) either with or without chloroform; in others, the pressure by the thumbs upon the protruding part; extension by means of plaster applied to the extremity; the clove hitch or key may be resorted to. Whatever means may be required to obtain reduction must be employed, amputation being out of the question, but excision may be of great value. After cicatrisation of the wound some mobility may be allowed with the hope of forming a false joint; this is not a frequent termination; but the fact that such may occur should encourage the Surgeon in making the attempt.

Case 5.—A man, aged 22, in a fall produced compound dislocation of the terminal phalanx of the thumb backwards, with a wound over the palmar aspect of the joint. The head of the bone was *excised*, and in two weeks the wounds had healed, the man leaving the Hospital with a moveable joint.

Case 6.—A man, aged 31, received a lacerated wound from a circular saw into the joint of the thumb, between the first and second phalanges. The joint was excised, and a splint applied; the wound rapidly healed, and mobility was enforced, and the man left the Hospital with a moveable joint.

In compound dislocation and fractures of the fingers, if the parts are not completely disorganised, as to preclude all hope of their recovery, and the tendons are not destroyed, an attempt should be made to preserve the limb, with the hope that complete recovery may ensue. The parts should be replaced in their natural position, and circular strips of linen or lint applied, commencing from the extremity upwards. Splints are occasionally, but seldom required, as the lint is enough in most cases to preserve rest and the adaptation of the parts; cold, by irrigation, should then be used with the hand raised upon a pillow.

The constitutional treatment required is generally very slight: nutritious and unstimulating food in the early stage, with sedatives; in the latter, tonics and stimulants. Purgatives only when required, besides the general rule to attend with care to the secretions. Under such treatment cases will generally do well; if after a time the hope of preserving the joint has disappeared, and the finger would be likely to prove an impediment to the occupation of the patient, amputation should be considered; to allow the parts to heal and then to amputate can only be regarded as waste of time.

Relying, then, with some confidence upon the powers of nature to restore a wounded joint to its natural condition, let the Surgeon betimes well consider when this hope may with propriety be discarded; and weighing well the advantages and disadvantages which an anchylosed joint may prove to the patient, let him not waste valuable time by delaying the removal of a part which will be found upon recovery "contracted, bent, motionless, or otherwise useless."

Wellington-street, London-bridge.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. THOMAS'S HOSPITAL.

CASE OF RECOVERY FROM TRAUMATIC TETANUS.

(Under the care of Dr. BRISTOWE.)

M. G. a school-girl, aged 8 years, was brought to the Hospital on the 9th October, 1857. Her head was bent forwards on the chest, and the muscles of the back, thorax, and neck were very rigid. The muscles of the belly, too, were remarkably hard. The arms were somewhat stiff, but she could move them readily. She could bend her knees, but in walking, the lower extremities became rigid, extended, and separated, so that she rested on her toes only, and moved forwards by a kind of wriggling of the trunk. On two occasions I insisted on her walking alone, and on each, after making a few steps, she suddenly, and by a kind of start, fell backwards; and once, not being caught in time, fell violently on the back of her head. She could only slightly separate the jaws. The corners of the mouth were drawn outwards and upwards, and the eyelids slightly closed with wrinkles radiating from the outer angles. She complained of pain about the angles of the scapulæ and jaw, and in the thighs and knees, but had no tenderness or uneasiness elsewhere, and no trace of anything of the kind in the course of the spine. The skin was warm and not dry. Pulse 88, regular. Breathing rather rapid. Tongue clean, but there were sores on the edges, and she stated that she occasionally bit it. She frequently whined or cried; but I was unable to distinguish any clear indications of exacerbations or remissions.

Ordered vin. colchici, ♏viij., træ. hyoscyami ♏x. pot. iodidi, gr.iss., infus. gent. co. ʒss. ter die.

I learnt, by inquiry, that she had been a tolerably healthy

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child; and that a fortnight before admission she had fallen down, grazed her right knee slightly, and according to her own account, got a little glass in it. She suffered a little from it during the ensuing week, but the place speedily healed. A week ago her mother remarked that she looked as though she had been crying, and had a peculiar expression, but the child made no complaint. The next day she complained of pain in her shoulders and a tired feeling in the jaws after eating; and shortly afterwards marked rigidity in the legs, back, and belly supervened; to which were added frequent screaming during the day and night, and constipation of the bowels. There had been no material aggravation of the symptoms during the day or two preceding admission.

October 10.—No appreciable change; the same rigidity of the muscles of the back and chest. The abdominal muscles are remarkably tense, and the legs, especially if she be taken out of bed, become rigid, and extended in their whole length, so that she lies in the nurse's arms perfectly straight and rigid. The risus sardonicus is still well marked. Has headache, but no tenderness along the back. Appetite good, no difficulty in swallowing. Bowels not yet relieved. Has slept badly—dozing only for about ten minutes at a time, and then waking and crying out with pain, which she referred to the legs chiefly. Ordered pulv. jalapæ c. hydrarg. ℈i. statim.

In the evening she was in the same condition, and was ordered hirudines x. spinæ; and hyd. c. cretâ et pulv. doveri ää gr. ij. 4tis horis.

11th.—(In the morning.) Her face is flushed, but she is in less pain, and has passed a comparatively comfortable night, not having been disturbed by pain more than three or four times. Pulse 120. Breathing rapid, but easy. The limbs, however, are as rigid, and the risus sardonicus as well marked as ever. The powder has operated well.

In the evening I visited her again. She was asleep when I reached her bedside; but suddenly became half-awake, and uttered a scream or two. At the same time I distinctly observed the body and legs arch momentarily backwards. Pulse 120. Risus sardonicus well marked. All muscles still rigid; but she can still move her arms and legs, as she lies in bed, without bringing on any paroxysm; though rigidity immediately comes on if she be lifted out of bed, which she evidently dreads. The head is still, as it has been all along, bent forward, and buried as it were in the shoulders. Pulv. doveri, gr. v. hâc nocte.

12th.—Decidedly better. Has less pain, and if anything less stiffness, especially in the back. Slept comfortably; enjoys her food. Pulse 96. Rep. pulv. jalapæ c. hyd.

13th.—Slept rather badly, having suffered more pain than during the previous night. This morning, however, she seems better again, and has been free from pain for some hours. The muscles of the back are less rigid than they were, and she lies now on her side. Skin moist. Pulse 112. Tongue clean; appetite good; bowels freely opened; has passed a few thread-worms. Says she has slight pain in her arms, but none elsewhere. Pulv. dov. gr. v. o. n. Pulv. dov. et Hyd. c. cretâ ter. die. Mixed diet. Wine, one glass.

15th.—She seems to have gone back somewhat during the last few days. The head and neck are much bent forwards. She can open her mouth but slightly, and her legs are stiff whenever she is lifted out of bed. Complains of little pain, but has slept only by snatches. Appetite good, bowels regular. Hirudines v. inter scapulas.

16th.—Is decidedly relieved by the leeches.—She had experienced so much relief on the former occasion that she was quite pleased to have them applied again. Slept very well. Muscles still rigid.

19th.—Slept badly last night and the night before, and was constantly crying out in consequence, she said, of pains in the lower part of the ribs on each side. Her tetanic symptoms are all well marked—the face retains, as it has done all along, something of its sardonic grin; the head and neck are bent downwards and forwards on the chest; the muscles of the back and belly are hard; and the legs are stiff. Tongue clean; appetite good. Bowels regular. Pulse 112.

22nd.—She has continued to sleep badly since the last notes were taken, and to cry frequently during the night. Can open her mouth better, but continues otherwise as before. To omit all her pills; and to take syr. ferri. iodidi, ℥ss. ter die.

24th.—Slept well last night; has no pain; opens her mouth wide; but the muscles of the back and belly are rigid still, and the back is bent forwards as much as ever. Pulse 116.

From this time to November 1, she steadily improved, although the general rigidity and arched condition of the back still continued; on that day she began to get up and move about the ward. On November 5, it was noted that she was much better than she had been; that she continued to walk about the ward, and that she was gradually acquiring power over her legs, though they still moved stiffly and jerkingly. She was well in other respect; her back was nearly straight, and she looked happy and healthy. Her legs had been rubbed for the last few days with decided benefit. On the 12th it was observed that she walked about with the slightest possible stiffness and jerking of the legs; and on the 23rd she was discharged perfectly well.

The above case is recorded pretty nearly in the words that were written at the bedside; a few particulars only which were subsequently ascertained, having been transposed into their natural order. The most important of these is the fact of the injury to the knee, which at once stamped the case as one of tetanus. This fact, however, was not ascertained for several days, and in the meanwhile it was hesitatingly assumed that the child was labouring under some inflammatory affection of the membranes of the cord; and she was treated accordingly. And as she seemed to improve under this treatment, it was not changed for some time, even after the actual nature of the case was clearly recognised. The case is interesting, first, as having resulted from an exceedingly slight injury; second, as furnishing an example of recovery from tetanus; and, thirdly, as having been attended by, what it is presumed may be called, emprosthotonos.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

THE TUNBRIDGE WELLS INFIRMARY.

OVARIAN DISEASE.—RUPTURE OF CYST.—RECOVERY—SUBSEQUENT RE-ACCUMULATION—DEATH.

(Case under the care of Dr. MILNER BARRY.)

Mary S., aged 57, admitted into the Tunbridge Wells Infirmary, in September, 1857. A married woman, never pregnant.

Previous History.—Between five and six years ago she first observed that her abdomen was becoming enlarged. The swelling went on increasing steadily, and four years ago she applied for relief at the Infirmary. An ovarian cyst was diagnosed, and it was proposed to her to have it removed by operation, her general health being good, and all other circumstances at the time appearing favourable. She took fright at the prospect of submitting to so formidable an operation, and returned back to her native village, a few miles from Tunbridge Wells. Six months after her return home, she stumbled, and fell forwards upon the abdomen on a heap of stones. She was not injured so severely as to require being laid up; but after the accident she found the tumour gradually becoming smaller and smaller, so that in the course of a few months, the abdominal enlargement disappeared, and she considered that she had become as slight as she had been previous to the first appearance of the disease. Her health henceforth continued good until June, 1856, when she came under my care as an out-patient, complaining of general derangement of her health, headache, pains across the loins, indigestion, etc.; the urine being scanty and high-coloured, but no reference was made to any pain or swelling of her abdomen. She was relieved, and discontinued her attendance after a few weeks.

In the spring of 1857 she found that the belly was beginning to swell again, and the swelling continued to advance until the period of her admission into the Infirmary.

Sept. 18, 1857.—*Present State.*—Tall, thin, dark-complexioned, unhealthy looking. Abdomen measures 37¼ inches at the navel, which is effaced. Veins of abdomen distended, especially to the right of the medial line; veins of the lower extremity at the right side varicose; superficial

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saphæna vein transformed into a hard cord; œdema of abdominal parietes, and of the cellular tissue of both legs. Fluid in the peritoneal sac. By pressing firmly on the abdomen above the navel, the fluid is pushed aside, and the hand comes in contact with the firm rounded ovarian tumour. Dulness on percussion over the right half of the abdomen, and between the navel and pubis; the left side tympanitic, particularly a little below the margin of ribs. Fluctuation can be detected in the upper part of the tumour, but below it appears to be solid. Pain in the back; pulse 100, small and sharp; anorexia; thirst; urine scanty, turbid, of the sp. gr. of 1030, not albuminous, depositing urates, and uric acid, abundantly; constipation; vomited this morning; lies best on the right side.

29th.—The breathing being for some days much oppressed, tapping was had recourse to this afternoon, and about ten pints of fluid removed. The serous ascitic fluid escaped at the sides of the trocar. The ovarian fluid was yellow, with a tinge of green, alkaline, gelatinous-looking, sp. gr. 1018, coagulating completely into an opaque, white solid mass by heat. A drop of the fluid allowed to evaporate spontaneously on a glass slip, deposited numerous crystals of chloride of sodium.

Habeat Pil. saponis co.: gr. v. statim et hac nocte.

Oct. 1.—Vomited some dark "coffee-grounds" fluid this morning. Has been suffering all night from pain between navel and pubis, about two inches below the puncture. R. Opii. gr. iij., calomel, gr. iij., camphoræ, gr. vj., Ext. Hyoscyami, gr. vj., m. ft. pil. vj., capiat unam quartâ quâque horâ.

3rd.—No pain. Omit pills.

8th.—Vomiting of "coffee-grounds" fluid every day.

27th.—She died this morning. She had been dying for four or five days. The symptoms remained the same from the 8th to the day of her death. Anorexia, constipation, sickness, and vomiting, which were most relieved by creosote.

28th.—*Post-mortem* examination twenty-eight hours after death. Abdomen. A small quantity of serous fluid in peritoneal cavity. Intestines dark-coloured, matted together, pushed into the left side. Cardiac extremity of stomach drawn down towards the crest of the ilium and fixed by a firm membranous bridle, its mucous membrane stained with blood. Spleen healthy. Liver small, contracted, hard. Traces of recent inflammation and exudation of lymph surrounding the situation of the puncture. The tumour is composed of a tough fibrous envelope enclosing cysts within cysts varying in size from a grape-stone to an orange, which when perforated gave vent to fluids more or less consistent and opaque, resembling boiled arrow-root, glutinous matter, turbid gelatine, or brownish or chocolate like fluids. The large cyst towards the root of the tumour, containing a rounded mass the size of an adult's head, which seemed to roll out when the cyst was opened. This mass was composed of soft encephaloid material intermingled with gelatinous, albuminoid, colloid substances. The ovaries could not be made out. A portion of one Fallopian tube indistinctly distinguishable. The cervix uteri very small, the os contracted so as barely to admit a knitting needle. The body of the uterus was drawn up to the left side of the tumour, and presented an elongated cylindrical appearance, three inches long and of the thickness of the little finger.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING 1858.

The subjoined list comprises the following hospitals:—

The Royal Berkshire (Reading), the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Glasgow Royal, the Gloucester, the Hull, the Leeds, the Leicester General, the Liverpool Southern and Toxteth, the Newcastle-upon-Tyne, the Queen's, Birmingham, the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the West Norfolk and Lynn (Lynn), the York County.

LITHOTOMY.

Number of cases 45. Recovered 43. Died 2.

Case 1.—The Royal Berkshire: Mr. Moxhay.—A healthy boy, aged 7: symptoms of stone of three years' duration. Usual operation, under chloroform. The stone lithate, and weighed nearly half-an-ounce. Recovered well. *Case* 2.—The Glasgow Infirmary.—A healthy boy, aged 3. Symptoms of stone for five months. Operation on the rectangular staff. Recovery. *Case* 3.—The Glasgow Infirmary.—A boy, aged 7, who had been all his life the subject of symptoms of stone in the bladder. Operation on rectangular staff; stone very soft. Recovered. *Case* 4.—The Glasgow Infirmary.—A boy, aged 5: symptoms for five months. Operation on the rectangular staff. Recovery. *Case* 5.—The Glasgow Infirmary.—A boy, aged 5: symptoms for twenty-two months. Operation on rectangular staff. Recovery. *Case* 6.—The Glasgow Infirmary.—A boy, aged 9; for seven years the subject of stone. The operation was on the rectangular staff, and the stone proved to be a large mulberry one, weighing nearly an ounce and a-half. He made a good recovery, though the wound was rather long in healing. *Case* 7.—The Leicester Infirmary: Mr. Benfield.—A healthy boy, aged 10: who had suffered from stone all his life. Usual operation: small stone. Recovered. *Case* 8.—The Leicester: Mr. Benfield.—A man, aged 32, in good health. The usual operation was performed. Recovered without a bad symptom. *Case* 9.—The Leeds Infirmary: Mr. Teale.—A feeble man, aged 61, the subject of chronic bronchitis. A stone the size of a hazel-nut was extracted by median lithotomy. Recovery. *Case* 10.—The Leeds: Mr. Teale.—A healthy boy, aged 5. Median operation. Small stone. Recovery. *Case* 11.—The Leeds: Mr. Teale.—A healthy child, aged 8. Median operation. Stone, oxalate, and the size of a marble. Recovery. *Case* 12.—The Leeds Infirmary: Mr. Teale.—A healthy man, aged 63. Median operation. Two large calculi, weighing together an ounce and a-half, were removed. Quick recovery. *Case* 13.—The Leeds Infirmary: Mr. Teale.—A healthy man, aged 48. Median operation. Stone of ten drachms in weight. Recovery. *Case* 14.—The Leeds Infirmary: Mr. Teale.—A man, aged 60, in feeble health and the subject of bronchitis. Median operation. Stone, lithates. Good recovery. *Case* 15. The Leeds Infirmary: Mr. Teale.—A man, aged 25.—A rough mulberry calculus weighing six drachms, was removed by the median operation. Recovery. *Case* 16.—The Leeds Infirmary: Mr. Smith.—A healthy boy, aged 10.—A lithic acid stone weighing half an ounce was removed by the lateral operation. Recovery. *Case* 17.—The Leeds Infirmary: Mr. Teale.—A healthy boy, aged 4. Median operation; very small stone. Recovery. *Case* 18. — Anon.— A man, aged 65, in good health. Median lithotomy was attempted, but great difficulty was encountered in extracting the stone, and the incision had to be freely enlarged. At length the stone was got away. It proved to have been grasped with its long diameter between the blades of the forceps. It weighed nine drachms and a half. A week after the operation, fæces were observed to come through the wound, and on examination a large opening into the rectum was discovered. It should have been stated that free hæmorrhage at the time of the operation had rendered plugging necessary. The operation was performed in August 10, and four months later the man had recovered from it in every respect, except that the wound was not healed, and that a free communication with the rectum still existed. *Case* 19. Anon.—A man, aged 24, in good health, who had suffered from stone for eleven years. The stone was ascertained to be very large. The usual lateral operation was performed, and great difficulty was encountered. The stone weighed seven ounces and a-half, and measured nine inches and a-half at its greatest circumference. On the sixth day the bowels acted for the first time, and the fæces came through the wound. The man has recovered, but the wound is still unhealed, and communicates with the rectum. *Case* 20.—The Hull Infirmary: Dr. Laan.—A boy aged 6, in good health. The lateral operation. Symptoms of peritonitis during the first week, and subsequently an abscess in the scrotum, somewhat retarded recovery. The wound healed well. *Case* 21.—The Queen's Hospital, Birmingham: Mr. Gamgee.—An emaciated lad, aged 18. The lateral operation. Recovery. *Case* 22.—The Queen's, Birmingham: Mr. Gamgee.—A boy, aged 4. Usual operation. Recovery. *Case* 23.—The Norwich Hospital: Mr.

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Firth.—A coachman, aged 60; for six years the subject of stone. An oxalate of lime calculus, weighing nearly half an ounce, was removed. Recovered. *Case* 24.—The Norwich Hospital: Mr. Firth.—A man aged 59, in good health. Stone small. Recovered. *Case* 25.—The Norwich Hospital: Mr. Nichols.—A man aged 70, who had been repeatedly operated on for stone. Median operation: stone small. Recovered. *Case* 26.—The Norwich Hospital: Mr. Cadge.—A man, aged 73, in feeble health, and for nine years past the subject of a stone in the bladder. The prostate was much enlarged. Two calculi of moderate size were removed. Recovery protracted, but at length complete. *Case* 27.—The Norwich Hospital: Mr. Nichols. A robust man, aged 59, a shoemaker. Usual operation. The stone weighed nearly an ounce. Recovery. *Case* 28.—The Norwich Hospital: Mr. Crosse.—A weaver, aged 61, in good health. The stone weighed more than an ounce. Recovery. *Case* 29.—The Norwich Hospital: Mr. Cadge.—A stonemason, aged 33, in good health, who had been under care in other hospitals for hæmaturia. The stone was large, and broke down in removal. It weighed more than two ounces, and consisted of a mulberry nucleus, around which had been deposited alternate layers of altered blood and of calculous matter. Recovery. *Case* 30.—The Norwich Hospital: Mr. Nichols.—A bricklayer, in good health, aged 68. The lithotrite had previously been once used. Five small lithic acid calculi were removed, weighing altogether two drachms and a-half. Recovery. *Case* 31.—The Norwich Hospital: Mr. Nichols.—The patient in this case is the same as in the preceding one. He had been discharged on April 10, and was readmitted on September 22, with a recurrence of symptoms. Two flattened calculi, weighing each a drachm, were removed by the median operation. He recovered, but at the date of his discharge a perineal fistula still remained. *Case* 32.—The Norwich Hospital: Mr. Cadge.—A boy, aged 6, the subject of stone from early infancy. The calculus weighed two scruples. Recovered. *Case* 33.—The Norwich Hospital: Mr. Cadge.—A boy, aged 5. A stone, weighing nearly three drachms, was removed. Recovered. *Case* 34.—The Norwich Hospital: Mr. Cadge.—A farm labourer, aged 33, in very bad health, the subject of stone for two years past. The urine contained albumen and pus. The stone weighed nearly two ounces. The wound healed favourably, but he was slow in regaining his health. At the date of discharge the urine still contained albumen. *Case* 35.—The Newcastle-upon-Tyne Infirmary.—A man, aged 54, who had previously been relieved of stone by lithotrity. Lithotomy was performed on account of a re-formation of the calculus, and he recovered well. The stone was lithic acid, and the size of a bean. After his recovery another relapse took place, and he is at present again under lithotrity treatment. His family are liable to stone. *Case* 36.—The Newcastle Infirmary.—A boy, aged 12. Usual operation. Recovery. *Case* 37.—A boy, aged 8, who had been cut sixteen months before, when two stones were removed. Lithotomy, and removal of a stone the size of a filbert. Recovery. *Case* 38.—The Newcastle Infirmary.—A boy, aged 12. Lithotomy. Recovery. *Case* 39.—The Newcastle Infirmary.—A boy, aged 12. Lithotomy. Recovery. *Case* 40.—The Newcastle Infirmary.—A boy, aged 3. Lithotomy. Stone the size of a pigeon's egg. Recovery. *Case* 41.—The Newcastle Infirmary.—A boy, aged 3. Lithotomy. Recovery. *Case* 42.—The Newcastle Infirmary.—A boy, aged 6. Stone, lithic acid, the size of a damson plum. Recovery. *Case* 43.—The Newcastle Infirmary.—A boy, aged 4. Stone lithic acid, the size of a filbert. Recovery. *Case* 44.—Anon.—A man, aged 60, for four years the subject of stone. The usual operation. Death on the third day. *Case* 45.—Anon.—A man, aged 20.—Stone large and encysted; much difficulty in extracting it. Death on the fourth day.

A case of paralysis, resulting from the exorbitant use of cubebs and copaiba, is related in the *Gaz. Med. Ital. Lomb.* by M. Maestri. The patient took four times the dose prescribed by his Doctor; and, thereupon, after eleven days, ensued giddiness, headache, difficulty of movement, constriction of the pharynx, and rigidity of the muscles of the neck, jaw, thorax, and abdomen, and afterwards general paralysis. The patient ultimately recovered, it is said, under the influence of electricity.

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Medical Times & Gazette.

SATURDAY, APRIL 2.

JOHN HUNTER IN WESTMINSTER ABBEY.

Sixty-six years ago John Hunter died in his sixty-fifth year He was buried in the Church of St. Martin-in-the-Fields, followed only by a few Medical friends. Soon after his death his widow was anxious to erect a monument to his memory in Westminster Abbey, but the fees were too great for her means. In the Life of Hunter prefixed to Palmer's edition of his works, published in 1835, Dr. Drewry Ottley, the biographer, says:—"It may be thought that the author of the Hunterian Museum needs no other memorial of his worth than the proud one he has himself erected; nor does he, to perpetuate his fame. Still, it would be a fitting act of respect to his memory, from those who enjoy the benefits of this rich legacy of his genius, to enrol his name among those of the other gifted men whose worth stands recorded in Westminster Abbey." P. 133. Other biographers of Hunter had written in the same strain; many of the successive Surgeons who have delivered the annual oration at the College on Hunter's birthday have thrown out the same suggestion; but "corporate bodies have no consciences," and Hunter reposed quietly in St. Martin's with not even a tablet to point out his resting-place, until a recent Order in Council directed that all coffins were to be removed from under this church. That of John Hunter would in all probability have been removed with others had it not been for Mr. Frank Buckland, Assistant-Surgeon of the 2nd Life Guards, a son of the late Dean of Westminster. This gentleman saw the Order in Council advertised in the *Times*, remembered that Hunter was buried in the church, obtained permission to search the parish register, found that the coffin should be in the third vault. He attended with Mr. Quekett during the removal of the coffins from this vault, and on the afternoon of February 22 was rewarded by finding the coffin of Hunter at the bottom of many others, but in a state of excellent preservation. On the 24th, Mr. Buckland wrote a letter to us, thus making known this interesting fact to the Profession. His letter was published in our number of February 26, and we at once suggested (page 241) in an article in our leading columns, that the remains should be removed to Westminster Abbey, and that the College should raise a monument to his memory. It is, therefore, with no little satisfaction that we record the re-interment which took place this week, and refer to the monument to be erected, not by the College, but by subscription.

As public notice had been given that the re-interment would take place in the Abbey on Monday after the afternoon service, and that an appropriate anthem would be given, an unusually large congregation had assembled, and great numbers of Medical men attended in addition to those who had obtained tickets at the College. There was no funeral service; but the words of the anthem were peculiarly appropriate—

"When the ear heard him then it blessed him; when the

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eye saw him it gave witness to him; he delivered the poor that crieth, the fatherless, and him that hath none to help him. . . . His body is buried in peace; his name liveth evermore."

While the service was proceeding, the Council of the College and many gentlemen invited to join in the ceremony assembled in the Jerusalem Chamber, the room in which Henry the Fourth died, after having been brought there from the Confessor's Shrine in the Abbey in a fit of apoplexy. There were those present who recalled the words of the dying King, as embalmed by Shakspeare in his historical play, and of Congreve and Addison lying in state in the same room before their interment in the Abbey so well described by Goldsmith as "the place of sepulture for the philosophers, heroes, and kings of England"—and there was a general feeling of pride on the occasion of adding the remains of one of England's greatest Medical philosophers to the dust of his fellows; especially as our Profession is not rich in associations with Westminster Abbey. Mead, Friend, and Baillie — with the exception of Buchan, of "Domestic Medicine" renown —were the only Medical men, before Hunter, entombed within its precincts.

When the service was over the procession was thus arranged, following the coffin, which was carried on a high bier:—the Dean of Westminster; Mr. Baillie, a grand nephew of Hunter; the Earl of Ducie, and Dr. Clarke of Cambridge, as trustees of the Hunterian Museum; Mr. Buckland and Professor Owen; the Presidents of the Colleges of Physicians and Surgeons, the Council and Professors of the College of Surgeons, the Censors of the College of Physicians, the Master and Warden of the Apothecaries' Company, the Presidents of several of the learned Societies, the Medical Officers of London and Provincial Hospitals, and many visitors. While the dead march in Saul resounded from the organ, the procession proceeded round the Abbey, through lines of spectators, and returned to a grave opened on the north side of the nave, near the western end. Here the coffin was lowered amid a great concourse, and many present obtained their first glimpse of it. It was extremely well preserved. On a brass plate, with the family arms, was inscribed, "John Hunter, Esq., died 16th October, 1793, aged 64 years." Beneath this plate the College had had another affixed, with the inscription, "These remains were removed from the Church of St. Martin-in-the-Fields, by the Royal College of Surgeons of England, March 21st, 1859." In opening the grave for Hunter the bones of Ben Jonson were exposed, and a skull was freely handled about, said to be that of "Rare Ben;" but we did not learn that the truth of the story of the poet being buried standing on his feet was confirmed. However this may be, the Poet and the great Surgeon, Physiologist, and Naturalist rest at last side by side, close to Gifford, who rescued Jonson's memory from unmerited obloquy, and another is added to the rich associations of our National Mausoleum. In its aisles and chapels sleep our kings and queens. Elizabeth in the same sepulchre with her victim the Scottish Mary; the descendants of Robert Bruce by the side of the first Edward; Pitt within a yard of Fox.

> "How peaceful and how powerful is the grave
> Which hushes all!"

It was a subject of general regret that no one, either in the Jerusalem Chamber, or at the College after the ceremony, attempted to pronounce an oration upon the labours and services of the great man whose memory we prize; but, as a daily contemporary observed, "not a voice was raised to narrate the lesson which his life taught and which his fame has sealed." Mr. Green, the President of the College, has some reputation as a public speaker, and he certainly lost a splendid opportunity for an oration.

It is quite unnecessary for us to refer now to any of the incidents in Hunter's life, to enlarge upon his claims as a philosopher or a Surgeon, or to do more than name the magnificent museum he created, and which the College of Surgeons holds in trust for the nation which purchased it. A monument must be, and is to be, raised to his memory. A subscription has been opened at the College, and a large sum has been collected already. We are far from wishing to debar any one from the pleasure of feeling that he has contributed something towards this monument; but we still feel that it ought to have been raised by the College, without any appeal either to the Profession or the public. And we feel justified in repeating what we said in our first suggestion for the monument (page 241):—"The College is the conservator of Hunter's fame; and no little of its present position in the scientific world is derived from the reflection of his reputation. The College is at present wealthy, has every prospect of becoming more so, and can scarcely hesitate as to the devotion of a few hundred pounds to the erection of a monument worthy of the man, and creditable to the times. The Council possess unlimited power over the funds of the corporate body, and need incur no fear in such a devotion of them. It would indeed be well if every expenditure incurred by it could be as well justified, and be as secure of receiving universal professional approbation. The College has long sung Hunter's praises at its orations, and toasted his memory at its dinners. It is, indeed, justly proud of its Hunterian Museum, and it would be an unpardonable offence should this admirable opportunity of raising a monument to his memory be lost." The opportunity has not been lost; and though we feel that the monument should have been raised by the College—the corporate body, and not by subscription of individual members,—we trust that the monument will be one worthy of the great man in whose honour it is raised, and creditable to the taste and liberality of the Profession.

THE WEEK.

Since the notice given in this journal of March 12, at p. 267, the Medical Bill has been yet further amended while passing through the House of Lords, where it was read a third time last Monday. A copy of the bill as amended on report, will be found in another page. Besides the two fresh clauses already mentioned, various significant words have been intralined in several heads of Schedule A of the recent Act, whereby the following new qualifications will henceforward entitle the holders to be registered as duly-qualified Medical Practitioners, namely—1. Members of the College of Physicians of Edinburgh. 2. Licentiates in Midwifery of the King and Queen's College of Physicians in Ireland. 3. Licentiates in Midwifery of the College of Surgeons of Dublin. 4. Any person possessing a diploma or licence in Surgery granted by the University of Dublin. In addition to the above, Lord Cranworth introduced a clause, on bringing up the report, which exempts from registration, and consequently from incurring any penalty, foreigners having the degree or diploma of M.D. conferred by a foreign University, after regular examination, and provided it qualifies the party to practise Medicine in his own country, in case they should act as resident Physicians or Medical officers in an Hospital established exclusively for the relief of foreigners in sickness. The bill must now again go down to the Commons, where it will probably obtain the approval of that House, unless some active steps are taken. Should the specified amendments be there agreed to, the bill must be finally sent back to the Lords, when it will soon receive the Royal assent, and so become an Act of Parliament. Perhaps, however, the different Colleges of Surgeons may object to the *Dublin University creating Surgeons*, and thus interfering with their special preserve. That is certainly an important feature, and cannot but excite some attention. Since the above was written, we have received the following Excerpt Minute of Meeting of the Council of the

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Royal College of Surgeons of Edinburgh, held 28th March, 1859:—

"Resolved—

"That this Council has learnt with equal astonishment and regret that important clauses have been introduced into the Medical Act Amendment Bill without any communication having been made regarding them to the General Medical Council, or to the several Bodies concerned.

"That this Council considers that the conducting of Legislation in this manner is utterly at variance with the spirit of the Medical Act, and is derogatory to the General Medical Council, which is the Representative of all Branches of the Profession.

"That this Council therefore empowers the Representative of the College, Dr. Andrew Wood, to represent to the Scottish Branch Council the importance of their resisting to the uttermost Legislation with regard to the Medical Profession, without previous communication with the General Medical Council.

"That in an especial manner, as regards this College, a clause has been introduced into the said Bill, whereby the Colleges of Physicians and Surgeons of Dublin have been authorised to register Licences in Midwifery, whilst this Body, and others, which have long included Midwifery in their Curriculum and Examinations, and have granted Special Certificates therein, are excluded from participating in this privilege.

"That this Council is opposed to Special Registration of Licenses in Midwifery, seeing that Midwifery is not mentioned in the body of the Act, being regarded as an essential part of the qualifications of every properly educated Medical and Surgical Practitioner. But that if such Certificates are to be registered at all, the privilege ought to be equally extended to this and other Bodies which examine in that subject."

The following motion, moved by Mr. Syme, seconded by Dr. Alexander Wood, was agreed to at the meeting of the Scottish Branch Council:—

"That, while the Scottish Branch Council approve of the introduction of a Bill for extending the time for Registration, and also for correcting any mere clerical errors that may have crept into the Medical Act, they cannot but express their surprise and regret that clauses embodying other and important changes should have been introduced into that Bill in the course of its passage through the Houses of Parliament without any communication with the several bodies interested, or with the Medical Council who have been constituted by Act of Parliament the representatives of the whole Medical Profession."

We are requested by the Medical Registrar to draw the attention of members of the Profession to an advertisement published in this number, which shows the registration fees payable in the respective cases of persons qualified before, or not till after January 1, 1859; and also the fee payable for any additional qualification, *i. e.* either obtained since January 1, 1859, by a person previously qualified, or added to the qualification of a person already registered.

It is time that something was done towards improving the position of the Medical officers of our Navy and of the East India Company's services. Why should these services not be placed upon an equality with the Medical service in the Queen's Army? It is notorious that at the present moment both the Navy and the East India Company's Army are suffering from want of a proper and sufficient supply of Medical men. The condition to which the East India Company is reduced, in this respect, is especially deplorable. The supply has long been behind the demand; and the consequence is, that, pressed by the occasion, the Company admit into their service younger and less effective men than is desirable. It is quite time that attention should be called to this subject. How is it possible that a young man only just out of his teens can be capable of undertaking the responsible charge of a large body of troops? When and how can he have gained that experience which shall enable him to effectually meet the emergencies which may at a moment come upon him, and must be continually coming upon him? Here, among ourselves, the case is very different. A young man just entered upon practice may always fall back upon the experience of his seniors in cases of difficulty. Not so in the jungles and hills of India. His incapacity there can meet with no assistance. We would put it seriously to the Profession and ask, how many men are there at the age of 21 who are capable of undertaking formidable operations, and treating and diagnosing serious internal diseases? Instead of an inferior, it is plain, according to all reason, that we ought to provide an especially superior class of men, men of experience, to take charge of the valuable lives of soldiers in India. But this of course cannot be done unless the service is made more attractive and honourable. There is "metal more attractive" for the more highly educated Surgeon. We refer to this matter because we were struck by a notice which we were some time ago requested to insert in this Journal, informing the Profession that young men were admitted for examination at the East India Medical Board at twenty-one. We have understood, indeed, that even foreign Medical men have been admitted into this service because a sufficient supply of Englishmen could not be obtained. We doubt not the attention of Mr. Martin will be especially directed to this matter; and that his energy and knowledge will be brought to bear upon it. This surely is not a period at which we should commence introducing into our Armies an inferior grade of men. The road to a better state of things is plain. If men want a good article, they must pay a good price for it; and it is self-evident that the pay and position of a Medical man in the East India Company's Service is not such as will attract into it the stamp of men with which the Government, if they understood true economy, would take care that their regiments were duly provided. Let them calculate whether it is economical or the reverse to commit a body of troops to the sole charge of a young and inexperienced man, as is so often done in India, far away from all timely aid and advice of his seniors.

At a special General Meeting of the Harveian Society held on the 24th ult., Dr. Headlam Greenhow brought forward a subject of great importance to the Medical Profession and the public, namely, the necessity of petitioning Parliament to renew the Public Health Act of 1858, with such emendations as might be deemed expedient. Dr. Greenhow observed that the advance of Sanitary Science is due to the Medical Profession alone, and that all future progress in the same direction must depend upon the united efforts of its members. He also remarked that it was a notorious fact that some districts were more insalubrious than others, and that some towns were much more unhealthy than others; bronchitis, diarrhœa and fevers, being in some places disproportionately prevalent. In Manchester the ratio of deaths was above 30 in 1000, while in other districts the mortality was only 15 in 1000. The deaths from diarrhœa and allied diseases in some parts of Northumberland and Cumberland were 30 in 1000; and in Liverpool the mortality from phthisis and other chest complaints was enormous. Different places gave rise to particular diseases, although very unequally; for instance, in eleven towns, containing 1,000,000 inhabitants, the deaths from pulmonary diseases, during a period of seven years, were so numerous as to entail upon the population an annual loss of 5000 lives more than would be sacrificed if the mortality was only equal to that of other places. There must, said Dr. Greenhow, be some preventible causes of this insalubrity; and the exertions of the Profession, under the direction of a

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permanent Board of Health, were urgently required to check this disproportionate mortality. Dr. Greenhow concluded by moving a resolution, "That the Harveian Society should adopt the same petition as had been presented to both Houses of Parliament by the Society of Social Science and the Epidemiological Society, for the continuance, with emendations, of the Public Health Act of 1858, and that it be signed by the President and Secretaries in behalf of the Society." This resolution was seconded by Dr. J. B. Sanderson, who particularly urged the necessity of appointing inspectors of vaccination, and of securing for the public service a regular supply of pure lymph, and at the same time of enforcing the practice of vaccination upon the public. This resolution was carried unanimously, as was also another resolution, that Earl Granville be requested to present the Petition in the House of Lords, and Sir Benjamin Hall, Bart., that in the House of Commons. We may also call attention to the following form of petition which has been sent in from Cheltenham and Gloucester. The Profession in other places might do good service by getting up similar petitions:—

To the Honourable the Commons, etc. The Petition of the undersigned inhabitants of, etc. etc.

Humbly Sheweth,

That a large amount of preventible sickness, infirmity, and mortality, now exist in the several towns and districts of England, even where the rate of mortality is comparatively low.

That such preventible disease inflicts upon the community an immense pecuniary loss, far exceeding the highest estimate of the cost of proper measures of prevention; that it leads to moral and social degradation, to pauperism, and crime, and to the increase of a stunted, ill-developed, and degenerate population; and that its various causes are at present but imperfectly understood, even by those who have paid the most attention to the subject.

Your petitioners therefore pray that your Honourable House will be pleased to re-enact the Public Health Act of 1858, with its essential provisions intact, and with such amendments as shall enable Her Majesty's Government to make searching inquiry into all cases of excessive local sickness and mortality, and to report whether adequate means of prevention are employed by the constituted local authorities.

Your Petitioners likewise pray that your Honourable House will be pleased to enact such further measures as shall establish a permanent, universal, and effective system of investigation with periodical reports, by local scientific officers, in independent position, respecting the amount, the nature, and the causes of prevalent diseases, with reference especially to the crowding of population, the condition of dwellings, the adulteration of food, etc., the impurity of water, the effects of various kinds of occupation, the execution of preventive measures, and any other matters which affect the wealth and physical welfare of the Poor, who are the chief sufferers from preventible disease, and whose interests are unrepresented in the Local Boards constituted for parochial or municipal management.

And your Petitioners, etc.

HOUSE OF LORDS.

MEDICAL ACT (1858) AMENDMENT.

Brought from the Commons, March 3, 1859; ordered to be printed, March 25, 1859.

A BILL, AS AMENDED ON REPORT, INTITULED AN ACT TO AMEND THE MEDICAL ACT (1858).

21 & 22 *Vict.* c. 90.

WHEREAS by an Act passed in the last Session of Parliament, chapter ninety, "The Medical Act," provision is made for the Registration of Members of the Medical Profession, and certain disabilities are imposed, after the first day of January, One thousand eight hundred and fifty-nine, on Members of the Profession who are not then registered: and whereas, by reason of the time required for the collection and examination of the proper evidence on the first formation of "The Medical Register," it is expedient to amend the said Act as hereinafter mentioned: and whereas it is expedient that Schedule D of the aforesaid Act should be amended: and whereas in Sections thirty-one and forty-seven of the Medical Act (1858) the terms "Fellow" and "Member" of the Royal Colleges of Physicians of London and Edinburgh are made use of, while in Schedule A. in the same Act "Fellows," "Licentiates," and "Extra Licentiates" of the said Colleges are alone entitled to be registered: Be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

1st July 1859 to be substituted in ss. 32, 34, 36, and 37, 1st January, 1859.

I. The first day of July one thousand eight hundred and fifty-nine shall be substituted, in sections thirty-two, thirty-four, thirty-six, and thirty-seven respectively of the said Act, for the first day of January One thousand eight hundred and fifty-nine; and the said several sections, and all provisions of the said Act having reference thereto, shall be construed and take effect as if the word July had been originally inserted in each of the said Sections instead of the word January.

Section 33 repealed.

II. Section thirty-three of the said Act shall be repealed; and no person shall by reason of the said Act be or be deemed to have been disqualified to hold such office as mentioned in the said Section thirty-three, or any appointment mentioned in the said Section thirty-six, unless he shall have failed to be registered on or before the first day of July One thousand eight hundred and fifty-nine.

Fourth Column of Schedule D. repealed.

III. The fourth column of Schedule D. of the said Act, with its heading shall be repealed and omitted.

Term "Member" to be added in first and second heads of Schedule A.

IV. The term "Member" shall be added after the term "Fellow" to the qualifications described in the first and second heads of Schedule A; and the words, "or Licentiate in Midwifery," shall be added after the word "Licentiate" to the qualifications described in No. 3 of Schedule A; and the words, "or Licentiate in Midwifery," shall be added after the word "Licentiate" to the qualifications described in No. 7 of Schedule A; and every diploma or licence in Surgery granted by the University of Dublin shall be considered a sufficient qualification to practise under the provisions of this Act.

The words "forty-six" to be substituted for the words "forty-five" in Schedule A.

V. And whereas in Schedule A of the said Act there is a reference to Section "Forty-five," but the word "five" is there inserted by mistake: now it is hereby enacted, that the words "forty-six" shall be deemed to be substituted in this Schedule in the place of the words "forty-five."

Any person not a British subject having obtained his degree or diploma may act as resident Physician, etc. of any Hospital exclusively for foreigners.

VI. Nothing in the said Act contained shall prevent any person not a British subject who shall have obtained from any Foreign University a degree or diploma of Doctor in Medicine, and who shall have passed the regular examinations entitling him to practise Medicine in his own country, from being and acting as the Resident Physician or Medical Officer of any Hospital established exclusively for the relief of foreigners in sickness: provided always that such person is engaged in no Medical Practice except as such Resident Physician or Medical Officer.

ATROPINE IN EPILEPSY.—Dr. Maresch does wonders with atropine. He is Physician of a Lunatic Asylum at Vienna. His experiments were made on eight females in one section of the establishment, and upon four men and six women in the section of Incurables. Of the eight females, three were cured outright, and the state of five was greatly and markedly improved. Of the ten incurables, eight had the violence and frequence of their epileptic seizures notably diminished. One-fiftieth of a grain of atropine caused dryness of the throat, difficulty of speech, aberration of vision.

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REVIEWS.

The History of Prostitution: its Extent, Causes, and Effects, throughout the World. By William W. Sanger, M.D. Resident Physician, Blackwell's Island, New York. 1859. Large 8vo, pp. 685.

One of the many evils which afflict society, and which for its pre-eminent intensity has acquired the title of "The Social Evil," has lately excited some especial attention in New York, if we may judge from the appearance of the volume which lies before us. Nearly seven hundred pages of large octavo are here devoted to the history of prostitution. Dr. Sanger, its author, is Resident Physician to the Alms-house of the city and county of New York; and the governors of this institution being anxious to find how matters stand in their city with respect to this said evil, have invited Dr. Sanger to report upon it to them. "Yours was the conception, mine has been the execution of the work," says Dr. Sanger, in the dedication of his volume to the governors.

The book may be divided into two parts. The first part occupies 450 pages, and readers in this country may well pass them over without investigation; for some portion of it is a very poor réchauffée of the works of M. Parent Duchatelet, and other gentlemen whose names are well known in connexion with this matter; and the rest is an accumulation of all the dirt and filthiness which may be gleaned by diligent search in the storehouses of antiquity. For what purpose Dr. Sanger has thus raked together such an extraordinary amount of abominations, it is utterly beyond our power to imagine. He has taken from classical history just those parts, and those parts only, which in the interpretation attached to the Delphine editions of the classics are indicated by a series of asterisks. We cannot believe that he has allowed one single disgusting allusion to escape him; and will venture to say that on the detail of these topics there can be no living authority of greater value than his own. Then he follows down the tale through the dark ages, and the brilliant days of the Renaissance, letting us into the secrets of the famous Du Barry, the Petit Trianon, and the orgies of the Duke of Orleans. All this part of the work, indeed, is just one continued *chronique scandaleuse*, a sort of De Brantome's Mémoires. And we can only say of it, that we know of no purpose for which it is fitted except as a suitable appendix to certain of those brilliant abodes of infamous vice which he has described. But amidst all this profusion and exuberance of utter indecencies, it is impossible not to admire the modesty of their promulgation. He evidently has the legs of his chairs put into trousers for decency's sake. He will relate in the broadest language Messalina's furious madnesses, and Martial's and Catullus's and Juvenal's revelations of the abominations of the decaying Romans' doings, and yet when he comes to a German word which requires translation, he writes it tremblingly and with a blush, thus,—"winklehuren (hedge w——)." And blushingly also he refers to "a disease incident to common women, colica scortorum (w——'s colic)." Such is the curious state of men and authors! This part of his history of prostitution, then, consists of little more than a purposeless and useless collection of the most vile and filthy materials; which can serve no earthly end in any attempt to assuage this moral deformity, but which will most assuredly excite the bad passions and prurient curiosity of any untutored person into whose hands accident may bring the volume. We fancy that the Governors of the New York Alms-house will be both astonished and disgusted when they find that they are to peruse these many hundred pages of matter, as a sort of necessary introduction to the history of prostitution in New York.

The last 230 pages are devoted to the history of prostitution in this capital of the New World, and are the only ones which contain any matter of interest to us in the Old World.

The information given by Dr. Sanger under this head was obtained through the aid of the police. A schedule of questions—some forty in number—were placed in their hands; and it is from the answers thus obtained from 2000 prostitutes that the author derives his facts and his conclusions. Much useful information, however, he tells us, was lost, through the circumstance that these schedules, duly answered, were all destroyed in the burning of the Island Hospital in February, 1858. Speaking of the age of prostitutes in New York, Dr. Sanger introduces a good deal of "Bunkum," as he does throughout his book; and as a specimen of his style we will here introduce a few lines:—

"Take the career of a female who enters a house of prostitution at 16 years of age. Her step is elastic, her eye bright, she is the 'observed of all observers.' The *habitués* of the place flock around her, gloat over her ruin while they praise her beauty, and try to drag her down to their own level of depravity while flattering her vanity. As the last spark of inherent virtue flickers and dies in her bosom, and she becomes sensible that she is indeed lost. . . . . But this life of gay depravity cannot last; her mind becomes tainted with the moral miasma in which she lives; her physical powers wane under the trials imposed upon them. . . To-day you may find her in our aristocratic "—aristocratic!— "promenades; to-morrow she will be forced to walk in more secluded streets. . . . . To-day she has servants to do her bidding; to-morrow she may be buried in a pauper's coffin, and a nameless grave."

Such is the general style of our author. His careful method of analysing data may be gathered from the following assertion put in italics:—"*The average duration of life among these women does not exceed four years from the beginning of their career.*" When we seek for the data upon which he makes such an astounding assertion, we find only this:—"It is a tolerably well-ascertained fact that one-fourth of the total number of abandoned women in this city die every year." We utterly disbelieve this statement, so contrary is it to all that has been hitherto ascertained on this subject in other countries, and so unfounded as it is upon any tangible facts.

We shall not follow Dr. Sanger through all his details. We gather from them, that prostitution exists in New York much as it exists in all other large cities. The details resemble very exactly those which we have of late had so many occasions of investigating in different publications on this subject. On the grand object, the cure of the evil, or rather its alleviation, Dr. Sanger has nothing new to offer; but he seems to hanker after the Parisian system of registration.

We wish we could speak something in praise of this huge volume, which has evidently cost its author a vast amount of labour; but we cannot, for it contains so much that deserves severe reprobation. A work more unlike Duchatelet's, in philosophic spirit, in cautious reasoning, in moral tone, could not have been published; and that it may be, and will be, turned to very bad purposes we greatly fear, consisting as the great bulk of the volume does, simply and solely, of a series of obscene anecdotes.

We will in conclusion give the results of Dr. Sanger's investigations:—

"RECAPITULATION.

"There are six thousand public prostitutes in New York.

"The majority of these are from fifteen to twenty-five years old.

"Three eighths of them were born in the United States.

"Many of those born abroad came here poor, to improve their condition.

"*Education is at a very low standard with them.*

"One fifth of them are married women.

"One half of them have given birth to children, and more than one half of these children are illegitimate.

"The ratio of mortality among children of prostitutes is four times greater than the ordinary ratio among children in New York.

"Many of these children are living in the abodes of vice and obscenity.

"The majority of these women have been prostitutes for less than four years.

"The average duration of a prostitute's life is only four years.

"Nearly one half of the prostitutes in New York admit that they are or have been sufferers from syphilis.

"Seduction; destitution; ill treatment by parents, husbands, or relatives; intemperance; and bad company, are the main causes of prostitution.

"Women in this city have not sufficient means of employment.

"Their employment is inadequately remunerated.

"The associations of many employments are prejudicial to morality.

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"Six sevenths of the prostitutes drink intoxicating liquors to a greater or less extent.

"Parental influences induced habits of intoxication.

"A professed respect for religion is common among them.

"A capital of nearly *four millions of dollars* is invested in the business of prostitution.

"The annual expenditure on account of prostitution is more than *seven millions of dollars*.

"Prohibitory measures have signally failed to suppress or check prostitution.

"A necessity exists for some action.

"Motives of policy require a change in the mode of procedure."

On an Improved Treatment of Stricture of the Urethra. Being one of the successful competitive essays for the Sexennial Argentine Prize of 1856. By JAMES ARNOTT, M.D. London: 1859. 8vo, pp. 36.

Dr. Arnott's ingenious method of dilating the urethra by fluid pressure has been known to the Profession for many years. It has not, however, been much practised in this country, notwithstanding the strong recommendation of its inventor. He has succeeded well with it himself, and therefore there can be no reason why fluid dilatation should not be found useful in the hands of others. The objection to the plan consists doubtless in the difficulty of applying the apparatus, which must be great, considering that it is necessary first to introduce into the stricture the dilator, which consists of a membranous tube. This tube is then distended gradually by means of a powerful syringe, conveying a mixture of gum and water. Dr. Arnott informs us that he has seen "a narrow stricture which has existed for years dilated to the normal size of the urethra in one hour."

Of the safety of this method of dealing with stricture of the urethra there cannot be a doubt, and as regards its efficacy in some cases, the author, who is thoroughly trustworthy, although somewhat enthusiastic, assures us of that; but it is in that class of cases where there is the most difficulty, viz. those strictures which are impassable to any instrument, that this mode of treatment must be useless, because it is absolutely necessary that the dilator should be passed into the stricture before the apparatus is used. We should apprehend also, that in many of those instances of tight but not impassable stricture, where from distortion of the canal, and other complications, the utmost difficulty is experienced in introducing the most finely polished sound or catheter, the obstacles to the introduction of the fluid dilator would be almost insurmountable. In those instances, however, where the stricture is already patent to a certain extent, the dilator can be passed without difficulty, and there cannot be a doubt that the fluid pressure may be exerted in such cases not only with safety, but with efficacy. A similar principle has also been adopted by the author in dilating the neck of the bladder in the operation for stone; and however rarely either of these operations have been practised by English surgeons, Dr. Arnott, at least, must have the credit of being the first to suggest the novel and ingenious expedient.

In the little work under notice the author has made some very sensible and practical observations on the various modes of treating stricture. Of course he is somewhat opposed to the slow and gradual dilatation by the bougie, and, indeed, goes so far as to hint that "this tedious employment of the bougie or sound is calculated to increase rather than lessen the stricture." Of the erroneousness of such a doctrine it is unnecessary for us to speak; suffice it to say, that after all the novel expedients of causticing, of cutting, and of rapid dilatation, this tedious employment of the bougie or sound still holds, and doubtless will ever hold, the foremost place in the treatment of stricture. As regards the operation of Mr. Syme, Dr. Arnott expresses the opinion which is at last, after much opposition, almost universally held by Surgeons of any experience, that "the relief which the perineal section affords is often of short duration. The cicatrix that follows the wound, again contracts the urethra; and as the morbid textures forming the original stricture can hardly be subjected to pressure or other remedial measures until this cicatrix forms, their continued growth or contraction may, when the cicatrisation is completed, render the obstruction greater than before."—p. 6.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE GLUCOGENIC FUNCTION OF THE PLACENTA.

By M. CLAUDE BERNARD.

THE following are the conclusions of M. Bernard's Memoir, recently presented to the Académie des Sciences:—1. The placenta of mammalia performs a function hitherto unrecognised, and which seems to supply during the early periods of embryonic life, the place of the glucogenic function of the liver. This function is localised in a glandular or epithelial element of the placenta, which in certain animals is mingled with the vascular portion of the organ: but in ruminants it is found separate, forming plates of an epithelial appearance on the amnios, which every one must have seen, though not apprehending their signification. 2. This temporary hepatic organ of the placenta, allowing of the direct study of the production of the glucogenic matter in an isolated anatomical element, confirms and completes by a new example, what I have long since declared, viz. that the formation of the glucogenic amylaceous matter is a faculty common to both the animal and vegetable kingdom. We here see it accumulating around the animal embryo, just as in plants it accumulates in seeds around the vegetable embryo. 3. The glucogenic function commences then in animals from the origin of fœtal life, and before the organ in which the function is located in the adult has become developed. It is localised in a temporary organ belonging to the appendices of the fœtus. 4. All that has been advanced in this essay relates solely to the glycogenic functions of the liver: but actually it remains to be examined whether the biliary function exercised by the liver in the adult is also accomplished in the hepatic placental organ here described. The question may be put in the following terms: Are the same glandular cells charged with two functions which must be considered as connected and reciprocal; or, must the liver be regarded as a compound organ, in which distinct anatomical elements are combined, the one destined for the formation of amylaceous, the other of biliary matter? This question, which anatomists have been unable to solve, in spite of the numerous histological labours the liver has been the object of, appears to me to be capable of being elucidated or even decided by means of physiological investigations, made on the one hand upon the embryonic development of the function, and in the other on the lower animals. Such an investigation I have undertaken, and will communicate the results as soon as I have completed it.—*Gazette Médicale*, 1859.

CASE OF CONGENITAL ATRESIA UTERI, WITH SUBSEQUENT PREGNANCY.

By Dr. TUPPERT.

M. Müller, a peasant girl, had continued in complete health until her seventeenth year, when she was seized with abdominal pains, which, assuming a monthly type, continued severe for some days, and then gradually disappeared. Next year they increased in severity, and although somewhat subsiding at intervals, could never be said to cease entirely. No traces whatever of menstrual fluid. The girl sought relief of her own accord, from bleeding; and for years was bled every six or eight weeks.

Dr. Tuppert saw her first in April, 1846, when she was 29 years old, and her sufferings, both mental and bodily, were excessive. The abdomen was remarkably distended, and a firm, round body could be felt, stretching against the spine, and extending from the navel to the lower part of the pelvic cavity. At the end of the vagina, which was 1½ inch in length, a round, elastic body, capable of being pressed deeply towards the pelvis, was felt. In place of the os uteri there was a slight crucial furrow. A trocar was passed into this spot on May 9, and about five ounces of a brown, pasty, scentless fluid was discharged, to the great relief of the patient. The discharge was allowed to come away day by day, and by the sixth day the uterus had contracted to the size of a man's fist. No reaction followed, and by the seventh day after the operation, the patient left her bed quite well. A catgut bougie had been introduced every morning

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into the aperture. In a fortnight the menses appeared, without any pain, and recurred first every fortnight, and then every three weeks. In the middle of October, six months after the operation, the menses ceased to appear, the old pains returned, and a swelling reappeared in the abdomen; and by the 21st of November, the distended uterus had acquired its former size. The artificial opening had indeed closed, and on reopening it with the trocar 4 oz. of dark bloody fluid was discharged. Considerable reaction followed, and the fluid discharged became purulent and fœtid. In a week these symptoms amended, and seventeen days after the operation the menses reappeared, without pain. By February 21, three months after the second operation, closure again took place, rendering a third operation necessary on April 7. To prevent a repetition of the inconvenience, a metallic tube was contrived to be retained *in situ* during three months.

In 1851, four years after the last paracentesis, the menses which had appeared regularly every four weeks, were again arrested, but without pain. This time, however, the occurrence was due to pregnancy. In February, 1852, after five hours' regular and easy labour, a seven months' child was born, the mother recovering, and remaining well to the present time.—*Swanson's Beitrage*, Band 3, pp. 163-7.

EXCERPTA MINORA.

Numerous Tappings in Ovarian Dropsy.—In a case related by Dr. Fifield, the patient between April 26, 1847, and Nov. 28, 1858, was tapped thirty-one times, the total quantity of fluid withdrawn, including 30lbs. at the autopsy, Dec. 8, 1858, amounting to 2002lbs.—*Boston Journal*, vol. lix. p. 481.

Glycerine as a Solvent of Iodine.—Glycerine is a thorough solvent of iodine, and is superior to alcohol as a vehicle, when intended as an external application, on account of the slowness with which it evaporates.—*Ibid.* p. 488.

Chlorined Water in Dissection Wounds.—M. Garrigon states that repeated experience has convinced him of the efficacy of the treatment long since recommended by M. Nonat of placing the hand suffering from dissection wounds in chlorinated water. The application will be always found efficacious, providing purulent infection have not already set in, when it will be useless.—*Gaz. des Hôp.* 1859, No. 30.

Oleo-calcareous Liniment in Erysipelas.—M. Tournié, guided by the analogy which prevails between erysipelas and the slighter degree of burns, was induced to try an application, equal parts of almond oil and lime water, which has been often found of service in the latter. This admits of being applied to any part, and to any extent, is very agreeable to the feelings of the patient, and, as far as the author has tried it, it has proved of great utility.—*L'Union Méd.* 1858, No. 80.

Curiously-twisted Funis.—Dr. Harris presented to the Pathological Society of Philadelphia a spirally formed umbilical cord obtained the day before from a well-developed male fœtus. This cord formed a continuous helix from the placenta to the umbilicus, in which there were from thirty to forty turns, each measuring, before pulsation had ceased, about three-quarters of an inch in diameter. Notwithstanding this spiral arrangement, the cord, when measured in a direct line, was of about the usual length. In making traction to deliver the placenta the spiral portion within the vagina was necessarily elongated or straightened out. The external portion not so pulled, which was presented to the Society, constituted, when fresh, a helix composed of twenty-eight spiral turns.—*North Am. Med. Chi. Rev.* March, 1859.

THE TROUBLES OF A GREAT MAN.—Baron Von Humboldt, now 90 years old, has addressed the following note to the Berlin journals:—"Overwhelmed by the number of letters sent me, and which are increasing every day, amounting to from 1600 to 2000 per annum, many, too, being on the most futile subjects, such as demands for my autograph, and offers to cure me of all diseases, I once more make a public appeal to the persons who wish me well, and request them not to occupy themselves so much with what concerns me, in order that with the diminution of strength, intellectual and physical, which I experience, I may be allowed a little leisure for study and composition. I trust that this step, to which I have recourse with reluctance, will not be interpreted unkindly."

GENERAL CORRESPONDENCE.

LOCAL ASSESSMENTS OF CHARITIES.

LETTER FROM MR. EVANS.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am directed to forward to you the following communication for your journal of this week:—

"A very large and influential deputation of members of Parliament, deputies from Metropolitan and Provincial Hospitals, and others interested in local charities, had an interview with the Government on Thursday last. The object of the deputation was to represent to Government the impolicy and injustice of some of the provisions of a bill which had been introduced into the House of Commons (the Local Assessments Exemption Abolition Bill), which would deprive hospitals and other charitable institutions of the exemption from parochial and other local rates heretofore enjoyed by them. The Home Secretary explained his views and intentions, stating that a clause should be introduced into the bill, by which the exemption would be continued to hospitals and other charitable institutions, one half of whose income should be derived from voluntary contributions.

"A long and satisfactory discussion followed, in which, while adhering to the principle of the Government measure, the Home Secretary expressed his anxiety to relieve purely charitable institutions as much as possible.

"The members of Parliament for the East Riding and for the borough attended the deputation. Dr. Alderson, Vice-President, the Chairman of the weekly Board (H. Gibson, Esq.), and Sir H. Cooper, represented the Hull Hospital."

I am, &c.

CHARLES JEWEL EVANS.

The General Infirmary, Hull, March 28, 1859.

USE OF CHLOROFORM AND ACONITE IN NEURALGIA.

LETTER FROM DR. GUENEAU DE MUSSY.

[To the Editor of the Medical Times and Gazette.]

SIR,—I fear the conclusions brought forward by Dr. Waller in the last number of the *Medical Times* regarding the mixture of chloroform and aconite, may deter others from employing a very valuable remedy.

For more than three years I have prescribed it in neuralgia of different regions; but here I want chiefly to allude to the most common and severe of neuralgic pains—the facial neuralgia, in which I have derived from the above-named remedy sometimes a complete and permanent cure, and always an almost immediate and considerable relief. In such cases I apply it directly to the gums of the side affected, where numerous divisions of the fifth nerve are most superficial. When the neuralgia is idiopathic, *i.e.* unconnected apparently with any organic disease, the formula is:—2 parts of sp. of wine, or eau-de-Cologne, 1 of chloroform, and one of tincture of aconite; the finger covered with a piece of lint or soft thick linen, is dipped in the mixture and rubbed gently against the gum for a few minutes. I do not use a sponge, because it would take up too much of the liquid, which by pressure might drop into the mouth.

When the pain is connected with some organic disease, as a deranged tooth, chronic inflammation of the gums, or of the sockets, or, as I have observed, superficial necrosis of the bone, I have found the tincture of iodine a very beneficial substitute for spirit of wine in the formula given above.

The infra-orbitary branch being the most commonly affected, it is chiefly in neuralgia of this part the application has been successful; but by no means exclusively so; it answers very well in pain of the lower branch, and I have observed some very severe cases of supra-orbitary neuralgia, in which the same application has been attended with an equally satisfactory result.

This shows, moreover, that the sedative agent may produce its effect, as the irritating one so frequently does, on a part distant from the spot on which it is applied in the same, and even in a different branch of a nerve. I am, &c.

LE DR. GUENEAU DE MUSSY.

12, Fitzroy-square, March 22.

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SYMPATHETIC IRRITATION OF ONE EYE.

LETTER FROM MR. AUGUSTIN PRICHARD.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have just seen in your number for March 12, a paper by my old friend and quondam fellow-pupil at St. Bartholomew, Mr. Walton, on injuries to the one eye, and sympathetic irritation and destruction of the other, and on the treatment of these cases. In this paper he says that he has gathered so much Surgical knowledge on the subject, that he is induced to give his opinion to the Medical public through the medium of your columns. Judging from the general tone of the communication, he assumes a good deal of credit for his treatment (including operation); but he does not say (nor indeed was he bound to say) where he learnt the fact that the destructive sympathetic disease of the second eye might be checked by removing the injured organ; but I think his paper would have been more complete had he done so.

In all good-humour, and wishing Mr. Walton all the success his industry deserves, I should like to bring to his mind, through the medium of your pages, a reminiscence of his classical studies, by suggesting the following lines and the sentiment contained in the last:—

"Sic vos non vobis, nidificatis aves,
Sic vos non vobis, &c.,
&c. &c. &c.
Hos ego versiculos feci; tulit alter honores."

I am, &c. AUGUSTIN PRICHARD,
Surgeon to the Bristol Royal Infirmary.

Clifton, March 28, 1859.

NITRIC ACID IN HOOPING-COUGH.

LETTER FROM MR. ATCHERLEY.

[To the Editor of the Medical Times and Gazette.]

SIR,—In answer to Dr. Gibb's letter in the *Medical Times* of March 19, I beg to assure him that previous to the publication of my paper on the treatment of hooping-cough by diluted nitric acid, I had never read nor heard of his book written on the same subject.

I commenced my paper, not merely by disclaiming all pretension to originality in the treatment spoken of, but by giving the name of the author who I believe first used it, and which I saw commented upon in the *Dublin Hospital Gazette*.

Surely under these circumstances I cannot be fairly accused of plagiarism, or of any attempt to rob Dr. Gibb of a merit of which he seems so tenacious, and which I have no doubt he justly deserves; still there is no path so sacred that may not be trod by more than one hapless pilgrim, and no subject so rigidly exclusive that may not be discussed by others without violating the rule of ethics. I am, &c.

Liverpool, March 23. J. ATCHERLEY.

THE LUNACY REGULATION ACT.—The Lunacy Regulation Act of 1853 is to be amended by a bill of Mr. Solicitor-General Cairns and Mr. Sotheron Estcourt. It enacts that future visitors of lunatics, legal or Medical, shall hold office during good behaviour, and receive £1500 a-year as salary, on condition of not engaging in any other occupation. The Lord Chancellor is empowered to allow pensions to present visitors (not exceeding two-thirds of their respective salaries) if desirous of retiring, and to future visitors if afflicted with "some permanent infirmity." All lunatics within 120 miles from the Post-office must be personally visited and seen four times at least in every year, and all other lunatics twice a-year. The Lord Chancellor has power to apply the property of any lunatic (when under £500, and the application is unopposed) for his maintenance, in a summary manner and without inquisition.

VELPEAU AND HIS BETE NOIR.—"Unfortunate M. Velpeau! Wherever he goes he is pursued, and besieged by questions about Le Docteur Noir. Every Monday at the Institute, every Tuesday at the Academy of Medicine, people press and crowd around him; some offer him their thanks; some blame; some justify; some criticise him. Any one with a less solid head than he possesses would lose his senses altogether."—*L'Union Médicale.*

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 22, 1859.

F. C. SKEY, Esq. President, in the Chair.

A paper by GEORGE JOHNSON, M.D. F.R.C.P., was read

ON THE FORMS AND STAGES OF BRIGHT'S DISEASE OF THE KIDNEY,

WITH ESPECIAL REFERENCE TO DIAGNOSIS AND PROGNOSIS.

The author commenced by remarking that the question of the relationship which exists between the various conditions of the kidney which are commonly included under the term "Bright's Disease," is one of practical interest and importance. He considers that the theory of the oneness of Bright's disease is inconsistent with the clinical history and the morbid anatomy of the kidney in its various conditions. A large Bright's kidney usually remains large to the end, and a contracted Bright's kidney has not passed through a previous stage of enlargement. The chief points of distinction between the large white Bright's kidney and the contracted kidney, are the following:—1. The urine secreted by the large kidney is less abundant, of higher density, more constantly and copiously albuminous, and contains small waxy casts with or without oil, but not the granular casts which are thrown off from the tubes of the contracting kidney. 2. The minute anatomy of the two kidneys is different. In the contracting kidney, the gland cells become disintegrated and washed away, leaving the tubes denuded. In the large white kidney, the cells for the most part remain attached to the basement membrane, and undergo changes varying from a slight granular opacity to a complete oily degeneration, or they may at length become replaced by an albuminous or a fibrinous material which fills and obstructs the tubes.—3. Another important distinction between the two forms of disease consists in the relative frequency of dropsy as a symptom. There are few exceptions to the rule, that patients who die with a large Bright's kidney have had dropsy. In only two out of twenty-six fatal cases, in the author's experience, had dropsy been wanting at some period of the patient's history; whereas, of thirty-three fatal cases of contracted kidney, there had been dropsy in only fourteen, and in most of these cases the dropsy was very slight and partial. The author remarked that if all the contracted Bright's kidneys have passed through a previous stage of enlargement, it is difficult to understand how the majority of those patients who have reached this final stage of renal degeneration can escape the dropsy which, in a greater or less degree, troubles nearly all those who die in what is by some writers assumed to be an earlier stage of the same disease. The rule is, that a large Bright's kidney remains so to the end, and that a contracted kidney has not previously been enlarged. But there are exceptions to this rule. There are cases of Bright's disease in which the kidneys, having become enlarged, subsequently undergo a process of contraction in a greater or less degree. These cases, however, are so exceptional in many of their most important features, that they afford a remarkable confirmation of the doctrine, that in ordinary cases the contracted Bright's kidney is not an advanced stage of a previously enlarged kidney, but the result of a distinct series of morbid changes. The cases in which contraction of the kidney has followed upon enlargement may be divided into three classes: 1. There are cases in which the weight and size of the kidney are found to be increased after death; yet in the cortical portion of the gland there are unquestionable indications of commencing atrophy and contraction. The author said he had met with six cases of this kind, and showed a drawing of the kidney from one case. The gland was large, pale, and waxy, but the cortical portion decidedly wasted. In the 2nd class of cases, the contraction of a pale, waxy kidney had proceeded farther, so that the size and weight were reduced below the average of the healthy gland. The 3rd class of cases are those in which a kidney, having become enlarged and fatty,

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has subsequently contracted; the fat granulations being still visible in the atrophied kidney. During a period of fourteen years the author has met with only five examples of contracted fat kidney. In two of these cases the period of transition from a large fat kidney to a contracting kidney was clearly indicated by the microscopic characters of the urine. The large waxy and granular casts were observed to take the place of the small waxy and oily casts which had been present during the earlier periods of the disease. One of these cases was under observation for a period of ten years. The chief points of distinction between a kidney which has been wasted by the chronic desquamative disease and one which has contracted after waxy enlargement were referred to, and illustrated by drawings of the two forms of disease.

Dr. Quain said the thanks of the Society were due to the author for the valuable light his researches had shed on what might be called a truly English subject. He remembered the time when there was hardly any subject before the Profession which was under a greater cloud. The mere presence of albumen in the urine was regarded as something formidable in its tendency, and the progress of the disease was almost a mystery; but the researches of Dr. Johnson and others had thrown as much light on the subject as the researches of Laennec with the stethoscope had thrown on the disease of the lungs and heart. The nature of the deposit indicated the origin and probable progress of the disease, and even seemed to point to its treatment. It was true there was some difficulties still standing in the way, but as time advanced there could be no doubt these would diminish.

Dr. Basham thought the great merit of the paper consisted in the refutation of the pathological theory, emanating from the German school, of the oneness of Bright's disease. The author had constantly endeavoured to show that there were several morbid processes engaged in producing the different forms of renal disease that go by the name of Bright. Those who had paid attention to the disease must be familiar with the appearances described by Dr. Johnson, and aware of the distinctive characteristics that marked the large, flabby, white kidney from the granular, fatty, waxy, small kidney. He could have wished that the author had dwelt more particularly on the fact that the large white kidney was frequently associated with the acute form of the disease, whereas those forms of disease that extend over many years were more frequently found connected with the fatty and waxy kidney.

Dr. G. Johnson said he agreed to some extent with Dr. Basham that the large pale kidney was usually connected with the acute form of the disease. Where chronic disease followed upon an acute attack it was almost always a large, pale, flabby kidney. He did not know of an instance in which a very small contracted kidney commenced in an acute attack. It was not always, however, that large pale kidneys existed in acute cases. One of the cases which he had detailed, where the kidney was contracted, was of ten years' duration. If the patient had died at the end of nine years he believed a large pale kidney would have been found. In a considerable portion of cases of chronic enlarged Bright's kidney, the origin was latent, and there was no acute stage, so far as one could ascertain. One could not explain the difference in the size by the comparative duration of the cases.

A paper by C. Holthouse, Esq. was read on—

A CASE OF EPILEPSY, IN WHICH CASTRATION WAS PERFORMED.

The author commenced his paper by citing ten cases of epilepsy, in which castration is said to have cured the disease. In the first case, the testicles were removed in consequence of disease of those organs. In the second case one testicle was removed on account of an accident to the organ. Both patients were epileptic previous to the affection of the testicles; and their removal, though not done with the view of curing the epilepsy, incidentally did so. These cases were related to Dr. M'Kinley, of Tennessee, U.S. by a Mr. M'Gavoc, of the British Navy, and are published in the *American Medical Gazette* of July, 1855, along with seven other cases in which castration was performed for the express purpose of curing epilepsy. Of these seven cases, two occurred in the practice of Dr. M'Kinley himself; two in the practice of Dr. White, of Tennessee; two in that of Dr. Talbot, of Missouri; and one in that of Dr. Hacker, of Louisiana. The tenth case occurred in Germany, the operation having been performed by Holz, under the direction of Joseph Frank, and it is recorded in the "Praxeos Medicæ Universæ Precepta," vol. ii. chap. 11. Mr. Holthouse stated that he brought his case before the notice of the Society partly because the operation was not attended with the same favourable results as in the cases referred to, and partly for the purpose of removing the misapprehension which prevails in reference to it. The case of the patient, very nearly as taken by Mr. Ponsonby K. Adair, the House-Surgeon of the Westminster Hospital, was then read; after which the author proceeded to state the grounds on which he was induced to operate in the following words:—"Reasons which induced me to operate.—1. The patient's urgent request. 2. The simple and dangerless character of the operation. 3. The knowledge that epilepsy had been cured by castration. 4. The possibility, if not probability, that it might be in the present case. Lastly, I was further influenced by a consideration of the history of the case, which showed, first, that every remedy hitherto tried had failed; and, secondly, that there was a close connexion between the origin and severity of the fits and the condition of the sexual organs. Whatever weight may be attached to the 2nd, 3rd, and 4th reasons, I confess I should not have felt myself justified in recommending a proceeding of which I had no personal experience, nor any knowledge of the individuals who had adopted it; but although these considerations would not have sufficed to make me recommend the operation, they had their influence in inducing me to consent to its performance. It will be obvious, then, that I was chiefly influenced by the wishes of the patient. The question, therefore, arises, how far may a patient's wishes as respects treatment be acceded to, and on what points must a physician or surgeon satisfy himself before acting on a patient's suggestion? The following seem to me to be essential:—1st, he must satisfy himself that the patient is of mature age; 2ndly, that he is of sound mind, not the subject of hallucinations or a monomaniac; 3rdly, that his proposition is not unreasonable; and lastly, that the remedy proposed is not a dangerous one. Now, the only points on which I apprehend there can be any difference of opinion are—1st, as to the sanity of the patient; and 2ndly, as to the reasonableness of the treatment adopted. I shall, therefore, address myself to these two points. And first, as to the sanity of the patient, it has been asserted by many that the mere fact of the man having had epilepsy for so long a period was presumptive evidence that his mind was unsound, and the pertinacity with which he begged to be castrated was considered a sufficient proof that this opinion was not unfounded. Mania, I was reminded, sometimes takes this form, and lunatics have been known to castrate themselves. Now, I am free to admit that if such a desire existed, or such a request were made on the part of any individual without adequate motive, there would be legitimate grounds for believing that he was insane, or at least, labouring under an insane delusion. But was there no adequate motive in the present case? What are the facts? The patient is walking in one of the streets of New York, when he is stopped by a Physician of eminence and repute, the editor of a Medical journal, who informs him he has just received a communication from one of his correspondents, in which castration is recommended for certain forms of epilepsy attended with great venereal excitement, and that nine cases had been successfully treated by this method. The letter containing this announcement Dr. Reese reads to him, and advises him to submit to the operation, at the same time offering him an introduction to Prof. Parker, Surgeon of the Bellevue Hospital, and Professor of Surgery at the University of New York, and one of the most eminent Surgeons in that city. A consultation is held between Dr. Reese and Prof. Parker, when the latter, having been made acquainted with the history of the case, and had his attention called to the cases published in Dr. Reese's journal, consents to perform it, and is only deterred from doing so by the interposition of a Medical relative of the patient, who was of opinion that no benefit would result. From this period is to be dated the desire of the patient to be castrated; and believing that he had at last found a remedy for his disease, is it to be wondered at that he should be earnest and urgent in his desire to avail himself of it?—that he should prefer the positive evidence of those who had tried the remedy, to the negative evidence of those who had not—the practical experience of the former

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to the theoretical considerations of the latter? Moreover, when he called to mind the origin of his fits—their recurrence on his first marriage, after they had been absent for the two preceding years—their exacerbation on his second marriage, as well as under any sexual excitement—and his frequent nocturnal pollutions—could he dissociate the fits from the sexual organs? And was not the fact of his thus associating them a proof rather of his sanity than of his insanity? I appeal to the candour of the Society whether there is the least analogy between a man desiring castration under such circumstances, and the morbid craving for mutilation of a madman? I would further remark, that the removal of the exciting cause of epilepsy, as indeed of any other disease, has been long recognised as the established rule of practice; and, although it is not always possible to determine what this cause may be, I hold it to be generally admitted that we are justified in acting on a fair presumption of the cause, though such presumption must necessarily fall short of actual proof. Acting on this presumption, epileptic patients have been subjected to the dangerous operation of trephining, sometimes with and sometimes without success. Acting on such presumption, Wardrop cured a case of eccentric epilepsy, by removing a joint of a healthy finger. Tissot relates a case where a similar good result followed amputation of the great toe. Dr. W. H. Edwards, of Virginia, U.S., cites another, in which the leg was amputated a few inches below the knee-joint; and several similar or analogous examples are on record. It must be obvious, then, that in all of these cases the epilepsy was of eccentric origin, and that the great nervous centres were only affected secondarily and sympathetically. Now the whole history of the patient whose case forms the subject of this paper, pointed to the abuse of the reproductive organs as the original source and the subsequent exciter of the epileptic paroxysms; indeed, the early abuse to which they had been subjected had so increased their functional activity that they were habitually in a state of abnormal excitement, and this reacting on the brain prevented that repose of the organ so favourable, if not essential, to its recovery, and constantly tended to counteract the effect of other remedial agents. But I am assuming here that the brain is affected; and indeed, in so long standing a case, it would be absurd to suppose that this organ was not in some measure damaged, although it may not have been originally the starting-point of the disease. I am aware it may be objected that the excitement of the genital organs was the effect and not the cause of disease of the brain, and that the origin both of the fits and of the sexual excitement must be referred to cerebral disorder. Now, though it may not be possible to prove the negative of this, there are so many facts which demonstrate the influence of the reproductive organs over the cerebral functions, that it is no unfair inference to suppose they may have thus acted in the present case. I held, then, that the removal of all extrinsic sources of excitement from a disordered brain is both reasonable and proper; and believing, as from the history of the case I was entitled to do, that the reproductive organs of this patient did exercise an injurious influence on his brain—seeing, moreover, that precedents were not wanting where the removal of the testicles, under like circumstances, had been attended with success—I say, taking into consideration all these circumstances, I maintain that the request of the patient was not unreasonable, and that it was perfectly justifiable to accede to his wishes. The results of the operation are, so far as can be judged of at present, certainly not such as the patient anticipated: the fits continue to recur with much the same frequency, and are of a similar character."

Mr. Solly said he saw the patient in St. Thomas's Hospital, where a consultation was held, and Mr. Simon was inclined to yield to the man's wishes, against the general feelings of his colleagues. He (Mr. Solly) suggested, that if any operation was performed, the spermatic artery should be tied on one side, and if that proved in any way successful, a similar operation might be performed on the opposite side. His reason for making the suggestion was, that castration was by no means a harmless operation, or unattended with danger. The last patient whom Mr. Green castrated died within a short time after the operation.

Mr. Holmes Coote said that the patient, having enjoyed the hospitalities of the public institutions in France and Germany, might now be seen any day in St. Bartholomew's walking about and airing himself, in the conscious dignity of having been castrated. It appeared to him that the man was a monomaniac. In an institution with which he was connected, Bethlehem Hospital, if all the operations were performed which the patients desired there would be a strange collection of individuals. One man desired to have his throat cut; another wished to be hung, and a third cut off his penis. In the case of a young woman subject to erotic monomania, a Surgeon consented, at her request, to excise the clitoris, with the same effect as in Mr. Holthouse's case. The disease was really in the brain, and could only be relieved in an asylum under proper supervision.

Dr. Schulhoff stated that eunuchs in the east were found to suffer from epileptic fits.

Dr. Webster had no doubt that Mr. Holthouse's patient was of unsound mind, and the circumstance of his strong desire to be castrated he regarded as a striking indication of that fact. He did not think the Surgeon was justified in performing the operation simply because the patient requested it. The statements of the American cases, however, appeared to be sufficient to justify the operation. Long-standing epilepsy was generally accompanied with unsoundness of mind.

Mr. Acton said there were many instances recorded of *operations de complaisance*, so that Mr. Holthouse was not without precedents for his justification. He hoped, however, that Surgeons would be prevented from performing an operation of the kind detailed, seeing that the results were so unsatisfactory. He wondered that no one appeared to have suggested the cauterisation of the urethra, which some persons considered useful in such affections.

Mr. Hale Thompson had seen the patient in Westminster Hospital, and had no doubt of his insanity. Had he heard of cauterisation no doubt he would have proposed it. The man was one day observed to be asking all the students to give him sixpence, and having collected in this way about five shillings, he went out and gave the money to some crossing-sweepers. And in many other ways he had manifested his imbecility. He had heard more false logic in the paper than he had ever heard in the Society before; and he suggested whether it would not be better to follow the rules of practice laid down by eminent Surgeons in this country, rather than adopt ill-understood American eccentricities. When the operation was performed he (Mr. Thompson) protested against it, the testicles being perfectly sound, and left the theatre rather than sanction by his presence such a proceeding. The operation was not without danger, and the man suffered fearfully from hæmorrhage for two hours.

Dr. Ogle believed the man to be a monomaniac, and he had seen a letter from Paris respecting him, in which it was stated "the Physicians think him stark mad." With regard to the experiments upon the lower animals, it was found that if they were castrated before puberty, their sexual desire was entirely destroyed, but this was not the case if the operation was performed at a later period. Cases were on record in which children had been begotten after castration, and it was known that some eunuchs had harems of their own; and it had been stated that a monarch of Persia, finding that the removal of the testes from eunuchs did not destroy desire, ordered that the entire organ should be removed. Juvenal, also in his sixth satire, had a passage in which he showed that the women were in the habit of indulging themselves with eunuchs.

Dr. Stallard said he saw the patient several times in Paris, and the impression at the Hôtel Dieu was that he was a monomaniac. He regarded himself as a most extraordinary patient, who had submitted to every kind of treatment.

Mr. Holthouse, in reply, contended that the desire of the patient was a rational one, and no more an indication of imbecility than the circumstance of blind and deaf patients going about consulting all the members of the Profession, and trying every possible remedy. The statement of the man giving the crossing-sweepers five shillings was not correct. The patient had broken a window, and not having funds in his possession at the time, collected money to pay for the damage, and he applied it to that object—what he gave to the crossing-sweepers were only a few silver farthings that he happened to have about him at the time. It was said that the removal of a healthy organ was not justifiable. Nor would he justify it in a

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healthy individual; but in cases of disease it was sometimes necessary, as in amaurosis, which had been cured by the removal of healthy teeth. If the teeth might be removed to save the eye, he did not see why the testes might not be removed to save the brain.

The Society then adjourned.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations in anatomy and physiology on the 22d, 23d, and 24th inst., were declared to have done so satisfactorily at a meeting of the Court on the 30th inst:—viz. Messrs. John Thompson, William Beamish Lane, Richard Istance, James Joseph Sewell, Vincent Whitgreave, Egbert Charlton, Charles Lovegrove, Seth Smith, Simon Belenfante, Thomas Kipling, Buckmaster Joseph Tuck, Henry Mortlock Fernie, John Arminson, John Burkitt Hodgson, Arthur Henry Nowell, Frederick Victor Dickens; William Howse, John Pearson Cresswell, George Richard Irvine, Edmund Waller Coleman, James Beddard, William Stokes, William H. Carlisle Weekes, Alfred Hopkins, John Daniel Hill, William Thomas Sadmon, Benjamin Cooks, Charles John Trotter, Joseph May, John Franks, John Roberts, John Bland Jameson, William John Addison, Charles Edward Orme, William Goldsmid a'Beckett, Adolphus William W. Caudle, Alfred E. Barrett, T. Holman, Alfred Evans, Thomas Henry Hawkins, Sidney Edward Clarke, William Rowbottom, Arnold Royle, Arthur Roberts, Charles Harden, Edward Alfred Tyler, Francis Vincent Hogan, John Bride, Samuel Grove, G. Overend Drewry, H. T. H. Mead, Robert Elliott Huntley, Robert Andrew Bolt, John William Bell, Frederick Richard Webster, Theodore Orton, Mark Frank Anderson, Frederick Charles Spouncer, William John Harris, George Griffith Phillips, Frederick Fawson Lee, Edward Chandler, Charles John Smith, Stonard Edye, William Crisp Pechey, John Cook, Francis James Hammond, George Augustus Hicks, John Cooke, Thomas Edmond Ryland, Joseph Kellett Smith, James Ebenezer Trevor, Thomas Richard Jessop, William Miller, George William Glasier, Peter Cullen, William Lamb Shine, Edwin Payne, Edwin Chisholm, Albert Lloyd, John Reid, George Macartney Beckett, Alfred Warburton, John Griffith, Thomas William Bullock, Collins Curtis, Robert Arnott Hall, and Augustus Littlewood Andrew.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, March 24, 1859:—

BATEMAN, CHARLES, Leicester.
BUCK, HENRY, Burnley, Lancashire.
GUTTERIDGE, EDWIN PARKER, Brighton, Sussex.
HAMILTON, GEORGE HENRY, New South Wales.
HEAD, ROBERT TURNER, East Grinstead, Sussex.
INSTAN, CHARLES NATHAN, Birmingham.
OUGHTON, TYLER, Jamaica, West Indies.
PACKARD, JOSEPH, Yoxford, Suffolk.
RAWDON, HENRY GREENWOOD, Liverpool.
WORKMAN, WILLIAM, Reading.

The following gentlemen also, on the same day, passed their first examination:—

DICKINS, F. VICTOR, Manchester Royal Infirmary.
THOMPSON, ABRAHAM, Sandford Drigg, Cumberland.

DEATHS.

DOWSE.—On the 4th February last, *en route* to Mooltan, in Medical charge of troops, R. R. Dowse, of the 72nd Regiment, aged 42.

HILL.—On the 26th instant, at Clapton, James B. Hill, Esq. formerly of Guildford-place, Russell-square, where he was for many years engaged in general practice. We should not allow to pass from among us, entirely unnoticed, one whose kindness of heart, gentlemanly conduct, and Christian principles endeared him to all who knew him, or stood in any relation whatever to him. Mr. Hill was for many years a member of the Court of Examiners of the Apothecaries' Society, and in this difficult and responsible position strikingly exhibited the characteristics we have mentioned; even those candidates whom he could not conscientiously recommend for the licence passed from the ordeal with friendly or grateful sentiments towards at least one member of the Board. By a large circle of professional acquaintances he will be regretted, although, owing to deep domestic grief, he has for several years past been excluded from the active duties of life. Truly the example of a good man has been thus lost to society!

RIDGWAY.—At South-street, Finsbury, Archibald Bedford Ridgway, M.B. Lond. Staff Surgeon, 2nd class.

THE Medical Act Amendment Bill has been read a third time, and passed the House of Lords.

PRIZE.—The prize of the Physical Society, Guy's Hospital, was awarded upon March 26th, to Mr. Gregory H. Atwell, of 13, Camden-hill Villas, Kensington, for his Essay upon "the Injuries to the Spine."

LONDON has, at last, got a drinking fountain. This first-established one is situated at the north-east corner of Snow-hill, in the wall of St. Sepulchre's Churchyard. It has been completed at the sole charge of Mr. Gurney.

THE TESTIMONIAL MANIA.—The *Halifax Courier* says, "It is actually intended to present a testimonial to the man Hodgson, of Shipley, from whose shop was purchased the arsenic used in the lozenges which poisoned so many people in Bradford some months ago." This mania is becoming a public nuisance.

BISMUTH SNUFF IN CHORYZA.—M. Monneret, we are told by the *Revue de Thérap.* has established the services of subnitrate of bismuth in acute choryza, and Dr. Sobrier has lately shown that by the addition of iodide of sulphur to it, a cure for chronic choryza is obtained. The following is his formula:—Subnitrate of bismuth, 4 parts; liquorice powder, 8 parts; iodide of sulphur, 30 parts. Of this compound the patient is to take ten or twelve pinches in the day, according to their effect.

RE-ESTABLISHMENT OF THE CHAIR OF HISTORY OF MEDICINE AT THE FACULTY OF MEDICINE AT PARIS.—This chair, which some time since was suppressed, has upon the recommendation of a great majority of the Faculty, when consulted by the minister of Public Instruction, been re-established, the eloquent pleading of M. Malgaigne had much influence on this excellent decision. It was also decided not to recommend the establishment of chairs for specialties.

QUESTION OF MEDICAL CONTRACTS IN FRANCE.—A Practitioner of Trie (Hautes Pyrénées) having demanded 200 francs for the performance of three operations performed upon a patient with whom he had an annual contract, on the ground that the contract only embraced ordinary attendance, the claim was resisted. The judge appealed to has decided against the doctor, stating that however much the patient may be bound to make the payment through gratitude and a feeling of honour and equity, the law of contract did not hold him liable.

DR. LUDOVICH HIRSCHFIELD, Chef de Clinique de l'Hôtel Dieu, as we have stated before, has lately been appointed Professor of Anatomy at the Imperial Academy of Warsaw, Conseiller d'Etat, and a nobleman of the fourth order of nobility. This appointment marks a new era opening for the Jews of Russia, as no Jew before his time has ever been permitted to hold office there. The Jewish Chronicle adds that, several months ago the same post was offered to Dr. Hirschfield, provided he would embrace the Greek religion, but he refused to accept it on such terms. He now receives the chair on his own terms.

"The Prize of 10,000 francs, offered by the Minister of the Interior of France for the discovery of a means of preserving cattle from the pulmonary disease, which has carried off so many animals during the last few years, has not been awarded. Inoculation of the tails of the cattle it seems is a failure; and besides in the case of cows it doesn't pay, for during six or eight weeks after the operation they cease to give

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a due supply of milk."—*L'Union Médicale.* One cannot help asking, why the said Minister doesn't offer a prize for the discovery of some remedy to stop the action of the bowels in Asiatic cholera, or to arrest the diphtheritic deposit in human pharynges. Why is his attention confined to *bétail* only?

MUNIFICENT BEQUEST.—At the usual monthly meeting of the Medical Benevolent Fund, held on Tuesday, at 11, New Burlington-street, Sir James Clark in the chair, Mr. Toynbee, the zealous treasurer, made the gratifying announcement that, through the recommendation of Mr. Walker, Surgeon, of Budleigh-Salterton, Devon, a gentleman recently deceased had bequeathed £3000, besides an interest in the residuary property likely to produce an additional £1000. Mr. Walker adds: "I am sure you will feel with myself, much gratified at this handsome donation, knowing what good it will do to our suffering brethren, in which Mr. Newnham, the old founder, will also join." We will only add, to our readers, Go and do likewise. Medical men have great influence.

MEDICAL MEN'S DIFFICULTIES IN OBTAINING PAYMENT FOR PROFESSIONAL SERVICE.—Marylebone County Court, before J. L. Adolphus, Esq. Hairland *v.* Battye.—This action forcibly illustrated the vexatious treatment Medical men are subjected to in obtaining payment of their accounts, and a question arose as to whether a Medical man could recover over and above a midwifery fee for attendances upon a patient after her accouchement. The case on the part of the plaintiff showed, that about four years ago the defendant's first wife engaged the plaintiff to attend her in her accouchement, for which she was to pay £1 1s. The patient paid this fee at the time, and for medicines supplied after a bill was sent in and duly paid. The second wife, the subject of this action, also engaged the plaintiff to attend her, which Mr. Hairland agreed to do, on the same terms as he attended the first Mrs. Battye; but this last case proved to be a difficult one, and Mr. Hairland found it necessary to call in the assistance of another Medical gentleman, for which he was paid £1 1s. A day or two after this difficult accouchement, Mrs. Battye was attacked with rheumatics, and a few days after this with an abscess in the breast, for attending to which the present claim was made for £2 19s. 6d. The answer to the case was, that the plaintiff was bound to attend the patient for his agreed midwifery fee of £1 1s., and that he was not entitled to any further sum; that the extra attendance was the result of improper treatment by the plaintiff of the patient. To prove the latter charge, Mr. Herring asked for an adjournment, to produce the nurse who attended the patient. Mr. Keene warmly opposed an adjournment, as his client's time was precious, and another Medical gentleman, who was then in court, on a subpœna, was anxious to get away. The learned Judge said, he certainly should not adjourn the case without the consent of the plaintiff. A Medical man's time could not be wasted in cases of this sort. He did not feel justified in giving the defendant any grace after attacking the professional character of a Medical gentleman. Verdict for the plaintiff. Mr. Keene applied the full costs, which his Honour immediately granted.

PRIZE QUESTIONS AND PRIZES AT THE ACADEMIE DES SCIENCES.—The *Grand Prize*, in the *Physical Sciences*, of a gold medal, of the value of 3000 francs, proposed in 1857, will be awarded early next year, so that all essays must be forwarded by December 31, 1859. The subject is, "The relations which are established between the spermatozoa and the ovum in the act of fecundation." The judges are MM. Flourens, Dumeril, Brongniart, Geoffroy St. Hilaire, C. Bernard, and Milne Edwards.—The *Alhumbert Prize, in the Natural Sciences*, of a gold medal, of 2500 francs, in 1862, is offered for the best essay on the following subject:—"Endeavour by means of well-conducted experiments to throw a new light on the so-called spontaneous generation." The experiments must be of the most rigorous character, and the operation of temperature and other physical agents upon the vitality and development of the germs of the lower animals and plants must be especially studied. The prize may be adjudged for any manuscript or printed work fulfilling these conditions, and appearing prior to October 1, 1862.—The *Bordin Prize*, of a gold medal, of 3000 francs, has for its subject—"Determine experimentally what influence insects exert in the production of the diseases of plants." Printed or written memoirs to be delivered before December 31, 1859.—The Academy accords its Montyon Prize, in *Experimental Physiology*, for 1858, to M. Jacubowitsch, for his researches on the intimate structure of the nervous system: and it divides a second prize in experimental physiology between M. Lenhossek for his researches in the nervous system, and M. Lacaze-Duthiers in his essays on the anatomy and physiology of the mollusks of the French coasts. The *Montyon* Prize in Medicine and Surgery, of 2500 francs, is accorded to M. Negrier, for his work on the Physiology of the Ovaries. Prizes of 1800 francs are also awarded to M. Landouzy for his researches on Amaurosis in Albuminuria; to M. Boudin, for his treatise on Medical Geography; to M. Denis, for his researches on the Blood; to M. Giraldès, for his work on the Anatomy of the Spermatic Cord; and to M. Forget, for his memoir on Dental Anomalies. The *Breant* Prize for the Cholera has again for the third time not been decided; but 5000 francs, forming its annual interest, have been decreed to M. Doyère, for his researches upon the air expired by cholera patients, and upon the temperature of these patients during the last hours of their lives.

ON SEROUS METRORRHŒA IN PREGNANCY.—M. Chassinat, in a very elaborate essay upon this subject, founded upon forty-two cases which he has collected from various authors, and ten cases not hitherto published, comes to the following conclusions:—1. The metrorrhœa of pregnant women, appearing at variable periods in the course of pregnancy, is an affection of the reality of which no doubt can be entertained. 2. In the great majority of cases, if not in all, the liquid is secreted between the internal surface of the uterus and the envelopes of the fœtus after detachment of the membranes. The differential characters suffice to distinguish it from the waters of the amnios, discharged by reason of the premature rupture of the membranes. 3. The causes which seem to favour this abnormal secretion are a general polyæmia, or local irritation of the uterus, supervening in several cases upon external violence. 4. The pathognomic symptom is the issue of a fluid from the vulva, which is usually limpid, thin, and albuminous, and which may or not be accompanied by painful uterine contractions. 5. There is no anatomical lesion known which is peculiar to the disease. 6. In the great number of the cases, the metrorrhœa is dangerous to neither mother nor child, pregnancy going on to its normal term, the liquor amnii being as abundant as usual, and delivery proving neither longer nor more laborious. 7. As a general rule no treatment is required. If general plethora prevails, bleeding may be resorted to. With rare exceptions, the pregnancy should be left to itself, and the labour allowed to terminate by the sole efforts of nature.—*Gazette Méd.* 1858. No. 49.

VITAL STATISTICS OF LONDON.

Week ending Saturday, March 26, 1859.

BIRTHS.

Births of Boys, 961; Girls, 981; Total, 1942.
Average of 10 corresponding weeks, 1849-58, 1952·5.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	608	588	1141
Average of the ten years 1849–58	623·4	610·4	1233·8
Average corrected to increased population	..	..	1357
Deaths of people above 90	3	2	5
Deaths in 15 General Hospitals	44	21	65

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	4	9	4	3	3	3
North	490,396	7	12	16	3	13	4	9
Central ..	393,256	1	2	6	..	19	..	3
East	485,522	3	1	14	3	4	4	8
South	616,635	2	4	18	4	10	6	6
Total	2,362,236	13	23	63	14	49	17	29

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METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·938 in.
Mean temperature	46·1
Highest point of thermometer	58·2
Lowest point of thermometer	34·0
Mean dew-point temperature	38·7
General direction of wind	N.W.
Whole amount of rain in the week	0·17 in.
Amount of horizontal movement of air in the week ...	820 miles.

TO CORRESPONDENTS.

Mr. Kesteven's paper on the evidence of Rape on Infants shall appear next week if possible.

Mr. Bastick's paper on modes of preparing and administering remedies shall appear next week.

M.B. Lond. (with honours) has not complied with our rule, that writers should send their real names to the Editor.

Dr. Johnston.—We could not allude to the case without further particulars as to the feelings of his patient and his friends, and the circumstances under which the other practitioner was consulted.

A Constant Reader has certainly assumed a title to which he has no right, or he would not apply to us for an account of the effects of Trièsmar. He would know our opinion of all such advertised secret remedies.

Harvey's Statue.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As there is a question of raising a statue to the illustrious Harvey, I would suggest that no site could be so appropriate as that of his native town of Folkestone, where it would be exposed to the view of the constant stream of travellers who pass through the town, *en route* to and from the Continent, and where, moreover, a local subscription might be raised in aid of the project. Or, perhaps, a still more worthy compliment to the memory of this great man would be the establishment, in his birth-place, of a Harveian Sanatorium in connexion with the London Hospitals, and for which a more unobjectionable situation does not exist in England.

Folkestone. I am, &c. Charles E. Fitzgerald.

Professor Owen.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Dr. Samuel Johnson is reputed to have said that "corporations have no consciences to be d——d and no a——s to be kicked." Professor Owen, smarting under the treatment he received from the council of the College of Surgeons, has reproduced a portion of this truth so well known to all who have ever had anything to do with irresponsible self-elected bodies as councils or corporations of any kind. Professor Owen, who has so long been a member of the Council of the Royal Society, must have known this truth many years ago, but never felt its force till permitted to retire from Lincoln's-inn-Fields with a bare vote of thanks after a long period of ill-requited labour. Men are punished for ill deeds when they least expect it. I am, &c. Justice.

Compulsory Vaccination.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I think I have not made myself understood upon the subject of vaccination, as the information you were kind enough to supply was not an answer to the question I intended asking; which is this, by putting the case as it stands it may be more intelligible. A neighbouring Surgeon, the public vaccinator of the district, enters the house of a private patient of mine, a respectable farmer, and insists upon vaccinating the child, the mother of which I attended in her confinement, notwithstanding a preference was shown to me, their family Medical attendant; he vaccinated the child forthwith, and justified himself in so doing by stating that he was acting under the direction of the Registrar of the district. The question for consideration is not whether the parents can withstand compulsory vaccination, but whether they are to be compelled by the district Surgeon through the instrumentality of the Registrar. The parents do not complain of vaccination being made compulsory, but they object to the arbitrary measures made use of in complying with the law, without being allowed the option of employing their own Medical attendant; that is all that is contended for. I am, &c. R. H.

[If the parents of a child are willing to obtain from their own Medical attendant the necessary certificates of vaccination, there can be no excuse for any interference of a district vaccinator.—Ed.]

German Degrees.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Germany appreciates her Rhine, her land and her wine; she is also proud of her Protestant University at Erlangen, which is under the auspices of Maximilian the Second, the King of Bavaria, with Professors such as Schmidtlein, Thiersch and others, whose names stand renowned. This University is attended by about 250 Students, has its excellent Library and Museum, and is celebrated at present as a School of Protestant theology. Now, Sir, I ask you, if it is any disgrace to have the just right and privilege of Doctor of Medicine conferred on you from such an University? I appreciate its *Alma Mater*. This as well as other highly respectable German Universities have admitted legally-qualified Medical Men from Great Britain to the Degree of M.D. without residence by thesis; but how has this been done? the regulations are as follows:—

Gentlemen already licensed to practise are not to be exempted from personal attendance unless they have been already ten years in Practice or distinguished by their station, public acknowledgment as Medical writers, etc.: promotion in absence therefore can only take place in persons who can prove; 1st, That they have been ten years in practice after having been legally authorised; 2nd, That they are of general and Medical respectability; 3rd, That they are prevented from appearing personally by private practice and public duties, etc.

A candidate for the Medical Degree is further required, 1st, to present a copy of one or more of his publications in case that he should be an author; if this is not the case (2ndly) he is to present a Medical treatise in manuscript, Latin, or English; 3rd, To answer those written questions which the Faculty will think it proper to put in certain cases of promotion in absence; 4th, To certify upon his honour at the end of the Medical treatise and answers, under his hand and seal, instead of a solemn oath, that he himself and himself alone is the author of them. The Dean of the Medical Faculty will place the candidate's position before the Faculty, and their decision will be final.

Now, Sir, a great deal has been said about the Registration of these degrees. Is it just in principle, right in theory, or kind in a moral point of view, to debar those gentlemen from registering their degree, who have acted in strict accordance with the regulations of their university, who have had conferred upon them legally the rights and privileges, and who must in reality have been Physicians by experience before, for they must have been qualified and in practice for at least ten years previous to obtaining this degree? We have our noble institution in Lincoln's-inn-Fields admitting members *ad eundem;* we have also the universities of Oxford and Cambridge doing the same; and if the Germans have so much confidence in the examining boards of Great Britain after knowing the course of study they require, why not they be privileged to do likewise?

I am, &c. Joshua Barlow, M.D. Erlangen, F.R.C.S.E., L.F.P. and S.S., L.M. and L.S.A.L.

Ardwick, March, 1859.

COMMUNICATIONS have been received from—

Professor Simpson; Dr. Ramsbotham; Dr. Robert Lee; Dr. McWilliam; Dr. Leared; Mr. Wilde, Dublin; Mr. Kesteven; Dr. Milroy; Mr. Crosse, Norwich; Mr. Fox; Dr. Ranking, Norwich; Mr. Rumsey; Mr. Bryant; Mr. Bullev, Reading; Mr. Field, Brighton; Dr. Vines; Mr. Maysmor; Mr. Rivers; Registrar-General; Mr. Carr; Mr. J. Stevenson; Mr. Grigg; Mr. J. H. Smith; Mr. H. Baker; Mr. J. Vickerman; Mr. F. Ellis; Mr. W. Calcott; Mr. R. Davis; Mr. J. R. Green; Mr. F. Scott; Mr. P. Whittington; Mr. W. Sly; Dr. Guenbau de Mussy; Dr. A. Reed; Mr. Bastick; Mr. Blackie; Dr. Johnston, Montrose; Major Rhodes; Mr. Madlin; Mr. Muggeridge.

APPOINTMENTS FOR THE WEEK.

April 2. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

4. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8 p.m. R. Wade, Esq., "Practical Observations on the Treatment of Urethral Stricture."

Epidemiological Society, 8 p.m. Communications on "Diphtheria" by Drs. Jackson, Burdon Sanderson, and Eugene Mackay, R.N.

Entomological Society, 8 p.m.

Royal Institution, 2 p.m. General Monthly Meeting.

5. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Institution, 3 p.m. Professor Owen "On Fossil Mammals."

Pathological Society, 8 p.m.

6. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

Geological Society, 8 p.m.

Hunterian Society, 8 p.m.

Obstetrical Society of London, 8 p.m. Dr. Barnes "On some recent Cases illustrating the Physiology and Treatment of Placenta Prævia."

7. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

Harveian Society of London, 8 p.m. Dr. Handfield Jones, "A Review of the Disorders of the Stomach."

Royal Society, 8½ p.m.

Linnæan Society, 8 p.m.

Chemical Society, 8 p.m.

Royal Institution, 3 p.m. Professor Tyndall "On Pneumatics."

8. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m.

Royal Institution. (Meeting at 8, Lecture at 9 p.m.) James Paget, Esq., F.R.S., "On the Chronometry of Life."

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ADDRESS

TO THE

COMMITTEE FOR THE ERECTION

OF

A STATUE OF HUNTER.

Delivered March 29th, 1859,

By JOSEPH HENRY GREEN, F.R.S.
President of the Royal College of Surgeons of England.

GENTLEMEN,—In the name of the Council of this College, I beg to thank the other members of the Committee for their attendance at this meeting in honour of the memory of the most distinguished member of our Corporation.

In the solemn ceremony which took place yesterday in Westminster Abbey, under the auspices of the Dean and Chapter, we had an opportunity of reading the inscription, which reminded us that John Hunter died in the year 1793; but, after the lapse of more than sixty years we have to lament that no public memorial exists to record our grateful acknowledgment of the eminent merits of this illustrious physiologist and surgeon.

We are, indeed, perpetually reminded of his claims to the gratitude of his country by the incomparable Museum deposited within these walls. This matchless monument of his genius was the result of years of ever renewed labour both of mind and body during hours which he snatched from the harassing duties of professional practice: and, said Mr. Clift, his faithful and devoted assistant, "I could never understand how Mr. Hunter obtained rest: when I left him at midnight, it was with a lamp fresh trimmed for further study, and with the usual appointment to meet him again at six in the morning." His mental exertion was, however, probably less than men of ordinary capacity might suppose. As a suggestive comment on this remark, it cannot fail, I think, to strike the beholder of Reynolds's admirable portrait of Hunter that the artist—whether intentionally or not—has expressed what Hunter is reported to have said: "It is a pleasure to me to think!" And I venture to add that the great artist has stamped the likeness with an individuality so felicitously characteristic, that it must ever be accepted as the immutable type of the man.

But this great museum of comparative anatomy was obtained not only by the sacrifice of time which might have been properly devoted to relaxation and repose, but by the liberal and, it may be said, profuse expenditure of the gains of a large and lucrative practice. At his death, all that he could leave as a provision for his family was only, whatever the Museum, which had absorbed all his means, might produce; and, by the tardy munificence of Parliament, it fortunately became the property of the nation at the inadequate cost of 15,000*l*. Magnificent, however, as this memorial of Hunter's genius and marvellous industry is, and must remain, the expression of our gratitude is a duty which is still to be performed; and we appeal, with the conviction of a cordial response, to the Medical Profession and to all lovers of science in this and other countries, for the means of raising a monument worthy of the greatness of Hunter's name, and of the depth and extent of our grateful veneration for his scientific services.

John Hunter was one of the lights of the world, whom Divine Providence from time to time raises up as "interpreters" of His laws; and he may be justly regarded as the founder of a science of Comparative Physiology. It was the peculiar and eminent merit of Hunter that, instead of wasting his time and attention on hypotheses and conjectures with regard to the nature and essence of living forces, he had raised his mind to the apprehension of life as a law in aid of a science of vital dynamics, and as the means of giving scientific unity to the facts of living nature. For proofs of the pregnancy of the idea which animated Hunter's labours, turn to the imposing array of facts contained in the Museum. It is impossible, in taking a cursory view of this storehouse of physiological wealth, to repress our admiration of the founder; who, at the sacrifice of fortune and present enjoyment to the cause of science, laboured with undaunted perseverance, amid the sneers of his professional brethren, in the execution of his great work;—it is impossible, in a more leisurely survey of its treasures, not to appreciate the judgment he displayed in culling that which is choicest in illustrative fact;—it is impossible, in examining his preparatory labours for the description and explanation of the collection—now in part published with the catalogue—to withhold our unqualified praise of the genius which thus brought together this epitome of animated nature in the unity of a scientific idea!

It would be worse than idle to say that his great predecessors, from the immortal Aristotle to Haller, Daubenton, Pallas, and others, among whom we may proudly point to our great Harvey, had not largely contributed to our knowledge of animated being:—it would be alike base and purposeless to deny the well-earned merits of his contemporaries and successors; and, without any invidious attempt to detract from the fame of the illustrious Cuvier, who first successfully accomplished a scientific classification of the animal kingdom based on natural affinities disclosed by comparative anatomy (a), we may justly claim for Hunter the praise of originality and priority in the scientific construction of comparative physiology—of having first presented the facts of comparative anatomy in and as a connected scheme of graduated development, and of having thus furnished the ground of a new science, the science of comparative or universal physiology, and with it the well-founded and not unconfirmed hope of making every part of the organised creation give intelligibility to every other part, and all to the crown and consummation of all the human frame. That, however, he had also more largely contributed to the wealth of facts, that form the capital of the science, than has been hitherto admitted—nay, that he had anticipated much of recent discovery—as in those recent branches of science which have been named Morphology, Embryology, and Palæontology—can no longer be doubted, since the publication of the admirable preface to Hunter's papers on the Animal Economy, by Professor Owen, the able vindicator of Hunter's fame.

But, although Hunter's labours in physiology and natural science would have been more than sufficient to earn for him the admiration of the scientific world, his practical and comprehensive mind led him to connect them with his professional pursuits and with the hitherto unaccomplished task of establishing Surgery on scientific principles. In his Pathology Hunter, by contemplating Life as an agency working under the control of Law, remained true to the principle already secured in his Physiology, and it enabled him to regard the living body in disease, no less than in health, as a living whole and an organic unity. Thus we find him not only recognising the living body as a Constitution, by virtue of which it forms a system of interdependent parts and of balanced forces mutually reacting and combining to one end; but also raising into notice the fact that these powers may, and do, exist in various degrees of intensity and of relative subordination, the result being in each instance the constitution of the individual, with all its marked peculiarities. And if from this vantage-ground he was led to determine the pathological significance of the terms "susceptibility," "disposition," "irritability," and the like, and to penetrate the nature of "hereditary tendencies," it also induced him to devote a large portion of his lectures to a consideration of sympathy; the term being intended to express the community, and, as it were, consent of feeling and action, which preserve the bond of interdependence in all the parts and actions of the living body in their conspiration to one organic whole. He saw that it was from a knowledge of morbid sympathy that we are enabled to anticipate the immediate and remote effects of injury to the living frame, and that it is under the conditions of sympathy that we have to study the nature and end of constitutional irritation in its various forms. And as many of the actions excited by sympathy are for the purpose of effecting processes which tend to the repair of local injuries and to the removal of disease, the principle which he established supplies an intelligible meaning to the so-called "*vis medicatrix naturæ*," as the law of integrity, or

(a) Cuvier made comparative anatomy subservient to a classification of the forms of life in the animal kingdom. Hunter made comparative anatomy the means of obtaining insight into the genetic principle by which these forms are produced, the law by which all organic forms are constructed.

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the ever-present tendency to integration, which in all life having produced a whole, ever tends to preserve and restore that which it had produced.

It was alone from a philosophical physiology like that of Hunter that such a study of disease in behoof of a scientific pathology could originate; and it was upon this basis that he prosecuted his pathological researches by investigating the latent processes, as Bacon named them, by which disease is produced, or rather in which it essentially consists, and which correspond to what have been technically, but less happily, called "proximate causes." If it were necessary to enter more at large into a detail of Hunter's labours, I might refer to his work on the "Fundamental Principles of Inflammation" as to one of the most masterly performances of inductive inquiry which we possess, and unprecedented in the special science to which it is a contribution. If we look to his investigation of the inflammatory process, how can we enough admire the almost wearisome collation of facts by which he removes, point by point, all the intervening obscurity which separates in our view the morbid from the natural action of vessels, and brings them into luminous and intelligible connexion? And if in his researches on ulceration, in connexion with the functions of the absorbent vessels, we find him opening a new branch of science, it was by his elucidation of the process of adhesion or union by the first intention, that he principally conferred on operative surgery a scientific character. The knowledge of this mode of union in wounds, whether premeditated or accidental, has eminently contributed to rescue the Surgeon's art from the opprobrium of unsuccessful operations, and to give simplicity and success to their after treatment.

But that principles travel slowly may be instanced by a fact of which I was a witness, not more than thirty-five years ago. One of the first operators of Paris had justly excited my admiration of his skill in the performance of an amputation, by the more than ordinary care with which he had prepared the parts implicated in the operation for the quick union of the stump, when, to my inexpressible surprise, he stuffed the wound with "charpie," and thus wilfully provoked a tedious suppuration, which would not only retard the healing of the wound, but might endanger the life of the patient. As a comment on this procedure, unknown to English surgery, I may mention that, some years later, a German Physician, who visited St. Thomas's Hospital, asked me—"What was our success in amputations?" I answered, "That, leaving out of the account the more dangerous class of primary amputations, a fatal termination was the exception." "Ah!" said he, "at Paris they one and all die; recovery may be the exception, but death is the rule."

Again, at Berlin, in 1817, I saw a case in which one of the most eminent operators of Germany at that time had performed the operation of tying the subclavian artery for an axillary aneurism—and this according to the principle introduced and discovered by Hunter, of arresting the flow of blood into the aneurismal sac, without laying it open—the patient appeared to me to be in a state that augured favourably for the result; but, for reasons which the operator did not explain, and I could not divine, he resorted in the course of a few days to the antiquated and barbarous practice of opening the sac by an extensive incision, and of scooping out its contents; and I need scarcely add, that the patient's life was the forfeit of this gross violation of the principle which Hunter had established more then a quarter of a century before.

It remains to be noticed, however, that the appeal to philosophical principles,—which may be said to constitute Hunter's method (b),—was the cause of his novel doctrines being a closed volume to the greater number of his contemporaries and to the mere *routiniers* of the Profession. But, although the principles, implied or expressed in his writings and lectures, subjected him to the scorn or neglect of those less imbued with the spirit of philosophy, the results of those principles, practically exemplified and verified as they were by facts, gradually forced themselves on the conviction of the Profession, and became the very groundwork of all Professional study, teaching, and progress. Nor ought we to forget, in accounting for the revolution in Surgery which he effected, that in the lifetime of Hunter the better minds of the Surgical Profession were attracted to his lecture-room; and, though perhaps at no time exceeding thirty in number, that Home, Cline, Lynn, Carlisle, Abernethy, Astley Cooper, Coleman, and others were his enthusiastic disciples, and became the enlightened teachers of Hunterian principles in the schools of the Metropolis.

If, then, Hunter may be justly regarded as the founder of a science of comparative physiology;—if this illustrious Surgeon, in first establishing, on the scientific basis of physiology, a rational pathology, achieved the union of the healing art with universal science;—and if he thereby raised Surgery into a liberal Profession, and produced a beneficial reform in surgical art, by which its power and light in ministering to the ills of man have been incalculably increased;—we may confidently appeal to the liberality of the Profession, and of all lovers of science, for the means of raising a memorial of their gratitude and reverence for this great man, who may rightfully take his place in the foremost rank of the benefactors of mankind.

(b) . . . . The principles of our art are not less necessary to be understood than the principles of other sciences; unless, indeed, the Surgeon should wish to resemble the Chinese philosopher, whose knowledge consisted only in facts. In that case the science must remain unimproved until fresh facts arise. In Europe philosophers reason from principles, and thus account for facts before they arise. Too much attention cannot be paid to facts; yet too many facts crowd the memory without advantage, any further than that they lead us to establish principles. By an acquaintance with principles we learn the causes of diseases. Without this knowledge a man cannot be a Surgeon.—*Hunter's Lectures.*

ORIGINAL COMMUNICATIONS.

RUPTURE OF THE HEART.

ANALYSIS OF CASES CONTAINED IN THE TRANSACTIONS OF THE PATHOLOGICAL SOCIETY.

By W. O. MARKHAM, M.D.
Physician to St. Mary's Hospital.

This short paper contains an analysis of the cases of rupture of the heart—so-called spontaneous rupture, which are recorded in the first seven volumes of the *Pathological Society's Transactions*. The details of these cases strongly confirm the general statement made of the history of rupture of the heart by Dr. Quain, in his well-known paper on Fatty Degeneration of the Heart, recorded in the *Transactions* of the Medico-Chirurgical Society. A few of the cases, indeed, are of the number of those referred to by him in that paper.

Cases of rupture of the heart resulting from external violence — traumatic rupture — related in the Pathological Society's volumes, are of course excluded from consideration here.

Twelve cases of spontaneous rupture of the heart are recorded. In eight of these, the subjects of the disease are said to have suffered from symptoms either of disordered circulation, or respiration, of from both, previously to the occurrence of the rupture. Short breath, pain about the fore part of the thorax, cough, irregular pulse, faintness and vertigo were the most prominent of these symptoms. Two only are reported to have enjoyed good health. Two had suffered previous attacks of hemiplegia, and in these two intra-cranial diseases were found after death.

Seven of the cases occurred in the male, and five in the female sex. The average age of the sufferers was about 68 years; the youngest patient was 52, the oldest 79 years old.

In nine cases the rupture opened into the left ventricle of the heart. In four, it was situated in the anterior wall of the left ventricle; in five, in its posterior wall. Thus, as far as these few cases are concerned, the opinion, which assigns the anterior wall as being the most ordinary seat of the rupture, is contradicted.

In all the cases the rupture ran in a direction downwards towards the heart's apex. The edges of the rent were generally jagged, and the passage of it through the ventricular walls, oblique. In two cases the rupture opened into both ventricles; in one of them being through the septum ventriculorum, in the other commencing at the septum, and running transversely across the right ventricle for an inch and a-half, midway between the auricle and the apex. In all, the part ruptured was that where degeneration of the muscular fibres was most marked. In one instance all other parts of the muscular tissue, excepting that part immediately around the rupture, appeared healthy. In nearly all, if not in all, the

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coronary arteries were diseased; and in an especial manner was the circulation obstructed through that particular branch, which led to the seat of the rupture.

In two of the cases, temporary hemiplegia had been observed some time before death, and in these cerebral disease was found after death. In one of them was noted the existence of extensive disease of the cerebral arteries at the base of the brain.

Only in one case is the existence of arcus senilis "well developed" recorded. In one case, it is said not to be present. In other cases no reference is made to this point.

Scarcely any information is given as to the condition of the other organs of the body in these cases; and none whatever of the microscopic condition of the smaller cerebral arteries, in those cases, where disease of the brain was found coincident. This is much to be regretted, because, as is now well known, fatty degeneration arising insidiously, and obscurely attacking an organ, is no isolated disorder, but is an indication of a general morbid influence, which makes itself manifest not in one part alone, but in many parts and organs of the body simultaneously, in a more or less well-marked degree (a).

The probability is, that disease of the finer cerebral arteries would have been found present in most of these cases had it been searched for; the circulation through them being either obstructed or impeded, just as it is in the case of fatty heart. Indeed, in two of these cases, as we have seen, there had been apoplectic seizures. In a case of fatty degeneration of the heart related by Dr. Quain, where death arose from meningeal apoplexy, the brain was said to be perfectly healthy, and death was attributed to the apoplexy resulting from obstructed flow of blood through the brain, the obstruction being seated in the right ventricle of the heart; but even in this case we may be tolerably sure that the finer cerebral vessels were diseased. Mr. Paget first especially called attention to this diseased condition of the smaller vessels of the brain; and his discovery has thrown great light into what had been hitherto a very obscure corner of pathology. What is very significant to our present purpose is this, that the presence of "small granular particles, like molecules of oil," may be frequently observed in the vessels of portions of the brain, which to all appearance are perfectly healthy. A consideration, moreover, of the history of the cases of apoplexy, and of fatty degeneration of the heart, independent of its rupture, recorded in these *Transactions*, quite justifies us, at least, in greatly doubting whether mere obstruction to the cerebral circulation situated in the heart, or any violence in the contractions of its left ventricle, is sufficient to produce sanguineous effusion into or upon the brain, unless the cerebral vessels be more or less impaired by disease—be softened or rendered brittle through the presence within their coats of oily or fatty, or earthy matters; and whether, in fact, apoplexy ever occurs unless disease of the cerebral vessels pre-exists.

These points are well worthy of attention, because they have a practical bearing in relation to the diagnosis of fatty degeneration of the heart. Many of the disordered symptoms (as far as they relate to the cerebral functions) hitherto attributed to the defective state of the heart, and therefore assigned as indicators of its diseased state, may in reality be signs of disease seated in the brain, of softening of its substance, or degeneration of its vessels. The fatty state of the heart, and the diseased condition of the brain, in all probability, run coincidentally, and we should, therefore, be very cautious in drawing conclusions from the above set of symptoms, as to their seat of origin being fixed exclusively in either the one or the other organ—in the heart, or in the brain.

The facts contained in these volumes teach us to give a very wide signification to these fatty degenerations of tissues; and thus for instance to see a very close connexion between the pathological conditions which occasion sanguineous apoplexy and rupture of the heart. In both cases, we find local disease of the vascular system, and in both alterations in the textures of the parts supplied by the altered vessels; the rupture in either case resulting from a softening and disintegration of the parts thus locally affected. The difference in the symptoms produced has a distinct relation to the nature and function of the organ, impeded in its actions by the sanguineous effusion, the result of the accident. Much stress should be laid upon these particulars, because it now becomes clear, that we cannot (during life at least) study the symptoms of fatty degeneration of the heart, without taking into account the possible, or rather probable, coexistence of alterations of the cerebral structures, as well as of diseased states of other organs and parts of the body.

The history of the seven cases of apoplexy—contained in five of the volumes of the *Transactions*—of sanguineous effusion into or upon the cerebral structures, fully confirms these views. In all of these, disease of the vessels at the base of the brain was observed, except in one case, where their condition is not alluded to. The arteries were "studded with atheromatous deposits," were "ossified," were "extremely degenerated." In two instances the vessels around the injured portion of the brain were microscopically examined, and signs of degeneration were observed in them, their coats containing fatty or calcareous particles. Four of the cases of apoplexy occurred in males, three in females; their average ages being about 50—the youngest was 34, the oldest 91 years of age. In all of them disease of some one or other part of the body was observed, granular kidney, fatty heart, enlarged heart, atheroma of the aorta; but here, as in the history of the ruptures of the heart, the condition of the different organs of the body is in but few of the cases clearly and specifically given. In two of the cases the effusion was superficial; in eleven the blood escaped into the cerebral substance.

(a) I exclude from consideration here, of course, those cases where the degeneration of the part results from local injury.

ON THE

VALUE OF THE OPHTHALMOSCOPE

AS A MEANS OF

DIAGNOSIS IN DISEASES OF THE EYE.

By JOHN CAWOOD WORDSWORTH, F.R.C.S.
Assistant-Surgeon to the London Hospital, etc.

It is not my intention, in the following observations, to endeavour to exhaust the subject matter of my theme; for that would be as difficult of execution on my part, as it would be unprofitable and tedious to you. I purpose simply sketching an outline of a novel, and, as yet, imperfectly-surveyed region of science; and in so doing, shall sacrifice systematic order and preciseness to practical effect. I desire, then, to be colloquial rather than scholastic, practical rather than scientific. I shall not aim at profundity, on the one hand, nor at comprehensiveness, on the other; but by adopting a middle course, I hope to engage your attention and interest, without taxing your patience and forbearance.

Without further preface, I will proceed to the object I have in view.

A few years ago, it occurred to a student of the London Hospital Collegiate Society, that if a ray of light were properly projected into the eye, a view of its interior and deeply-seated structures might be obtained through the pupil, and that much valuable information in the obscure diseases of the choroid and retina could be so acquired.

Poor Cumming has since passed away; but his happy thought yet lives, and bears abundant fruits to his memory. So far as I know, no one has contested his claim to the full honour of having originated an idea, which will render service to mankind as long as Medicine shall endure. It is a grateful duty to me to record my appreciation of the value of his labours, and to offer a friend and fellow-student's tribute of respect to his manes.

It being, then, demonstrated that the media of the eye offered no obstacle to the production of a perfect image of its fundus, little time was lost in devising means of effecting the necessary illumination. To our Continental brethren is due the honour of producing the ophthalmoscope, and of demonstrating its applicability to the investigation of disease. As might be expected, it was received in this land of conservative science with much distrust, and some ridicule; and the efforts of my friend Mr. Spencer Wells long failed to secure it a proper place among our means of diagnosis. But as time and opportunity brought it into operation, all opposition has receded before it, and its value is all but universally acknowledged.

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It now stands in the same, or even a higher, relation to ophthalmology, which aural exploration bears to thoracic and cardiac pathology. Indeed, I may fairly claim more for it, although we are enabled to see more than we can fully appreciate by its assistance, no on can doubt its revelations so much as those of auscultation and percussion; for in addition to the greater fallacies of aural over visual perception, there must be great difficulty and some uncertainty in deducing just conclusions from sounds, which are common to many and varied conditions, and which require much assistance from the consideration of other circumstances.

Of course, it is essential for the application of the ophthalmoscope, that the media of the eye be transparent, and the pupil patent; hence arises a limit to its use in diagnosis. But happily this limit is but little felt in practice; for although it would always be desirable to know the exact condition of the nervous and vascular tunics, and of the vitreous, in all cases of deranged vision, we are compensated to a considerable extent by other means of estimating the integrity of these structures, in such as preclude the use of the ophthalmoscope.

It may be accepted that, at the present time, our means of diagnosis are in advance of our pathology. We have yet much to learn of the conditions revealed to us by the ophthalmoscope. But we are making rapid progress in this direction, by the active exertions of numerous excellent observers, both in this country and on the Continent, as well as amongst our Transatlantic neighbours. Hitherto, we have had to contend with the greatest of all difficulties—the want of opportunity of examining specimens of diseased globes. This, to a certain extent, has been removed by the modern practice of extirpating hopelessly disorganised eyeballs, which by their prejudicial influence in disturbing the nutrition of sounder eyes, are now regarded as other peccant parts, and are condemned by the same laws. These have contributed much to our knowledge of disease; and though they are to be regarded rather as specimens of past disease than as instances of active progressive change, yet as we can seldom obtain these organs in incipient and transitional states of disease, through their non-fatality on the one hand, and their rapid post-mortem changes on the other, we must necessarily be influenced by these circumstances in our special branch of pathology.

I cannot refrain (in passing) from paying a well-merited compliment to Dr. Bader, our excellent curator at the Royal London Ophthalmic Hospital, whose labours can be adequately estimated only by an examination of the beautiful preparations with which he has enriched us; as well as by his zeal and ability in enabling M. Schweizer to pourtray disease in a series of ophthalmoscopic drawings, which, so far as I know, surpass anything of the kind ever produced.

The original ophthalmoscope has undergone many varied changes in form and construction, by the suggestions, principally, of the learned Professors who adorn the Universities of the Continent (especially those of France and Germany), and like its predecessor, the stethoscope, has now acquired the simplest conceivable construction. It may now be said to consist of a plain or slighly concave mirror, having a central (or excentric) aperture for the observer's eye; in addition to which is required a convex lens to concentrate the light reflected from the speculum. By this, or a similar instrument, the eye can be fully explored, and with a little practice, mere points of disease can be detected with the greatest certainty.

It would be foreign to the purpose of this paper to enter into a full account of the mode of procedure, or of the appearances to be seen in healthy or diseased eyes; nor will my limits enable me to do more than indicate a few instances of its revelations, and of the influence which they have exerted on treatment. I shall not, therefore, go far for examples, but will instance such as may be daily seen in the examination of the patients at our Hospital.

In the first place, let us see its bearings on the more obvious cases of disease, of which I will take cataract as a familiar example. Of course, in proportion to the opacity of the lens, our range of investigation is limited. In a case of fully formed cataract no image of the fundus can be obtained; the examination is therefore confined to the lens and anterior segment of the eye. But so far as it goes nothing can be more exact than the information afforded by the ophthalmoscope in these cases. It is impossible to fail to observe the smallest speck of cataract in any part of the lens if the pupil can be fully dilated by belladonna. A fragment of pigment on the capsule, as large as a pin-hole, can be detected, and its position stated without doubt. The finest streak of softening on either surface of the lens must be seen by an experienced observer. Again, let us observe its negative results. In the eyes of elderly people, some change of nutrition occurs which simulates cataract, and has often been mistaken for it by Surgeons of great experience, and submitted to operation; yet no cataract was found, but an amber-coloured transparent nucleus. Had the ophthalmoscope been used in these cases the mistake would at once have been corrected. What can exceed, then, the value of this knowledge! If this had been all that the ophthalmoscope has afforded us, is it not inestimable?

But let us pass to another class of cases, which I will illustrate by some which came under my own observation. A sailor received a blow from a rope-end on one eye, which deprived him of sight in it, yet there was no appearance of disease to be seen by an ordinary examination, and the poor fellow was accused of imposition. On examination with the ophthalmoscope I observed a large effusion of blood, deeply seated in the axis of vision, and, consequently, accounting for all his symptoms. I was able to restore his happiness in a great measure by writing an account of his case, which removed the stigma which had been cast on his character.

A second instance happened in the case of one of the most celebrated microscope manufacturers of this city, whose blindness the scientific world would deeply deplore, as it would deprive them of the services of a most accomplished artist. I found two small extravasations of blood on the retina of one eye; and probably saved him from a course of treatment which might have increased the disease.

In another series of deep-seated diseases, which utterly baffled all skill in diagnosis, the ophthalmoscope has given great assistance. One or two examples will more clearly indicate them, than a laboured description.

A patient suddenly lost sight in one eye, without pain or other symptom. On examination the retina was found to be detached, and floating in a diffluent vitreous. It is obvious that no treatment could restore the integrity of the organ: he was therefore advised to continue his occupation, instead of being submitted to a course of useless treatment.

A lady applied to me to extract a cataract from one eye, in which she could clearly see her fingers when reclining; but while sitting, I found that she could not perceive light. I found that only a small portion of her retina was sensitive, and that not on the equator of the eye. Of course extraction, in her case, would have been most cruel.

A boy had been educated for the Navy, and had "passed;" but it was soon observed that his sight with one eye was defective, and though apparently free from defect, the ophthalmoscope revealed an abnormity of the optic nerve, probably congenital, and quite irremediable.

A German gentleman, well employed in London, was called on for military service in his own country, but pleaded short-sight as an excuse from serving. A Medical man refused to certify his case; but I found on examination the "crescent" around the entrance of the optic nerve, which seems to be almost pathognomonic of myopic vision. Hence, I considered him unfit.

A young married woman is almost blind in one eye, and the sight of the other is gradually going, without pain or injection. She is otherwise in fair health; she has submitted to much treatment, principally of a depletory character, but without benefit. On examination large syphilitic spots are visible around the optic papilla, and so far as I know nothing will cure her.

A man submitted to double extraction of cataracts: one eye inflamed much, and he could not see well after the operation, though he appeared to have a well-placed and good-sized pupil: with the other he could see moderately, but complained of a "mist." In the right eye, the apparent pupil was found, by the aid of the ophthalmoscope, to be a false membrane, deeply tinted with pigment. In the left was seen a microscopic film over the area of the pupil. A slight operation restored each eye, and he could then read small type.

I might adduce many similar cases, and others, equally, or more, out of the reach of ordinary means of diagnosis, to illustrate the value of the ophthalmoscope; but I believe these

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will suffice to prove that it has greatly enlarged our knowledge of disease, and given a precision to our diagnosis far beyond its previous attainments.

In regard to the influence which the ophthalmoscope has exerted on the treatment of diseases of the eye, I may remind you that I have incidentally indicated in the cases which I have cited, how much has been spared by accurate diagnosis in hopeless cases, where otherwise patients would probably have been submitted to a long course of useless treatment.

In many cases of so-called amaurosis there are no other means, so far as I know, of defining with tolerable accuracy those which may be submitted to treatment with a reasonable amount of hope, from others which are quite beyond our best directed skill. How unsatisfactory it was, therefore, to proceed to treat a case under such circumstances. I entertain a vivid recollection of the perplexing doubts which distressed me in such cases before we had the advantage of [the ophthalmoscope; and I have many unpleasant reminiscences of others, in which our vague knowledge led us to hold out hopes, and adopt utterly useless measures, in attempting the cure of eyes whose fire was for ever quenched.

If the ophthalmoscope had done no more than teach us to exclude from treatment the hopeless instances of disease, it would still have conferred on us a priceless boon. Though it has directed us to set aside a considerable number of cases, and humbled our pretensions, yet it has enlarged our sphere of usefulness, by indicating the direction in which our efforts should be exerted in others. In many instances it has at once shown us the cause of blindness, and the appropriate remedy. In proportion as we are enabled to substitute accurate observation for ingenious assumption in this, as it has happened in other branches of our science, I doubt not, we shall arrive at more satisfactory results in treatment, and enlarge the boundaries which, at present, limit our endeavours and our hopes. We shall learn, too, that what are called functional disorders gradually assume physical explanations as pathology advances, and to attribute less to that vague and fatuous system of causation, which leads us to chase myths rather than trace, step by step, the sure vestiges impressed on our organisations by disease. We shall follow altered function to altered structure, and find the dependence as sure as the relations of cause and effect.

I believe that a new era has been inaugurated in ophthalmology, and that by the efforts of those who are exploring its arcana by the aids of modern science, it will rise to the pre-eminence it had previously attained by the united exertions of many of the greatest minds which have ever been engaged in the cultivation of our Profession.

Let me say a few words in response to the objections of those who, through fear of doing injury to a delicate organ, have offered their opposition to the general use of the opthalmoscope. I can assure you, from my own experience, that their fears were groundless. I have examined, in the past five years, many hundreds of patients at the Ophthalmic Hospital, and elsewhere, and have never known an instance in which any serious injury has resulted from its use. The most disagreeable consequences which I have known have been confined to a certain amount of dazzling, which has soon passed off. But I may state that with a little management, even that is almost avoidable; if the patient be directed to place the optic papilla in the axis of the ray of light, he will scarcely notice any influence on the retina; but if he allow the light to fall on a more sensitive part of the fundus, he will experience more inconvenience. And as the entrance of the nerve and artery, as well as the exit of the vein, are all collected on that one spot, so we are in the habit of at once concentrating attention on that locality. By practice, the observer can soon see with facility all which he seeks to know; and can generally dispense with the use of belladonna, and thus save the patient the inconvenience of a temporarily dilated pupil. It is also to be observed that as we acquire facility in the adaptation of the instrument, so we give but little annoyance to the patient in using it.

Patients have frequently observed to me, that they knew when the light fell properly, by their own sensations, and that they felt but little inconvenience; but that as soon as they submitted to the efforts of a novice, they at once noticed the difference, in the dazzling effect of the light. But in addition to the ease with which practice enables us to examine an eye, we can dispense with much superfluous light, and instead of using the bright gas-jet, we can substitute an ordinary candle: this will enable us to make an ordinary examination but when we require to institute a rigid exploration of th fundus, we must use a brilliant light.

Scarcely a dozen years have lapsed since Cumming made known his observations; yet, in this short period, how much has been attained! It has sufficed to produce the instrument in its present perfect form, to overcome all the prejudices of jealous minds, and to acquire for it an interest and importance far beyond the most sanguine expectations of its earliest cultivators.

Much had to be done before any practical result could be deduced. The first instruments were so difficult of application, that their use was a matter of considerable education; and in the second place, the imperfections in their construction reacted so much on the progress made, that many despaired of the ultimate success of this splendid discovery. In spite of all difficulties, it has triumphed; and in the hands of an army of observers, will continue its career of usefulness.

As so much has already been accomplished, while the instrument was imperfect, and the subject but little understood, there is much reason to hope that our progress will be increased by those who are devoting themselves to its improvement, with the aid of much additional knowledge of the anatomy and pathology of the eye, and an ophthalmoscope which leaves little or nothing to be desired. I have little doubt that the next ten years will bring abundant light to bear on the subject, and that much improvement will result from its extensive use in practice. There is little room for improvement in the instrument, so far as at present appears; but there seems no limit to the ingenuity of this age.

I have ventured to offer you these imperfect observations, with a hope that they may induce you to investigate the subject for yourselves. I am sure you will find it one of the most interesting, as well as one of the most beautiful departments of Medical science; and it will amply repay your trouble, and prove a good investment of your time.

The day is at hand when its use will not be confined to those who devote special attention to this interesting class of diseases; but you will be requested to afford its aid to your patients, as a matter of course, and your advice will be required in cases which can only be thus investigated and known.

41, Finsbury-square.

ON

THE EVIDENCE OF RAPE ON INFANTS,

WITH REMARKS ON THE CASE OF AMOS GREENWOOD.

By W. B. KESTEVEN, F.R.C.S.

Medical evidence in cases of rape upon infants is attended with difficulty, when an examination is made at a long distance of time, or when the signs of disease are more obvious than the evidences of violence. A very guarded opinion should be ventured upon by the Medical witness, as he can, under either circumstances, arrive only at a greater or less degree of probability. It must not, as is observed by Dr. Taylor, be hastily assumed that rape has been committed because the proofs of mechanical violence are present; such injuries may have been inflicted with a view to false charges for the purpose of extorting money. Such occurrences do not often become subjects for Medical investigation in England; but in India such cases are not infrequent. The crime of rape is, according to Dr. Chevers, also more common in India than in England. Hence our Indian possessions have afforded a more profitable field for observations upon this crime—Crimes of all kinds and of the deepest dye, are revealed as common practices, in Dr. Chevers' work on Medical Jurisprudence for India: practices so fiendlike and atrocious are therein recorded that one rather wonders at the mildness of the cruelties inflicted upon Europeans during the late rebellion, as compared with the diabolical cruelties which they have been wont to practise toward one another.

It is always of the highest importance, but often very difficult to distinguish the results of morbid affections of the genitals in young female children, from the consequences of violence inflicted in the perpetration of, or attempt at, rape. A hasty opinion may consign an innocent person to prison,—

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a prejudiced opinion may shield a culprit and afford impunity to an odious crime. It may seem almost superfluous to refer to the fact now familiar to the Profession, that female children are specially prone to affections of the vagina and external organs, which have in former years been regarded as incontrovertible evidence of impure connexion—and on proof of which there is no doubt the punishment of death has even been decreed.

It behoves the Medical witness to be on his guard lest he suffer his knowledge of this source of error to influence his judgment, and so produce a bias to the opposite and equally erroneous extreme of the popular prejudices which would find a rape in every infantile leucorrhœa. In illustration of this position, we would direct attention to a trial that took place at the Liverpool Assizes, Dec. 1857, and which has been brought before the Profession by Mr. Wilde, of Dublin, in the last number of the *Dublin Quarterly Journal of Medical Science*. Mr. Wilde had previously (in 1853), directed his attention to this subject; and by his energetic and most laudable efforts had been the means of rescuing from unmerited punishment severals individuals falsely charged, in consequence of an epidemic infantile vaginitis. (See a pamphlet entitled, "Medico-Legal Observations upon Infantile Leucorrhœa," by W. R. Wilde, Esq. Dublin.) In the case of Amos Greenwood, convicted of rape upon an infant, at the assizes above mentioned, Mr. Wilde has also arrived at the conclusion that the verdict is contrary to evidence, or that the evidence was not fairly put before the jury, and consequently that the prisoner has been unjustly convicted.

It may appear somewhat presumptuous on my part to dissent from the view taken of this case by so distinguished a Surgeon; but, as the case is one involving a question of great medico-legal interest and importance, I believe I should not be justified, having been one among several whose opinions Mr. Wilde sought upon this case, if I hesitated to request permission to discuss it in your pages, and to express my fear that Mr. Wilde has suffered a preconceived opinion to obscure his judgment of the facts deposed to on the trial, as well as of those subsequently ascertained by him in reference to this conviction. The following outline of the case presents all its principal features, and includes, I believe, all the facts that are essential in the formation of an opinion as to its real nature:—

Mary Johnson, under ten years of age, a child of travelling costermongers, was placed in bed with a man aged 22 years, in a small room in which her parents also slept that same night in a bed within a yard of the other. No noise or cries were heard by them through the night. The whole party moved off the next day to another town: no suspicion existed at the time that the child had been injured; and when questioned after the charge had been made, the woman who wrapped up the bedding said she did not observe any stains thereon. On the third evening the child complained of pain in the genitals, which were found sore, and the thighs excoriated. On the fourth day she was seen by a Surgeon, who pronounced the case one of vaginitis. There were then no signs of violence or laceration, and no accusation of violence was made. The complaint got worse. On the sixth day the child was pressed to confess, and, after some denials, accused the prisoner of having had connexion with her and having produced the appearances. An unqualified practitioner then saw her, and administered mercury. She was next seen by a surgeon, who discontinued the mercury and gave her bark. The disease progressed: mortification of the parts occurred, and the child died on the thirteenth day. The prisoner was found to have venereal warts on his penis. On the trial it was sworn that the perineum was lacerated, the hymen ruptured, and that ulceration and mortification of the labia existed, extending to the rectum and sacrum. The terms "ulceration" and "laceration" are employed apparently as synonymous by the Medical witnesses, so that the description is almost unintelligible as to the actual condition of the genitals.

Mr. Wilde, early in 1857, addressed a series of queries upon this case to twelve Medical men, with the view of eliciting their opinion of the cause of the death of Mary Johnson. The names of those consulted by Mr. Wilde are—Dr. M'Clintock, Master of the Lying-in-Hospital, Dublin; Dr. Fleetwood Churchill; Mr. Thomas Byrne, Surgeon to the Lock Hospital, Dublin; Mr. William Lawrence, London; Dr. Geoghegan, Dublin; Mr. William Acton, London; Dr. Alfred S. Taylor; Dr. Beatty, Dublin; Dr. Simpson, Edinburgh; Sir Benjamin Brodie; Dr. Power, Dublin; and myself.

The questions were eight in number, as follows:—

"I. Is rupture of the perinæum likely to have been produced after the manner described; or have you known any cases of forced connexion in which it occurred?

"II. The fact of the ruptured perinæum, in the forced connexion, was laid great stress upon by the judge. Do you think the perinæum could have been ruptured after the manner described, without the child resisting; and giving expression to her feelings in loud cries, sufficient to awaken the three other persons who slept in the same room with her?

"III. Would hæmorrhage sufficient to mark the child's night-dress, and the sheets, follow a rupture of the perinæum in forced connexion; and if such a sign was absent, what inference would you draw therefrom?

"IV. If the perinæum was ruptured, and the vagina and neighbouring parts lacerated to the extent described five days afterwards, do you think she could have risen next morning; and proceeded to her work as usual, not making any complaint to her parents or mistress until her state was observed three days afterwards?

"V. Does syphilis ever in the female child assume the form described, on the fourth day after connexion?

"VI. Do you know any disease likely to arise spontaneously, which presents the appearances described in the foregoing statement, and which is likely to end fatally?

"VII. What amount of credence is to be attached to the evidence of children with respect to connexion, when the suspicious appearances are discovered several days after the supposed act?

"VIII. To what would you attribute the death of Mary Johnson?"

It is not necessary to follow the answers in detail. Substantially, they are unanimous in the opinion that the alleged violence could not have been inflicted without having elicited loud cries from the child, and having caused hæmorrhage. Dr. Taylor's answers to the first three questions differ so far from those of others, as to render it desirable for the full consideration of the medico-legal bearings of the case, that they be quoted fully:—

"I. Rupture of the perinæum may take place under these circumstances:—(Case by Dr. Chevers, in a girl aged 6, but looking younger.—*Medical Jurisprudence for India*, page 46: [Dr. Chevers' cases will be fully considered further on.] Case by Dr. Brady, in a child aged 11 months, fatal in about twenty hours.—*Medical Gazette*, vol. xxvi. page 160.)

"II. I think the perinæum might be ruptured without the child resisting. One would anticipate crying; but fear might repress this. The cries, if made, might or might not awaken persons sleeping in the same room: that would depend upon circumstances. I find no evidence of resistance or crying in the cases quoted.

"III. I certainly cannot comprehend how laceration of the perinæum, etc. from violence, could occur without effusion of blood taking place sooner or later. If it could be proved that neither the sheets nor the linen worn on that night by the child was bloody, this would be a strong point against the laceration having been produced at that time in the manner suggested; and that antecedent and other causes might have been concerned in the production of the injuries. In my judgment, this would make a case more strongly in favour of the prisoner than any of the other matters which depend upon probability or speculation, and on which professional opinion might be easily divided."

The answers to the fifth, sixth, and eighth questions determine the guilt or innocence of the accused. Dr. M'Clintock, Dr. Churchill, Mr. Lawrence, Dr. Geoghegan, Dr. Beatty, Dr. Simpson, Dr. Power, refer death to an inflammatory affection of the genitals (noma pudendi), which opinion Mr. Wilde also holds.

Mr. Acton considers that "phagedena, or sloughing phagedena, may have produced all the sequelæ; but whether this was superadded on simple ulcers, or syphilis warts and purulent discharge, the evidence gave him no clue to decide."

Dr. Alfred Taylor to the eighth question answers:—

"Under all the circumstances, I am inclined to attribute death to inflammation from violence alone to the genital organs. I can perceive no adequate cause for the inflammation and death but this."

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Sir Benjamin Brodie replies :—

"Considering—1st, that Greenwood slept in the same bed with the girl; 2ndly, that he had warts and sores on his genital organs; 3rdly, that the girl was affected with symptoms which are not often of spontaneous origin, and which might have been the result of infection, I must say that it seems to me that there is great reason to believe that the charge against the prisoner, so far as his having made attempts to have sexual intercourse with the girl, was not without foundation.

"Further than this, I cannot venture to give an opinion without having before me the details of the evidence offered on the occasion of the trial, including, of course, the examination and cross-examination of the witnesses."

My own answer to these questions is given in the following words :—

"I attribute the death of Mary Johnson to sloughing phagedena, following an allowed sexual intercourse with some man affected with syphilis. Such may have been the case of the prisoner, as he is stated to have had syphilis. I see no evidence whatever to bear out the opinion that the lesions in question were the result of forced connexion."

As consent does in no degree mitigate the crime in the case of so young a girl, I would substitute the word "attempted" for "allowed" in the above answer;—as it is more in unison with the whole history; and as I am perfectly aware that our law holds that the unlawful and carnal knowledge of a girl under ten years of age is felony; and of a girl above the age of ten, and under the age of twelve years, a misdemeanour;—in either case it is immaterial whether the act be done with or without the consent of the female.

Although it is not to be credited that the child could have suffered such alleged violence without uttering loud cries, and without hæmorrhage having been caused; and although no credence can be attached to the child's word, yet there can be little room to doubt that the attempt at intercourse was made, but that the prisoner desisted before the child's cries were loud enough to wake the sleepers. The child's silence regarding the matter was perfectly consistent with the course of syphilitic disease, and utterly irreconcileable on the supposition of laceration, rupture, etc. The following extract from Devergie ("Médicine Legale," Paris: 1852. Tome i. p. 549) assigns a course exactly corresponding with what was observed in the case of Mary Johnson :—

"Chez les très jeunes enfants, voici ce que l'on observe: l'écoulement est précédé vers le troisième ou le quatrième jour après la tentative de viol, par des demangeaisons de la cuisson, de la douleur en urinant."

M. Devergie then proceeds to describe the character of the discharge observed, and to point out the distinction between those cases of a venereal character, originating in attempts at connexion, and those in which the appearances are attributable to causes affecting the child herself alone.

The similarity of the case of Mary Johnson with the course thus assigned by M. Devergie to the commencement of venereal affections in young female children, as a consequence of attempted violence, is obvious. The subsequent course of the case, however, diverged, and closely resembled a case which was seen about two or three-and-twenty years ago in St. Bartholomew's Hospital, and to which I referred in my replies to Mr. Wilde :—A girl, about 13 or 14 years of age, was attacked with sloughing phagedena two or three days after a single primary coitus. The disease rapidly manifested virulent characters, extending to the thighs, nates, etc., and the girl narrowly escaped with her life.

Mr. Wilde contends that this case of Mary Johnson was one of noma pudendi, as described by Mr. Kinder Wood in the seventh volume of the "Transactions of the Medico-Chirurgical Society." In this opinion Mr. Wilde is borne out by six of the twelve medical men whom he has consulted upon the matter.

It will subsequently be shown that the case of Mary Johnson is not parallel to the cases recorded by Mr. Kinder Wood; their origin and course differ. They seem to have been epidemic, or to have occurred in groups; this was a single instance. They lasted, on an average, six or eight weeks (the shortest recoveries), the slightest cases lasted seven to twenty-three days; this proved fatal in fifteen days. In this, mortification or sloughing was a prominent feature and the cause of death; in those Mr. Wood saw mortification only in one, and that had been maltreated. Seeing, then, that the several Medical men consulted by Mr. Wilde are unanimous on the opinion that such violence as was alleged could not have been inflicted without causing the child to utter loud cries and to have suffered loss of blood; but, seeing that they are not unanimous in referring the appearances to noma, and seeing, moreover, that the prisoner was at the time the subject of syphilis, I see no reason whatever to alter my opinion that the child's death was attributable to attempted intercourse resulting in syphilitic inoculation, the disease having assumed the most virulent form. It is further to be observed, that the prisoner has not denied his guilt, or the justice of his sentence.

With all the additional facts and arguments which Mr. Wilde has brought to bear upon this case, I cannot but still retain the opinion that the direction of the judge was strictly consistent with the facts, and the verdict of the jury strictly consistent with the evidence. I would ask, in the words of Mr. Justice Wightman, "Why should the symptoms be attributed to some infantile complaint rather than to the venereal disease, when it was proved that the man who had connexion with her was infected with that complaint?" and that "infantile complaint" being one of the very rarest occurrence—one which differs widely from common infantile leucorrhœa—and for the description of which all the authorities are indebted to Mr. K. Wood.

(To be continued.)

ON THE MODES OF PREPARING

AND ADMINISTERING REMEDIES, WITH

SUGGESTIONS FOR IMPROVEMENT.

By WM. BASTICK,

Member of the Pharmaceutical Society.

Believing that there is a wide margin for improvement in the preparation and modes of administering many of our most valued remedial agents, and as it is an established fact that a new Pharmacopœia is in the course of compilation, I venture to offer some suggestions, at this opportune period, for some such improvements.

I take as the foundation of my observations the following propositions—that all medicinal agents should be of an uniform strength; that all mixtures should be perfect ones, and not liable to separation or decomposition; and that medicaments, as a general rule, should be administered as fluids, or, in other words, in solution, and that the menstrua used for their solution should be those which most completely fulfil the object for which they are employed.

To discuss these propositions and their applications at length would fill a volume; and as such discussion would occupy too much space in a periodical, I shall briefly comment on some of the more important remedial agents at random, without making any attempt to treat the subject systematically or in detail.

Iodide of Iron.—When iodide of iron is employed in Medicine it should be always extemporaneously prepared; because it is impossible to keep it for an hour undecomposed in the presence of the smallest quantity of atmospheric air. But it is far better for the prescriber to order either the syrup of iodide of iron, or a solution of the iodide of iron in glycerine. However, it is sometimes desirable to administer iodide of iron in pills, when these solutions will not be available for making the pills. Then the following formula, which is similar to that of Blancard, supplies an excellent means of exhibiting iodide of iron undecomposed in pills: ℞. Ferri iodid. (extemporaneously prepared) gr. xxiv. Mellis ℥j. Pulv. althææ. Pulv. glycyrrhizæ ʒss. Mix the honey with the iodide of iron dissolved in a very little water, and add the powders, to form a mass, to be divided into 24 pills, which are then to be coated with varnish. Cod-liver oil is also a good medium for preserving iodide of iron; and certainly when it is advisable to administer the oil and iodide of iron to a patient, the compound known as Ol. Morrhuæ cum Ferri Iodido is the best form for exhibiting these agents.

Chloroform is frequently employed as an ingredient of liniments: but mixed with such other ingredients that the patient generally consumes the first portion of the liniment without using scarcely any of the chloroform, and often the second portion is little else than chloroform. This arises

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from the prescriber ordering chloroform to be mixed with watery solutions, or proof spirit tinctures, or liniments. The chloroform not being completely soluble therein separates, and from its great gravity subsides when shaken before the patient can pour the liniment from the bottle. To prevent the intentions of the prescriber being thus defeated, chloroform should only be ordered with tinctures, etc. which are made with rectified spirit, as a thorough mixture of the solution with the chloroform would then take place. This separation is a serious objection, especially in those cases frequently met with where extract of belladonna or some such potent drug is ordered in conjunction with chloroform and a watery solution, or a proof spirit tincture, etc. All the objections would be overcome in these instances, and a very elegant and effective liniment would result by dissolving atropia in alcohol, and adding the requisite quantity of chloroform to the solution, thus:—℞. atropiæ grj. vel ij.; sp. vini rect. ʒiss; chloroform ʒiss; misc. ft. linimentum.

Phosphorus.—There are two kinds of phosphorus used in Medicine, namely, the ordinary and the amorphous phosphorus. When good, the latter may be readily exhibited in pills, as it does not oxidise in the air; but the former, being so inflammable, is by preference given in solution. Bi-sulphuret of carbon, one of the best solvents of ordinary phosphorus, is objectionable as a means of administering that substance in solution, on account of its very offensive odour; consequently, we are obliged to seek for less perfect solvents of phosphorus. Of these oil and ether are the most suitable; and, considering the smallness of the dose of phosphorus, they dissolve quite a sufficient quantity of phosphorus for all practical purposes in Medicine. In consequence of the volatility of ether it forms with phosphorus a more changeable solution than oil. The oleaginous solution, which contains when saturated about six grains of phosphorus to the ounce, is best exhibited in the form of an emulsion with mucilage or the yelk of an egg.

Valerianate of ammonia and tinctura valerianæ composita.—In the place of this tincture a solution of valerianate of ammonia might be substituted with benefit to the practice of Medicine. If the effect of the tincture be due to the valerianate of ammonia existing in it the advantage of the substitution proposed could not be questioned, for it would be replacing uncertainty of strength and composition by uniformity of strength and composition. At all events the almost marvellous curative properties of valerianate of ammonia recorded by those practitioners who have employed it in hysteria and nervous affections, certainly entitle it to a position in the Materia Medica of our Pharmacopœias.

Arsenic and its salts.—For the reasons already cited arsenic and its salts should, like strychnia, be administered in solution. The solutions of these bodies keep well, are more easily and correctly measured off than the solids can be weighed, and the eye is a safeguard that they are equally distributed throughout a fluid. Fancy the danger of a prescription being dispensed by careless hands, such as the following, which is no imaginary one, for I have seen it repeatedly dispensed: ℞. sodæ arsenitis gr. xv., conf. rosæ q. s. ft. pilulæ c. Would it not have been very much safer and more prudent, to have directed a solution to be made, consisting of fifteen grains of arsenite of soda dissolved in one hundred drachms of water, directing the patient to use a drachm measure to measure off the dose?

Strychnia and Nux Vomica.—From some cause unknown to me, it is the practice with many members of the Profession when they desire to administer strychnia to employ the extract of nux vomica for this purpose; and were not strychnia or its salts at command, there would be no surprise at this course. But when it is remembered that extract of nux vomica contains necessarily, however carefully prepared, variable proportions of strychnia, it would seem more like a scientific system of therapeutics, by having a due regard to the precision of the dose if strychnia or one of salts were employed instead. Nor is this all; I think there is a well-founded objection to the administration of nux vomica in pills, which is the form in which it is almost universally and inevitably given. This objection is based on the impossibility for the dispenser to be positively certain that he has thoroughly distributed the extract through the pilular mass. In fact, I have known very disagreeable symptoms arise from the circumstance that the extract had not been so distributed and consequently the patient took three or four times the quantity of extract intended at a dose. I do not intend by this statement to convey any general censure on dispensers, for I know but too well how anxiously alive most of them are to the necessity of avoiding such a result as this; but as all are not equally careful, may I not ask, would it not be infinitely better if the prescriber were to always administer strychnia in solution? The dispenser would then be able by his eye alone in a moment to perceive whether the strychnia was equally distributed throughout the whole solution. To accomplish this purpose most effectually, it would be advisable for a formula for a standard solution of one of the more soluble salts of strychnia to be introduced into the Pharmacopœia. This could be diluted extemporaneously if necessary to meet the views of the prescriber. The same remarks apply to another compound of strychnia which, although not in the Pharmacopœia, has been extensively prescribed, namely, the citrates of iron and strychnia. Now this is manufactured and dispensed in the solid form to a great extent, instead of in solution; although I have endeavoured as far as possible to prevail on the Profession to employ only the solution, for the simple reason that no guarantee can be afforded that the citrate of strychnia is equally distributed over or mixed with the citrate of iron.

Colchicum Cormus and Seeds.—Both these drugs contain very variable quantities of their active principles, colchicine. This arises from many causes, some of which are known, and others not yet ascertained. These drugs afford an instance where the substitution of their alkaloids, or at least a solution of it, might with advantage to therapeutics replace the drugs named, and their ordinary preparations. Uniformity of strength would be thereby obtained, and many of the discrepant statements respecting the doses and action of colchicum would then be reconciled, or vanish altogether. It is useless to occupy space by commenting seriatim on each individual drug to which the above observations would with equal force apply. Suffice it to say, that all drugs, such as hyoscyamus, conium, lobelia, digitalis, aconite, etc., which contain definite principles admitting of isolation, and to which the medicinal activity of the drugs are to be indisputably attributed, would be, I venture to submit, advantageously replaced by standard solutions of their active principles. Pharmacy as well as Medicine would, I apprehend, both become less empirical by the change proposed.

Chloride of Zinc.—As this salt is liable to rapid decomposition, and is very deliquescent, there ought to be a formula for a solution of chloride of zinc in the Pharmacopœia. Then the prescriber could order the quantity of solution corresponding to that of the salt which he wishes to employ. The difficulty of weighing a wet or damp mass, and the inconvenience of using a decomposed salt, would then be entirely overcome. I may be told that chloride of zinc keeps well in air-tight bottles, excluded from the action of the air and moisture, in answer to my objections to the present form in which it is ordered in prescriptions. To this I reply, as in all other cases cited, to which a similar answer might apply, that all my remarks refer to the circumstances and conditions ordinarily existing under which medicines are dispensed in private and public establishments.

Tinctures of Jalap and Cubebs.—In the preparation of these two tinctures I consider that a great mistake has been made in the employment of proof spirit according to the directions of the College of Physicians, in the place of rectified; for the reasons that proof spirit does dissolve or extract the greater portion of the resin of jalap, which is its purgative constituent, and does not take up but a small portion of the essential oil and the cubebine of the cubebs, which are certainly the effective ingredients of this drug.

Ceratum Saponis Compositum.—Here is manifest inconsistency in the London Pharmacopœia; for while it purposely avoids giving any formula for the manufacture of acetate of lead, and allows, as in the case of many other chemicals, the pharmaceutist to make or obtain that salt in any way he pleases, it directs that for the solitary purpose of preparing this cerate he shall manufacture a solution of acetate of lead, instead of direting the necessary quantity of the lead salt to be dissolved in water.

Should the suggestions contained in this paper prove of any value or interest to the Profession, I shall willingly resume the subject on a future occasion.

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THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. THOMAS'S HOSPITAL.

SUCCESSFUL CASE OF DELIGATION OF THE SUBCLAVIAN ARTERY, FOR ANEURISM OF THE AXILLARY ARTERY.

(Under the care of Mr. LE GROS CLARKE.)

THE following is, in all but its successful termination, a parallel case with that recorded in the *Medical Times and Gazette* of March 5, page 237, the fatal result of which, it will be remembered, was owing to the patient having, in an outburst of passion, torn the ligature from the artery.

G. B., aged 47, a labourer, was admitted into St. Thomas's Hospital, Feb. 6, 1849. He stated that he first perceived a swelling beneath the collar-bone about two months before, soon after which he felt pains in the arm, and the hand became swollen when at work. On admission the tumour was about half the size of a small billiard ball; it was situated beneath the great pectoral muscle just below the clavicle. It pulsated, but this was readily checked by pressure on the artery above the collar-bone, which was slightly tilted upwards. Pulse 60, regular.

10th.—Mr. Le Gros Clarke operated. The incision parallel with the posterior margin of the sterno-mastoid muscle to join that along the clavicle—described in the last case—was first practised in this instance. The handle of the aneurism-needle was used to separate the fascia; but two veins of considerable size required ligature; the subclavian vein, however, was not seen throughout the operation. The needle was introduced between the upper trunk of the brachial plexus of nerves and the subclavian artery, and brought out between the latter and the subclavian vein. The operation was completed in seventeen minutes. Loss of power and numbness of the limb followed the operation; pulsation in the tumour and artery ceased immediately deligation of the vessel was completed.

He slept comfortably during the night following the operation. There was a little tenderness on the 3rd day, over the wound, but this rapidly disappeared, and the patient made a speedy recovery. Seventeen days after the operation, the ligature was found loose in the wound, which had all but healed. Shortly after he left the Hospital, without having had a single bad symptom.

He was seen again in October of the same year; the tumour was then much reduced in size, the pulse at the wrist moderately strong, and the arm, though feeble, appeared to be well nourished.

THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING 1858.

The subjoined list comprises the following hospitals:—

The Royal Berkshire (Reading), the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Glasgow Royal, the Gloucester, the Hull, the Leeds, the Leicester General, the Liverpool Southern and Toxteth, the Newcastle-upon-Tyne, the Queen's, Birmingham, the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the West Norfolk and Lynn (Lynn), the York County.

LITHOTRITY.

Case 1.—The Norwich Hospital: Mr. Frith.—A farm labourer, aged 48, in whom symptoms of stone had been present for three months. The first crushing was performed (without chloroform) on August 31, and the second on April 5 following. After the last he had orchitis, and subsequently symptoms of pyæmia. Abscesses formed beneath the facia of the thigh in the left leg. Having recovered from these he left the Hospital at his own request, on July 3, a fragment of stone being still in the bladder. Lithotomy was subsequently performed at his own home, but the result is not known. *Case* 2.—The Leicester Infirmary: Mr. Benfield.—A man, aged 59. The first lithotrity operation was practised in August, 1856. Subsequently, symptoms of stone returned, and he was re-admitted in November, 1857. The stone was again crushed, and many fragments were subsequently passed, no rigors occurring. In May, 1858, he was again under care, and lithotrity, under the influence of chloroform, was again resorted to. The stone was seized twice and crushed. Two days afterwards, symptoms of pyæmia set in, and in a fortnight death took place. At the autopsy pus was found in the right knee-joint, and a collection of bloody serum in the ankle of the same side. A fragment of stone as large as a bean was in the bladder, and a stone as large as a very large pea was found impacted in the right ureter, near its entrance into the bladder. The left kidney was riddled with abscesses, and in the right, which was larger than natural, a small collection of pus was also found. The coats of the bladder were healthy, and the right femoral vein showed no signs of inflammation. *Case* 3.—The Queen's, Birmingham: Mr. Langston Parker.—A man, aged 72, for three years the subject of stone. His urine deposited a large quantity of muco-purulent matter, and was very ammoniacal. Lithotrity was practised on ten occasions, with intervals of from a fortnight to three weeks between them, and large quantities of phosphatic fragments and detritus came away. He was at length discharged apparently well.

LITHECTASY IN THE FEMALE.

Case 1.—The Leeds: Mr. Teale.—A woman, aged 48, who had suffered from stone for eighteen years. The urethra having been dilated by Weiss's instrument for that purpose, the forceps were introduced, and a phosphatic calculus weighing five drachms was removed. On the seventh day she could hold her urine, and her recovery was afterwards complete in every respect. *Case* 2.—The Norwich Hospital: Mr. Cadge.—A woman, aged 50, who had suffered intensely for many months. The stone proved very small, weighing only four grains. Dilatation had been accomplished by Weiss's instrument. She left the Hospital with perfect control over the functions of the bladder.

HERNIOTOMY.

Case 1.—The Leeds Infirmary: Mr. Hey.—A woman, aged 52: hernia, femoral, of small size, and strangulated two days. Sac not opened. Recovered. *Case* 2.—The Leeds Infirmary: Mr. Smith.—A woman, aged 60: hernia, femoral, strangulated five days. Sac opened. A severe attack of peritonitis followed. Recovery. *Case* 3.—The Leeds Infirmary: Mr. Hey.—A man, aged 52: hernia, femoral, of small size, strangulated two days. The sac was surrounded by a mass of enlarged glands. Sac opened. Recovered. *Case* 4.—The Newcastle-on-Tyne Infirmary.—A man, aged 26: hernia, congenital, strangulated two days. The sac was opened, and the omentum was found gangrenous. A large portion of omentum was cut away, and the bowel returned. Recovered. *Case* 5.—The Norwich Hospital: Mr. Frith.—A man, aged 48: hernia, femoral; strangulated, three days. The sac was not opened. Recovered. *Case* 6.—The Norwich Hospital: Mr. Nichols.—A man, aged 43: hernia, inguinal; strangulated twenty-four hours. The sac contained omentum as well as bowel: not opened. Recovered. *Case* 7.—The Norwich Hospital: Mr. Crosse.—A woman, aged 38: hernia, femoral, strangulated forty-eight hours. Sac not opened. Recovered. *Case* 8.—The Norwich Infirmary: Mr. Crosse.—A lad, aged 15: hernia, congenital, strangulated twenty hours. Sac opened. Recovered. *Case* 9.—The Derby Infirmary: Mr. Johnson.—An infant, aged 20 months, the subject of double scrotal rupture On the right side the bowel had been strangulated four days, and the taxis could not be effected, even under the influence of chloroform. The sac was not opened, and the wound healed almost by the first intention. A week afterwards the rupture on the other side became strangulated, and was reduced with much difficulty. *Case* 10.—The Derby: Mr.

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Johnson.—A labourer, aged 18: hernia, inguinal, and strangulated twenty-four hours. The state of parts was complicated with hydrocele of the cord, and non-descent of the right testicle. Sac opened. Recovered. *Case* 11.—The Cheltenham Hospital: Mr. Hawkins.—A man, aged 80: hernia, inguinal, strangulated two days, of small size. He stated that he had always had the lump in the groin of its existing size, and had never worn a truss; but, as the symptoms were well marked, it was determined to examine it. On opening the sac, it proved to be a small mass of omentum firmly adherent everywhere. The neck of the sac was freely divided, but no intestine was seen. A portion of omentum was removed. Recovered. *Case* 12.—The Gloucester: Mr. Wood.—A man, aged 40: hernia, inguinal, strangulated sixty hours. The testis was imperfectly descended, and a small hydrocele of the end also existed. The sac was opened, and the intestine returned. Recovered. *Case* 13.—The Gloucester: Mr. Wilton.—A lad, aged 15: hernia, inguinal, strangulated three days. Sac opened. Recovered. *Case* 14.—The Glasgow Infirmary.—A woman, aged 30: hernia, femoral, strangulated sixty hours. Sac opened. Recovered. *Case* 15.—The Glasgow Infirmary.—A man, aged 51, hernia: inguinal, strangulated twenty-four hours. Sac opened. Recovered. *Case* 16.—The Glasgow.—A woman, aged 44: hernia, inguinal, strangulated five days, the size of a goose's egg. The symptoms were severe and urgent. The sac was opened. Recovery. *Case* 17.—The Derby Infirmary: Mr. Johnson.—A labourer, aged 70: hernia, scrotal, of large size, strangulated three days. The sac was opened and the adhesions which existed broken down. His symptoms were relieved, but death from bronchitis, followed on the fourth day. A foot of the ileum showed marks of having been strictured. *Case* 18.—A man under care in the Glasgow Infirmary with all the symptoms of strangulated hernia. Reduction had apparently been effected by the taxis, but the symptoms continuing it was determined to open the sac. This was accordingly done, but no *reductio en masse*, or other condition to account for the constipation was found. The bowels acted on the following morning, and the vomiting also ceased for a time. He sank, however, rather rapidly, and death took place on the second day. At the autopsy no obstruction of the intestinal tract was discovered at any part. *Case* 19.—The Glasgow: a woman aged 45: hernia, femoral; strangulated, four days. The case had been neglected, and the woman, at the time of admission, was in a very collapsed condition, and the skin over the hernia discoloured by the too forcible attempts at taxis. The operation was at once performed. The sac having been opened, the gut was found of very dark colour, but not gangrenous, and was accordingly returned. A portion of omentum was cut away. She continued to sink and died during the night. At the autopsy intense peritonitis was discovered. The portion of intestine which had been returned was quite viable. *Case* 20.—The Glasgow: a woman, aged 40; the subject of umbilical hernia. The protrusion had been strangulated for several days prior to her admission. The sac having been opened the bowel was found to be gangrenous. Death took place within twelve hours of the operation. *Case* 21.—The Dorset: Mr. Curme.—A man aged 23: hernia, inguinal; had never been down before, strangulated twenty-two hours. Sac opened. Death from acute peritonitis on the second day. *Case* 22.—The Hull: Dr. Lunn.—A healthy sailor, aged 18: hernia, scrotal, of large size, never down before. Strangulation, 8 hours. The sac was opened, and a coil of much congested intestine exposed. The stricture was exceedingly tight, and much difficulty was encountered in returning the gut. Acute peritonitis, attended with almost incessant vomiting, followed, and death took place forty-four hours after the operation. At the autopsy there were the evidences of general and intense peritoneal inflammation. *Case* 23.—The Norwich Infirmary: Mr. Cadge.—A woman, aged 58: hernia, femoral, strangulated 15 hours. Sac opened. She was very feeble at the time, and afterwards sank exhausted, the bowels not having acted, and the vomiting having continued. The autopsy did not explain the persistence of symptoms, as there was no peritonitis, and the tract of bowel which had been strangulated was in good condition. *Case* 24.—The Norwich Infirmary: Mr. Nichols.—A man, aged 56. Hernia, inguinal, and strangulated, five days. He had been bled prior to admission, and was rapidly sinking at the time. The sac was opened, and a small knuckle of gut and a large mass of omentum, both of them in good condition, were exposed. Death followed in two hours. Chloroform had not been given. At the autopsy no traces of peritonitis were found. The strictured portion of bowel was adherent to the peritoneum at the seat of the femoral ring. *Case* 25.—The Queen's, Birmingham: Mr. West.—A man, aged 60: hernia, scrotal, and strangulated five days. The sac was opened, and the bowel found in a gangrenous condition. Provision was accordingly made for an artificial anus, but death followed on the second day (48 hours). At the autopsy extensive peritonitis was discovered. *Case* 26.—The Queen's, Birmingham: Mr. Gamgee.—A man, aged 73, admitted in an almost dying condition, with a femoral hernia which had been strangulated seven days. The sac was opened, and the bowel found to be gangrenous. Death followed two hours afterwards. *Case* 27.—The Newcastle-upon-Tyne Infirmary.—A man, aged 38: hernia, scrotal, strangulated nine days. Sac opened. The bowel was found much congested, but not gangrenous. A portion of omentum required removal. Death in twenty-four hours. *Case* 28.—The Newcastle Infirmary.—A woman, aged 52: hernia, femoral, strangulated two days. The taxis had been much abused. The sac was opened. Death took place on the seventh day. At the autopsy the gut was found to have given way, and extensive peritonitis existed.

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 319.—The Plague in England in Time of Edward VI.

"It was called the posting sweat, that posted from town to town thorow England, and was named *stop-gallant*, for it spared none: for there were some daunsing in the Court at 9 o'clock, that were dead at 11! It was of this pestilence that Strype says both Queen Mary and Cardinal Pole died within a few hours of each other."—*Strype's Memorials.*

No. 320.—A skilful Fee-Finder.

"Sir Richard Jebb used to tell a story of himself which makes even rapacity comical: I had it from the lady to whom he told it. He was attending a nobleman, from whom he had a right to expect five guineas; he received only three. Suspecting some trick on the part of the steward, from whom he received it, he, at the next visit, contrived to drop the three guineas. They were picked up and again deposited in his hand; but he still continued to look on the carpet. His lordship asked if all the guineas were found. 'There must be two still on the carpet,' replied Sir Richard, 'for I have but three.' The hint was taken as he meant."—*Miss Hawkins's Anecdotes.*

No. 321.—Musculus Medicorum.

Sir Astley Cooper humorously called the muscle which enables the thumb to close over the palm the "musculus medicorum."

No. 322.—The "Spectator's" View of Doctors.

The Medical Profession, in our own country, may be described like the British army in Cæsar's time—some of them slay in chariots, and some on foot. If the infantry do less execution than the charioteers, it is because they cannot be so soon carried into all quarters of town, and despatch so much business in so short a time. Besides this body of regular troops, there are stragglers, who without being duly listed and enrolled, do infinite mischief to those who are so unlucky as to fall into their hands.

No. 323.—A quaint Epitaph.

Instructive although quaint epitaph on a tombstone, near the grave of "Geo. Africanus," in the churchyard of St. Mary, Nottingham, copied by a correspondent:—

"Our life is nothing but a winter's day,
Some only break their fast and go away;
Others stay dinner, and depart full fed—
The deepest age but sup, and go to bed;
He's most in debt that lingers out the day,
Who dies betimes has less and less to pay."

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No. 324.—Medicine.

"A science which has man, as a compound of mind and matter, for its subject, and an infinite variety of substances derived from the animal, vegetable, and mineral kingdoms for its instruments."—*Percival's Medical Ethics.*

No. 325.—Dr. Heberden.

"That honour to the English school of Medicine, Dr. Heberden, was not only an eminent but a truly pious Physician, who is well known to have given all his Sunday fees to the poor. If called to a sick person when any duties of religion were performing, he would rather join in than interrupt them; while Sir Richard Jebb would seem to take pleasure in discomfiting those so engaged; and it is to be feared, thought himself only acting the part of a philosopher, when he professed his intolerance of 'all such nonsense.'"—*Miss Hawkins's Anecdotes.*

No. 326.—The Fortune of Physicians.

"A physician in a great city seems to be the mere plaything of fortune; his degree of reputation is, for the most part, totally casual: they that employ him know not his excellence; they that reject him know not his deficience. By an acute observer, who had looked on the transactions of the Medical world for half a century, a very curious book might be written on the 'Fortunes of Physicians.'"—*Dr. Johnson's Lives of the Poets.*

No. 327.—Malady.

Dr. Johnson derives this word from the French; but it is from the Greek μαλακια, which, as opposed to νοσος, is rather a temporary sickness than one of long standing. *Vide* Matthew iv. 23, and the criticisms on that verse.—*Miscellanies.*

No. 328.—Dr. Johnson's Physicians.

The fees which Dr. Heberden and Dr. Brocklesby received for the attendance on Dr. Johnson are not generally known; but in a copy of "The Lives of the Poets" (in the writer's possession) Dr. Brocklesby has made the following entry:—"This, and a similar copy of Dr. Johnson's 'Lives of the English Poets,' were presented to Dr. Heberden and myself for fees in our attendance on the excellent author, when struck with a paralytic seizure and loss of speech; and from his manner of expression, at the time of acknowledging our services, he made Dr. Heberden and myself much happier than ten times their value from another, in gold, would have made either of us."

No. 329.—Physic and Foolery.

When Sir W. Browne, the Physician, was brought on the public stage by Foote, and every one expected that Browne would have sued him, he only sent Foote his muff, with a note, informing him that he had forgotten to notice that part of his dress. This dignified piece of forbearance at once disarmed that ingenious buffoon, and he satirised Browne no more.—*Chalmers' Biographical Dictionary.*

ANSWERS.

No. 311.—Whitening of the Hair.

I trust that the following communication will prove interesting to your correspondent "Sic," who is anxious for authentic instances of the hair becoming grey within the space of one night. The case here adduced appeared so remarkable to me, that I made memoranda of it, shortly after the occurrence. On February 19, 1858, the column under General Franks, in the south of Oude, was engaged with a rebel force at the village of Chamda, and several prisoners were taken: one of them, a Sepoy of the Bengal Army, was brought before the authorities for examination, and I being present had an opportunity of watching from the commencement the fact I am about to record. Divested of his uniform, and stripped completely naked, he was surrounded by the soldiers, and then first apparently became alive to the dangers of his position; he trembled violently, intense horror and despair were depicted in his countenance, and, although he answered the questions addressed to him, he seemed almost stupified with fear; while actually under observation, within the space of half-an-hour, his hair became grey on every portion of his head, it having been when first seen by us, the glossy jet black of the Bengalee, aged about 24. The attention of the bystanders was first attracted by the sergeant, whose prisoner he was, exclaiming, "He is turning grey," and I with several other persons watched its progress. Gradually but decidedly the change went on, and a uniform greyish colour was completed within the period above named.

D. P. Barry, Staff Surgeon, Aldershott.

Aldershott, March 25, 1859.

No. 311.—Whitening of the Hair.

In reference to the effects of mental influence upon the hair, the following may interest your correspondents on the subject of its sudden whitening. "Southey's hair, which had been almost perfectly white, after the abeyance of his mental faculties, resumed, to a certain extent, its original appearance both as to colour, curl, and thickness."—(See *Life* by his Son, vol. vi. p. 390.)

A. Learned.

Finsbury-sq. March 27.

No. 313.—Copy of Servetus's Work.

Seeing in "Notes and Queries" of last week an observation of M. Flourens, to the effect that he has "seen and touched the work of Servetus," may I ask what is meant by the *work* of Servetus? It appears that Servetus wrote several works; but M. Flourens does not state which work it is that he has seen. From the statement of M. Flourens, one might be led to suppose that Servetus wrote only one work; but from what I can gather from the article "Servetus," in Rees's "Cyclopædia," it appears that he wrote the following works: "De Trinitatis Erroribus," printed in 1531; "Dialogorum de Trinitate Libri duo." He wrote an "Apology" on account of his having quarrelled with the Faculty of Paris, at or about the time of his graduation there. This "Apology" was suppressed by the Parliament. In 1542 he superintended the printing of a "Latin Bible" at Lyons, to which he added marginal notes, under the name of Villanovanus. This I fancy is Pagnini's Bible, which is mentioned in another part of the article. In 1553 he published a work under the title of "Christianismi Restitutio." He also published an edition of "Ptolemy's Geography." "The passage which proves Servetus to have been acquainted with the pulmonary circulation, occurs in his work 'De Restitutione Christianismi;' which having been carefully destroyed on account of the heresy which it contains, is now extremely scarce; so that two or three copies only are supposed to exist, and the Duke de la Vallere gave the sum of £132 for one.—*Blumenbach, Introd. in Meica. Literar.* p. 126." (*Rees' Cyc.* art. "Circulation.") The passage relating to the pulmonary circulation above mentioned, is stated in the "National Cyclopædia" as being given entire by Dutens in his work, "Origine des Découvertes attribuées aux Modernes." 4to, London: 1796. P. 163. Query: What copy of Servetus's works did Dutens refer to?

Springfield Lodge, March 28, 1859. H. L. Maysmor.

Her Majesty held a levée on Wednesday afternoon in St. James's Palace. The following presentations of Medical men took place:—Mr. W. W. Cooper, on appointment as Surgeon-oculist in Ordinary to Her Majesty, by the Lord Chamberlain; Dr. J. R. L. Dickson, Physician to Her Majesty's Legation at the Court of Persia, by the Secretary of State for India; Dr. H. B. Franklyn, on return from service with army of Oude and promotion, by Major-General Sir W. F. Williams; Surgeon G. A. Hepworth, on appointment Royal South Gloucester militia, by Colonel the Hon. F. W. F. Berkeley, M.P.; Assistant-Surgeon F. R. Hogg, M.D., by Colonel C. Bingham; Assistant-Surgeon A. Hooper, on return from India, by His Royal Highness the Duke of Cambridge; Assistant-Surgeon Hunter, on appointment Queen's Royal Antrim Rifles, by Colonel the Marquis of Donegal; Dr. James T. O. Johnston, by Sir F. Love; Acting Assistant-Surgeon John Masters, by Lieutenant-General Sir J. F. Love; Surgeon H. Muscroft, by Lieutenant-Colonel the Hon. E. G. Monckton; Dr. Alexander Nisbet, by Sir J. Pakington; Dr. C. Shrimpton, by the Earl of Winchilsea; Dr. Smythe, by the Duke of Richmond; Assistant-Surgeon Snell, on return from New Zealand and appointment to 68th Regiment, by Colonel Bridge; Mr. S. Solly, by Lord Byron; Assistant-Surgeon A. Spittall, M.D., on appointment to the Coldstream Guards, by Colonel Lord F. Paulet, C.B.; Alexander Thomson, M.D., by Sir G. Wetherall.

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Medical Times & Gazette.

SATURDAY, APRIL 9.

SANITARY DOINGS IN THE CITY.— THE REFINEMENTS OF CHEMICAL EVIDENCE.

On Saturday last a case was brought before the sitting magistrate at Guildhall, in which the City Gas Company were charged by the Conservators of the Thames with polluting the waters of that once noble stream by secretly discharging gas-refuse into it. It was proved that an old brick sewer traversed the premises of the defendants at a depth of from five to eight feet below the surface of the soil; and the contents of this flowed by a trapped pipe into the river. Dr. Letheby, the Medical Officer of Health of the City, was employed by the Conservators of the Thames to collect and examine some of the liquid flowing through this pipe. He reported that it contained some alkaline sulphocyanide; and as this was known to be one of the products of the distillation of gas, the Company were called upon to answer the charge of knowingly and wilfully polluting the Thames water. Dr. Letheby, on the part of the prosecution, deposed that he had examined the water, of which a sample collected by himself from the pipe was produced, and he found it to contain ammonia in large quantity,—a larger quantity of sulphuretted hydrogen than he had found in sewer water! (a) and that it contained some sulphocyanide, which is a product of gas-manufacture. He had never found this salt in ordinary sewer water. He also gave as an opinion that the sample produced in Court had the odour of coal-tar as well as of sulphuretted hydrogen; but he admitted in cross-examination, that he had not found coal-tar in it, although he had had a full opportunity of analysing the liquid and producing the coal-tar as a proof of the correctness of his powers of smelling. He, however, went to the fullest extent that he could go, by asserting on oath that he found in the contents of this sewer the *same materials* which he found in the liquid from the purifiers of the defendants' works!

On the part of the defendants it was proved that this brick sewer was a public sewer formerly used for draining a large area in the neighbourhood—that now the night-soil and *sewage of nine houses* flowed into it—that the sewer had no opening on the premises, except by one gulley-grating for carrying off surface-water from rain or snow, and by the soil-pipes of the various water-closets on the gas-works.

It was further proved that all the products of gas manufacture are valuable—that they are now collected by the Company and sold at a profit (the ammoniacal liquor being especially valuable), and are not allowed to run to waste or to be thrown away.

Apart from the chemical evidence, therefore, the case rested upon the presumption that some of the ammoniacal liquid and gas tar might have been secretly poured down the gulley-hole or the water-closet pipes on the premises; and the Medical Officer of Health stated that he could in no other manner account for that which he discovered in the liquid issuing from the sewer.

On the part of the defendants, Dr. Alfred Taylor and Mr. Keates deposed that they had examined the water issuing from this sewer, and agreed with Dr. Letheby that it contained chiefly ammonia and sulphuretted hydrogen as hydrosulphuret of ammonia, as well as some traces of sulphocyanide, which they described as a tasteless, inodorous and innoxious substance; that the presence of this salt constituted the only difference between this water and ordinary sewage—that the sewer-water of towns owed its foul smell and noxious properties to ammonia and sulphuretted hydrogen, the result of the putrefaction of animal excrement—that its offensiveness varied in degree according to the amount of water with which it happened to be diluted as well as the amount of black sediment of sulphuret of iron and organic matter with which it happened to be mixed; that there was no coal-gas, gas-tar, nor any other product of gas-manufacture than the small trace of sulphocyanide, and that the presence of this might be accounted for by the washings of the surface-soil of the premises through the gulley-grating. The quantity of this salt was so small that its presence was probably due to some accidental infiltration. It was further stated that the hydrosulphuret of ammonia of sewage is always varying in quantity, and the fact of a large quantity of this compound being present, was in itself no proof that it had been derived from gas distillation. Any quantity might be generated in the putrefaction of animal matters. On examining the sample produced in Court by Dr. Letheby, the witnesses denied that it contained more offensive matter than was often found in sewage, and they also denied that there was any odour of coal-gas or gas-tar in this sample. On this conflicting evidence the magistrate at once dismissed the summons and discharged the defendants.

The question now presents itself—Was there any reasonable ground for this prosecution? We believe not:—but that the charge presents a fair specimen of the amount of mischief of which a meddling Medical Officer of Health may be the cause, when his sanitary zeal is not tempered with discretion. Here were the facts,—that nine houses at least drained into an old common sewer, not belonging to defendants' premises, but merely traversing them at a depth of five or six feet, in order to take the nearest course to the river. The great bulk of the material is fetid sewage; one small inoffensive product only is found intermixed with it, which might be washed out of the soil of any gas-works,—and on this weak ground the charge was based. The Medical Officer of Health had led the Court to believe that the black fetid liquid, of which he produced a sample, was not the usual liquid and sediment of sewers; whereas, if he had only produced a similar bottle of liquid and sediment from the adjacent Fleet ditch, no one in Court would have perceived any difference. When, however, he deposed that the contents of this sewer running through the defendants' premises were similar to the liquid materials obtained from the purifiers, his deposition was at variance with his facts He could have had no difficulty in procuring gas-tar or a physical demonstration of its presence from the liquid of the purifiers; his evidence in Court was that he did not procure any from the sewer water, but he thought he smelt it in the midst of a very large quantity of ammonia and sulphuretted hydrogen! Further, while the hydrosulphuret of ammonia of gas is always largely accompanied by the carbonate, there was no carbonate of ammonia in this sewer-water:—and unless it be assumed that the gas manufacturers collected the one and threw away the other when both are mixed in the

(a) The normal quantity which should be contained in sewer water is not stated; but in his report to the Commissioners Dr. Letheby leaves a very wide margin for abnormal variations.

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products and are equally objects of profitable sale, it is clear that the hydrosulphuret found in this sewer liquid arose from the usual cause—the decomposition of animal matter. The Medical Officer of Health, however, must have been aware of the fact, from his having had frequent opportunities of inspecting the premises, that the ammoniacal liquor, which he supposes to have been wastefully thrown into the sewer, is collected in a close well, and carried from the premises in close barges.

One word on the *sulphocyanide*. Great events often turn on small matters. We have known a question of fire insurance, involving some thousands of pounds, settled by the discovery of aldehyde in a liquid. The presence of a sulphocyanide in this sewer-water may have justified the inference that some gas-product had found its way into the sewer; but when there was an opening on the premises through which the washings of the soil might lawfully flow, it was scarcely necessary to infer that its presence proved a deliberate throwing of the contents of the purifiers into this channel. Dr. Letheby may be right in asserting most strongly that a sulphocyanide can never by any possibility result from the decomposition of animal matters containing its elements; but we do not know on what amount of negative evidence he is basing this very strong and, as we believe, rash opinion (b). Have the contents of the sewers in this and other cities been so frequently searched for sulphocyanides, and has the result been always of a negative kind? The awfully unintelligible words "sulphocyanogen" and "sulphocyanide" of ammonium associated with the black appearance and stinking smell of the liquid, produced a feeling of alarm in the Police-court, which was only allayed by the statements of the chemical witnesses for the defence, that it was really a salt without colour or smell, and innocent in its properties. They might have added that a sulphocyanide exists in the mouth of every individual provided with salivary organs; for chemists have proved that it is a constituent of healthy saliva, as well as a product of gas-manufacture.

That a sulphocyanide may be found in sewage water as the result of accidental percolation through a soil containing any of the substances used in purifying gas, and that it by no means indicates a wilful and deliberate contamination of sewage with gas products, are proved by a case which occurred at Pimlico in October, 1849, and which at the time excited great discussion. Four persons died from the foul air in a sewer at Pimlico. The sewer was of brickwork, four feet high and two and a-half feet wide. Only three houses at that time drained into it. There were no gulley-drains near the spot. On examining the fluid contents of this sewer on the spot where the men were killed, the late Dr. Ure, Mr. Scanlan, Mr. L. Thompson, and Mr. Anderson found in addition to sewage-products, a quantity of sulphocyanide and sulphocyanogen compounds. Had an active Medical Officer of Health been in existence at that date, he might upon this discovery have charged the nearest Gas Company with wilfully throwing their gas-refuse into this sewer. The ground above the sewer was, however, carefully examined, and it was then found that five feet above the brick arch of the sewer there was a thin stratum of lime which had been formerly used in the purification of gas, and which had been placed there when the ground was excavated, with a view of strengthening the soil. There was no doubt from the facts, that the surface water had percolated through the lime, and carried the soluble salts, including the sulphocyanide, downwards through the brickwork and mortar into the sewer (c).

We do not condemn the zeal by which an effort is made to clear London of its acknowledged nuisances, but it should take a right direction. The Conservators of the Thames are at this moment allowing thousands of tons of the most fetid products of putrescent animal and vegetable matter to be discharged into that river! They have, in our opinion, been ill advised in taking these proceedings against a Gas Company when they had no better foundation for complaint than that set forth in the evidence. This prosecution may indeed be regarded as one of the products of the refinements of modern sanitary chemistry. Evidence of an esoteric character, involving the minutiæ of scientific research, unintelligible except to professed chemists, was made the basis of a serious criminal prosecution. A foul sewage liquid which is discharged at all points into the river as the result of the want of better arrangements, was here produced as evidence of wilful contamination, because it happened to contain a small quantity of a perfectly innocent product of the washings of a gas-soil. Had no sulphocyanide been found, there would not have been any ground whatever for charging the company with the alleged offence: but the fact of its presence appears to us to have admitted of another and more reasonable explanation than that which was put forth in the theory for the prosecution.

The magistrate justly said, that from the conflicting evidence he must dismiss the summons. Why should there be this conflicting evidence? The facts were as nearly as possible the same, but different inferences were drawn. There is no remedy for this state of things but to appoint one or two scientific men as independent assessors on these occasions to help the magistrate to see his way through sophistical speculation and scientific difficulties.

(b) It is now known that prussic acid in a dead body is converted by putrefaction into sulphocyanic acid and sulphocyanide of ammonium. In the case of a person who has died suddenly and whose body may be exhumed on suspicion after some months' interment, a sulphocyanide may be found in the blood and tissues, and the question thence arises—Does this discovery prove that prussic acid was really present, or may not a compound formed of sulphur, nitrogen, and carbon, have resulted from the putrefactive changes in the dead body? If the positive opinion here expressed by Dr. Letheby be true, that putrescent animal matters could not produce this salt under any conceivable circumstances, then it follows that the person was poisoned by prussic acid, and some individual might be convicted of murder. An opinion adapted to convict a gas company of a misdemeanour, if consistently maintained, may thus on another occasion be the means of leading an innocent person to the scaffold. One of the most distinguished chemists in this country has since this transaction informed us that he believes a sulphocyanide might result from the putrefaction of animal matter! So much for Medical opinions which are hastily formed and expressed.

THE WEEK.

Our Edinburgh friends are carrying on their opposition to the Lords' Amendment on the Amended Medical Act. On Tuesday night the Lord Advocate presented a petition from the Edinburgh College of Surgeons, stating their objections. The Lords' Amendments were considered in the House of Commons on Thursday evening, when the 1st, 2nd, 3rd, 5th, and 6th Clauses of the Act, as we printed it last week (page 347), were agreed to; but that part of the 4th Clause relating to the Licentiates in Midwifery, and the Diploma or Licence in Surgery of the University of Dublin, was objected to, and a conference with the Lords will be held, when the reasons for the Commons' objections will be considered.

This day the Fellows of the College of Physicians meet together to consider, for the first time, the applications for admission to their body which have been made in consequence of the very important changes lately introduced into the bye-laws of the College. The numerous applications for the Licence of the College proves the high esteem in which it is held, and the value which is attached to it as an honorary title by leading members of our Profession in all parts of the kingdom. There can be little doubt of the reason of this—the College has been always most careful in numbering amongst

(c) "The General Malaria of London." By Andrew Ure, M.D. 1850. P. 89.

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its members men of the highest honour and reputation. We trust that now, when so great a number of applicants are applying for admission, that the same rigorous scrutiny and care will be taken as heretofore; and we think this word of caution not uncalled for at such a moment. Every Fellow of the College should feel the responsibility which rests upon him when giving his vote. No one should be kept out without good and sufficient reason; but sorry indeed should we be to see any improper or unworthy person finding his way, amidst a crush, into this honourable assemblage.

A valuable addition to the history of warming and ventilating dwellings has just been presented to the public in the shape of a Blue-book. It consists of a report to the Board of Health by Commissioners—viz.: Mr. W. Fairbairn, Mr. James Glaisher, Mr. C. Wheatstone—appointed to inquire into the question. The most important result arrived at is this: That smoke from almost all fires may be prevented; in other words, that all that great waste of fuel lost in smoke, and all the damage to health and property, and nuisances occasioned by smoke, are capable of being removed. It is clearly indicated by this report that the ventilation and warming of modern houses is carried out on no kind of system; a fact which every one who has the slightest knowledge of natural philosophy knows perfectly well. There is indeed no kind of provision made for ventilation. The air gets into a house as best it may, and goes up the chimney out of it; there is no care whatever taken as to the source from whence the supply of air comes. What a glorious day that will be when the sun is able to shine down upon our city without having its rays befouled with the thick pellicle of yellow smuts which now ever hover over it! And if we are to trust these men of science such a day must be not far distant.

Some months ago we took notice of a very insulting and ignorantly-written article on "Obstetric Morality," which was published in the *Dublin Review*. Our Profession generally was therein subjected to very gross abuse, and Dr. Fleetwood Churchill in particular was chosen as a special object for attack, chiefly in reference to the operation of craniotomy, which was called murder. Dr. Churchill at the time triumphantly refuted the mis-statements, and exposed the untrue conclusions and reasonings of the writer. In fact, the only wonder of the thing was how such an article, so full of slander, venom, and ignorance, could have ever found vent in any decent publication in the middle of the nineteenth century. We now refer to the subject simply to notify the gratifying fact, that the journal which produced such a galimatia, has since ceased to exist. It is, indeed, satisfactory to find that, though there are still to be found amongst us mediæval scribes with tortuous vision and miracle-loving minds, there do not exist readers who will put up with their abominable nonsense. The Profession is much indebted to Dr. Churchill for the bold manner in which he has put his heel upon this *anguis in herbâ*. He has got the credit of having delivered us of this journal. The writer referred to will not think better of him for having thus performed this operation of craniotomy on the *Dublin Review*—an operation which, we hear, is ascribed to Dr. Churchill in the present instance.

A very sensible letter on the subject of a statue to John Hunter, appeared a few days ago in the *Times* from the pen of Mr. Charles Hawkins. He thinks that we could much better expend our money, and more effectually do honour to the memory of Hunter, by the founding of a Fellowship in the College of Surgeons, whereby students might be enabled to "prolong their education in that particular part of study Hunter shed so much light upon," than by building up a marble statue of him. We must say that we consider the suggestion excellent, and well worthy serious attention; at the same time we cannot but feel, that the name of a man like this should be brought more fully before the masses of mankind than it has hitherto been. John Hunter's fame should have the character of nationality affixed to it; a man of his stamp is not a mere honour to his Profession, he is an illustrious representative of the nation; and it is in this sense, and for this end, that we should desire to see a *National*, not a mere *Medical* monument erected to him. Dr. Jenner's monument may not be what we could desire, but nevertheless it answers one great end; and it was, at all events, a national affair. We think that it augurs well for the advancement of science, when men of such merit,—not warriors, nor statesmen, nor wealthy aristocrats, nor courtiers—but simply men of science, receive such acknowledgment of their worth. Let Hunter's monument be an affair of the nation. But let us take the good advice of Mr. Charles Hawkins; and, as Professional brethren of the great man, endeavour to sustain his memory among us by some more fitting memorial than an annual oration. What could honour him more than the fostering and developing, and carrying out to their proper purposes those very things which his wonderful foresight had already foreshadowed and discerned; and this in the very atmosphere which breathes of his genius! The following extract from a leading article in the *Sun*, suggests a solution which might satisfy all parties—if the £20,000 were raised:—

"Supposing, for example, that the 'guinea a-piece,' as proposed, brought together this noble fund of £20,000—the first year's interest upon this would, of itself, be quite sufficient to liquidate the expenses incurred in the raising of the monument originally designed to be erected in Hunter's honour somewhere in the metropolis. So that the subscriptions would be collected together upon an honourable understanding that the ultimate employment of the funds in the furnishing of these fellowships would commence with the second year after the £20,000 had been collected. The first year's income resulting from that capital being applied to the purpose at first intended, that of raising in a suitable position in the capital of the empire a statue of John Hunter—carved or cast in that illustrious man's honour at the instance of the members of his eminent Profession. To the Medical men of the United Kingdom we would most earnestly commend this notion of blending the original design of the Committee with Mr. Charles Hawkins' really admirable and perfectly feasible proposition. The realisation of a project in every respect so noble and beneficent would be an honour at once to the memory of Hunter, and to the members of his Profession; and it would be an honour, we may add, worthy of Hunter and of the Profession."

Dr. Marchal (de Calvi) on Spontaneous Generation.—"As for myself, it is impossible, whatever violence I do to my own notions, to explain otherwise than by this doctrine that Eruption of Lice of which I have spoken—an eruption which occurred three times in the same individual, and always after the same series of symptoms, which indicated a general disturbance of the system. We must either deny such facts, or receive them with their real meaning; and in such case, we are forced to admit that these insects were the effect of an act of the organism, and came from within, just as all febrile eruptions do. In like manner, when I see in a young man (as in the case of M. Baumès) eruptions of the face, dry and oppressive cough, and ascarides vermiculares, succeeding and replacing each other alternately, I say, that the ascarides, the catarrhal affection, and the eruption are different manifestations of one and the same principle. One cannot help remarking that M. Marchal does not seem to have travelled to his conclusions exactly by the Baconian road. He has not satisfactorily eliminated from his problem all other possible sources of the animal life in question; and has, therefore, not proved his assumption.

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REVIEWS.

The Master-Builder's Plan; or, the Principles of Organic Architecture, as indicated in the Typical Forms of Animals. By GEORGE OGILVIE, M.D. Lecturer on the Institutes of Medicine, etc. in Marischal College, and University of Aberdeen. Pp. 196.

THE title of a book is generally intended to excite curiosity, often not a little fastidious in its gratification. Hence a title page may cause an author some trouble in its construction. The title Dr. Ogilvie has chosen for his book is undoubtedly an affected one. It partakes of the allegorical, which, on the authority of a learned critic, "always indicates a puerile age of taste." In books of science we protest against allegory. In them we think that obscure allegory and enigmatical allusion are entirely out of place. "The Master-Builder's Plan," like "The Five Gateways of Knowledge," are titles quite of a piece with such as "The Heart of Aaron," or "The Bones of Joseph." All are alike affected, and were wont to stamp with an entertaining absurdity the title pages of the Jewish and many Oriental authors.

Nevertheless, we have here a most interesting and much wanted volume, in which are clearly and concisely stated the views now supposed to be generally held by philosophical naturalists regarding a common plan of construction traceable in the anatomy and uses of the various parts of organised beings in each of the primary divisions of the animal kingdom. Our author does not attempt to advance new truths, but rather to gain additional currency for such as he considers have a fair claim to be considered as established. In particular he desires to convey an idea of the laws of organisation to those who, without making natural history a special study, may wish to have a right comprehension of its general scope. Thus Dr. Ogilvie attempts to make "rough places plain, and crooked places straight;" a labour which is second in importance only to that which extends the boundaries of science itself.

The Bridgewater Treatises of Sir Charles Bell and of Dr. Roget, followed by the popular volumes of Dr. Southwood Smith, gave a first and permanent impulse in this country to this kind of study; but since the promulgation of the doctrines of Oken, fifty years ago (1807), such study has gradually and justly acquired a much larger share of attention. For this are we mainly indebted to an elaborate exposition by Professor Owen of the views of that famous German zoologist; while numerous other labourers have extended our knowledge in intricate and minute details bearing upon and elucidating the many moot points regarding the homologies of parts in the different classes of animals. We note the names of Allen Thomson, Goodsir, Williamson, Carpenter, Huxley, Sharpey, Forbes, Allman, Newport, and Dallas. The labours of these men have chiefly elucidated what are usually termed the lower forms of organisation, embracing also embryology and development.

In sketching out the salient features of the main divisions of the animal kingdom, Dr. Ogilvie fixes attention on the general type of organisation characteristic of each group of animals; and he attempts to show that, though a community of construction cannot be maintained for the animal kingdom as a whole, yet that such a community of construction is demonstrable in each of the great primary groups. He holds that we have a unity of plan apparent throughout, on which the whole is constructed, which suggests the notion of some pre-existing idea in the mind of the Creator, and which is reflected and manifest in these works of His hand. With such impressions, Dr. Ogilvie, in his first chapter, describes shortly the various plans on which animals are formed. He shows that the idea embraced by philosophical anatomists regarding "the vertebral column," is a more comprehensive one than that adopted by the ordinary anatomist. The philosophical anatomist views the whole skeleton as nothing else than a pile of vertebræ, all its bones being considered as only more or less outlying portions of the several joints of the spine (p. 13). This view is founded on the conception of a typal vertebra, which includes *three* primary elements;—namely, a central portion, or body, and two arches, or wings. These bones, by their apposition or superposition, form by their bodies the massive column of the spine; while, on the one hand, the superior or upper arches lodge the great nervous cord, and, on the other hand, the inferior or lower arches lodge the heart, blood organs, and alimentary canal. In the description of the typal vertebrate class, while all the bones of the skeleton are included as elements of the several vertebræ (p. 22), there are important exceptions, namely, those of the limbs; and according to Owen, those bones also of the skull are excepted which specially protect the organs of sense. Such bones are regarded by him as proper parts of the internal skeleton. Moreover, he still further differs from Ogilvie, Goodsir, and Huxley, in considering the limb-bones accessories of vertebral segments, for Owen considers them as offsets from the hæmal arches, greatly developed to fulfil certain ends. Now, with reference to "*a typal vertebra*," and the relation of the skull-bones and the limb-bones to such an hypothetical existence, not a little scepticism is beginning to be entertained by not a few. In the first place, there does not seem to be any fixed principle to determine what are and what are not true vertebral constituents. As yet the "*typal elements*" of a vertebra have been selected on purely arbitrary grounds; and when the numerous departures from any given type come to be analysed, we find that there is in reality no good foundation on which the hypothesis of an "*ideal typal vertebra*" can find a resting-place.

In truth, the subject seems full of the most beautiful and wild poetical licenses, especially as regards the skull-bones, the skull itself as a whole, and its right to be considered of vertebral construction. Göethe, Dumeril, Carus, Geoffroy St. Hilaire, Oken, Owen, have all arrived at different conclusions regarding this capital point, suggesting at once great doubts as to the validity of the arguments and the soundness of the conclusions. Indeed, it is obvious that there has been a too strong belief in the simplicity of nature—too strong a belief in the repetition or the recurrence of the same structure and the same plan of working in many various forms and the most widely-separated parts. Oken's conviction on this point went so far beyond the reality that it has been justly remarked by one of the most eminent intellectual philosophers of our time (a), that "of the many hundred analogies set forth in his one work, 'Physio-philosophy,' translated by the Ray Society, there are probably not twenty that are sound." More recently we find, also, that Professor Huxley (whose interesting lectures we published in former volumes), as well as several German anatomists, have shown that the facts of embryology do not countenance Owen's views respecting the formation of the cranium.

With regard to the limbs also, it may now be regarded as fully proven that they do not belong to the vertebræ at all. Professor Goodsir has clearly shown that they make their appearance peripherally, are independent of the skull or of any other part of the skeleton, become developed centrepitally, and that they ultimately become attached to such parts of the vertebrate skeleton as are demanded by the requirements peculiar to the existence of the animal, and the varied condition in which it lives. We are therefore warranted in believing that any decided enunciation of views regarding homologies of parts in the vertebrata and a professed adhesion to them are apt to be in advance of our present state of positive knowledge, and therefore premature. Already conditions have been assumed in arguments relating to homologies which extended investigations not only do not warrant, but which such investigations have absolutely overthrown. From embryological research especially we have derived much instruction, and a very wide field of labour lies unexplored in this direction. Some results from this study have been already utterly subversive of many doctrines regarding the homologies of the vertebrate type; and science is especially indebted to Professors Allan Thomson, Goodsir, and Huxley for their laborious and extended researches in this field of labour. From the long-prosecuted labours of the former anatomist, we hope yet to obtain a mass of valuable observation in embryology and development as a sequel to his elaborate article "Ovum," published in the "Cyclopædia of Anatomy and Physiology." Until those parts of animals which are said to be modifications of corresponding members of a common plan, can be shown to have passed through a corresponding series of developmental stages, such parts cannot be described as homologous.

Dr. Ogilvie further describes in an interesting chapter the various modifications of the common type in the several

(a) Bain, "On the Senses and Intellect," p. 498.

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classes of the vertebrata; and attempts to show that there is no real departure from the common type of structure. The articulate type he then describes in its relations to the vertebrata. He shows how it also is modified in the Insecta, Crustacea, and Arachnida, and gives an interesting tabular view of the points of agreement and contrast between these two primary groups (p. 85). The general character of the Molluscan type follow in a similar style; their neural and hæmal modifications being fully described, and an interesting account given of the outgrowths of their shells. Lastly, we have an excellent description of the modifications of the Radiata and Protozoa as developed in the plan of construction of the Echinodermata and Coelenterata. The mutual relations of the four great leading types are then noticed in a summary.

Our author is fully imbued with his subject, and has written a volume which every student of Natural History ought to study. A concise appendix concludes the volume (which is beautifully illustrated by most appropriate woodcuts), and details some of the controverted points obnoxious to the subject matter in hand. In conclusion, we beg to express our admiration of the clear and candid manner in which Dr. Ogilvie has put forth a large amount of information on the most philosophical topics of Natural History; and which it is scarcely yet possible to make more popular than he has done. And while we consider that much is still not proven, we fully subscribe to the importance of the topics treated of in this little volume, believing that an extended study of embryology and development will clear up many moot points, and extend our knowledge in this most interesting department of science.

On Stricture of the Urethra. By Samuel Wilmot, M.D. Surgeon to Stevens's Hospital. 8vo, pp. 219. Dublin: Fannin and Co.

Notwithstanding the various works on stricture which have been published of late years, the subject does not appear to lose any of its importance or interest, and we have presented to us in this work the views of a Surgeon of that school, the members of which have already added so much to the advancement of their art. For this reason alone the work presents some interest and value, moreover, it is very well and pleasantly written; but as a treatise on stricture it falls far short of what one might expect to see issue from a Dublin Surgeon of repute.

Some portions of the subject are exceedingly practical, and as an instance we may refer the reader to the second chapter, in which the all-important subject of the *Diagnosis of Stricture* is considered at length, and with great clearness; but when we come to that portion of the work which is the most important of all—viz. that relating to the various methods of treating stricture, we find great cause for disappointment. A Hospital Surgeon, writing a book on stricture, in the year 1859, would be expected to throw some light upon those questions which have been so much discussed during late years—viz. the treatment by caustics and by incision; but the chapters on these subjects are most meagre.

With reference to the treatment by caustics, the author says, after having briefly alluded to the effects of nitrate of silver and potassa fusa, "It follows then that under any circumstances the treatment of stricture with caustic is to be avoided, even in the cases best suited to it, except when the ordinary methods have failed." We should apprehend that it is only in such cases, where the ordinary methods have failed, that any good Surgeon would think of using caustic to the urethra; but that when properly and carefully used, cauterisation is a most valuable agent has been clearly proved both by French and English surgeons.

The subject of internal incision of the urethra is dismissed by the author in a few lines.

External incision, and especially that modification known as Mr. Syme's operation, is considered at greater length; but here, unfortunately, there is absolutely nothing to be learned from Dr. Wilmot, who does not appear to have had any experience of this much discussed proceeding. It is, moreover, very difficult to know what is the real opinion of the author as to the value of the operation in question, for although he speaks of it as "in its character as an operation simple and perfect," he denies its necessity in the one of the two forms of stricture to which Mr. Syme affirmed it was especially applicable, viz. the irritable stricture when no benefit is apparentl gained by the use of dilating instruments. "The first kind of stricture referred to by Mr. Syme, though very troublesome, may be overcome by means which have been already noticed; and indeed it is difficult to understand *à priori* how division of the stricture can remedy its peculiar character." (P. 129.) Thus he at once denies with every other Surgeon pretending to scientific knowledge, that an irritable urethra, rendered so in a vast majority of cases from some general and constitutional vice, will ever be cured by slitting up the diseased canal. It is almost as absurd to expect this as to look for the cure of constitutional gout by cutting off the gouty man's great toe. Dr. Wilmot, however, seems to think that Syme's operation may benefit the second class of cases for which the Edinburgh Professor recommended it. "Cases however marked with a strong tendency to relapse, are decidedly beyond the power of bougies or catheters, so far as permanent cure is concerned;" and then he says—"Certainly *if* Mr. Syme's operation is capable of affording a permanent cure of this obstinate and troublesome form of stricture there can be no doubt it possesses an immeasurable advantage." Dr. Wilmot may well put the inquiry—*If*. Had this gentleman, however, had any personal experience of this operation, and had he been able to watch the results of a few cases for two or three years, he would at once have been able to inform his brethren in Dublin that a permanent cure is no more to be expected after cutting open the canal than after the use of bougies; nay, more, he would have learned the fact, that Syme's operation, or any cutting operations whatever, have the tendency in the long run to make the stricture more resilient and more contractile than it had ever been before; and as for the simplicity and perfection of the operation the mere manual accomplishment may be effected both in a simple and accurate manner; but the true character of an operation must be judged by its results, and no proceeding can be deemed simple or perfect which, though accomplished with facility, leads not unfrequently to most formidable and fatal issues, and by no means attains its intended objects.

The chapter on Retention of Urine is worthy of perusal. We are surprised to find Dr. Wilmot hardly alluding to the use of chloroform in cases of desperate retention. He says a great deal about opium, but little or nothing about chloroform, which should always be employed before proceeding to tap the bladder. How frequently does it happen, that independent of the actual closeness of the stricture, the introduction of a catheter in the hands of the most experienced is prevented by the action of the muscles, especially the anterior fibres of the levator ani. In such a case, nothing can be done without chloroform; and everything, if the patient is quieted by its inhalation. Dr. Wilmot has, however, made a graver mistake than omitting the consideration of this agent, in recommending the adoption of the practice of forcing a stricture in cases of retention—a practice which no writer is justified in advising to be adopted. We deny that the most accurate anatomist can be sure of forcing a catheter through a stricture in the right direction; this feat may be accomplished, but it is frightful to contemplate the amount of mischief which may be produced. Dr. Wilmot may rest assured that he is recommending a most hazardous practice, even if he feels confidence in his own capabilities of successfully "forcing a stricture." We would earnestly advise him, or any other writer on stricture, not to recommend others to adopt such a hazardous course. In nine-tenths of difficult cases the use of chloroform will remove the necessity for any operation, but should it be necessary to resort to extreme measures, puncture of the bladder by the rectum, when there is no contra-indication, is the plan which should be adopted in most cases of retention of urine depending simply on stricture.

Galvano-Therapie der Muskel und Nervenkrankheiten. Von Dr. Robert Remak. Berlin: 1858, pp. 461.

Galvano-Therapeutics of Nervous and Muscular Diseases. By Dr. Robert Remak.

This elaborate production must be considered as a curiosity rather than as a serious treatise on Medical galvanism. There was a time when Medical men believed, what is at present now and then to be found on the handbills of quacks, that

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electricity is a sort of panacea for diseases of every description, and especially for nervous complaints. We have now a decided dislike of remedies which are said to cure all or nearly all diseases; and "wonderful cures" are not so firmly believed in as they used to be. It is certainly amusing to read that a muscle which has been in an atrophied state for years should at once regain its former bulk by one application of the continuous current; that in certain forms of insanity the continuous current sent through the brain is of use; that a man who suffered from Cruveilhier's atrophy, and had totally lost the use of his arms, was able to split loads of wood after two applications: but we are certainly not bound to accept such assertions as well-established facts, even if they are supported by the histories of 700 private patients who have been galvanised by the author within two years.

The book of Dr. Remak is divided into four chapters. In the first, physiological experiments are described, from which we need only mention the so-called galvano-tonic contractions which are produced by applying a continuous current of 30 to 60 large pairs of Daniells' battery; and are, in the author's opinion, not caused by direct excitation of the nerves, but by excitation of the nervous centres, and take place sometimes in those muscles, the nerves of which are excited; sometimes in other sets of muscles, the nerves of which are not excited; and sometimes not at all. The second chapter contains a history of the therapeutical experiments which have been made with electricity. The interrupted current is excessively abused by the author, while the continuous current is overmuch extolled. Induction currents are, according to Dr. Remak, all but worthless, and in many instances even highly dangerous; while the continuous current not only fulfils all reasonable expectations, but does even a great deal more. In the third chapter the mode in which the author applies the continuous current is described. It would occupy too much of our space to go at any length into the detail of the author's method; but it seems that Dr. Remak has succeeded in avoiding some, at least, of the serious inconveniences which are connected with the use of large galvanic batteries. The effects of the continuous current are said to be threefold: 1. *Catalytic*—therefore the continuous current is of use in inflammation of the joints, whether acute or chronic, traumatic, or rheumatic or gouty; in dropsies of the joints; in inflammation of the spinal cord, and consequent paralysis of the lower extremities, the bladder and the rectum; in inflammation of the brain, tremor and spasms; in all sorts of exudations; in painful and inflamed tumours. 2. *Antiparalytic*—therefore the continuous current ought to be applied in all cases of paralysis, except such which are caused by destruction of the nerves and muscles; and even in such cases the continuous current is not infrequently of use. Cases of hemiplegia, with rigidity of the muscles and an irritative process in the brain still going on, are, according to the author, especially adapted for the continuous electric treatment. 3. *Antispastic*—the current is of use in cramps, especially when hereditary, or caused by an inflammation of the brain; besides in chorea, stammering, paralysis agitans, etc. In the fourth chapter the catalytic effects of the continuous current are fully described, and cases detailed in which benefit was derived from the application of the continuous current.

UNIVERSITY OF LONDON.—Mr. Curling has been elected joint Examiner in Surgery with Mr. Fergusson, and the other examiners in Medicine have been re-elected.

STATE OF THE WELLINGTON BARRACKS, AS GIVEN in a Report to the Board of Health, just published:—The Wellington Barracks are adverted to in reference to the sanitary state of the army, and we are informed that "a more defective system of warming and ventilating could not be devised than that which is there exhibited." Condemning the want of space allotted to the soldiers, and the disgusting practice of using open tubs as urinals in barrack-rooms, the commission urgently direct the attention of the Minister of War and the Horse Guards to the *absolute necessity* (the Italics are not our own) of providing more room and accommodation for soldiers in barracks, and that, instead of 500 cubic feet of space, 700 to 800 cubic feet be allowed per man, or, as in the case of the Wellington Barracks, only 10 persons occupy the space allotted to 16; and that these regulations be enforced throughout the United Kingdom.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

GENERAL HYPERTROPHY OF THE LYMPHATIC GLANDS.

IN one of his recent clinical lectures, M. Nélaton directed attention to this affection, which is not mentioned by authors, and which must be of somewhat rare occurrence, inasmuch as he only sees one or two examples of it annually. The case which gave rise to the remarks occurred in the person of a sickly-looking man (the affection has only been met with in adult males), 27 years of age, who, about a year ago, perceived the glands of the right axilla enlarge, swellings of the cheek and under the chin afterwards following. On his admission to the Clinic, the parotidean, mastoidean, supra-maxillary and supra-hyoidean regions were swollen on both sides, so as to encircle the face in a large rounded frame. The glands of the axilla, under the clavicles, behind the pectorals, and in the supra-clavicular regions were also enlarged. The nipples were also enlarged. The cellular tissue surrounding the glands was thickened, constituting a kind of œdematous induration. The lower part of the body was much emaciated, contrasting much with the enlarged condition of the upper part.

The affection has been usually observed in persons exhibiting only an imperfect physical development. In all the cases, the cervical and submaxillary cases have been first affected, the other regions possessed of lymphatic glands being progressively invaded from above downwards, the inguinal and popliteal regions being the last affected. In some cases the lymphatic vessels corresponding to the glands have been affected, the skin around these, as well as around the glands, becoming indurated. There is often at the beginning a disturbed condition of the digestive and respiratory functions; and there is really great emaciation, notwithstanding the apparently large size of the patients. Several of the patients have been lost sight of; but all those whose cases Mr. Nélaton has been able to follow up have died in from three to six years time; and at the autopsies the glands have been found hypertrophied, but not tuberculous. Thus far, no means of treatment that has been resorted to has exerted any influence on the cause of the affection.—*Gaz. des Hôp.* 1858, No. 122.

ON THE ADMINISTRATION OF MEDICINES TO CHILDREN.

By M. WAHU.

M. Wahu having much to do with the diseases of children, wishes to impress upon Practitioners the importance, in the case of important medicinal substances, having them administered, whenever practicable, in their own presence. He also states some of the means he adopts to enable certain medicines to be more easily got down. Thus the subnitrate of *bismuth*, in large doses, which is of such value in diarrhœa and the gastro-intestinal affections of children, often subsides to the bottom of the spoon when given in broth or milk; and it is much more readily taken also by children of about two years old when given in chocolate prepared with water and thickened with tapioca or crumbs of bread. In this way seventy grains and more may be given night and morning. In the same way *iron* can be very readily given. *Rhatany* and *catechu*, two precious drugs, the action of which, when in small doses, is soon manifested in children, can also very readily be given in this chocolate panada. Chocolate made with either milk or water, and flavoured with canella or vanilla, is usually very readily taken by children, and its dark colour facilitates the mixing of numerous coloured medicinal substances, which would be observed by the little patients were they given in milk, broth, or any infusion. Rhatany and catechu may also be well triturated and mixed with quince jelly, the flavour of which, while masking that of other substances, is very agreeable to children. *Sulphate of soda* and *sulphate of magnesia*, are substances very difficult to get even adults to take. The sulphate of soda may often be administered to children, by dissolving 10 parts in 150 of unsalted beef-tea, and waiting until the child is sufficiently thirsty to swallow a

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cup of liquid almost without tasting it. For adults, the best means is to dissolve the sulphate of soda or magnesia in exactly the quantity of hot water necessary for its complete solution. This is allowed to get cold, and a glass of pretty strong lemonade is prepared. Holding a glass in each hand, that containing the salt is rapidly drank, and then the lemonade is slowly drank—masking the detestable taste of the purgative, and supplying enough fluid to prevent its proving too irritating. *Corsican moss* is another substance which children take with difficulty; but if an infusion be made and strained, and then added to unsalted beef-tea, it will be readily swallowed. *Calomel* is one of the most difficult medicines to give, when children are too young to swallow pills, which is the case under six years of age. Incorporating it in honey is the best means—rinsing the mouth afterwards to prevent any adhering to the gums. It should never be given in currant or any other jelly; a death having occurred a few years since from the conversion of the calomel given in currant jelly into a bichloride. It is safest to prohibit any acid drink being taken on the day that calomel is given. *Ipecac.* may be given either in the chocolate panada or in honey. When it is impossible to give any medicinal substance by the mouth, it may be administered by the rectum, taking care first to empty the gut by tepid water or an emollient decoction, and that the bulk of the medicated enema do not exceed from four to six ounces, so that it may be retained and absorbed. It should also be borne in mind that as some substances, such as opium and other narcotics are easily absorbed by the large intestine, doses less than would be given by the mouth must be employed. Quinine, on the contrary, requires to be doubled in quantity to be of any use. In forcing a child to swallow, the usual practice is to pinch the nose; but a part of the medicine will be rejected, if the precaution be not taken to keep the nares completely closed *until deglutition is completed.* So, too, when medicines are thus forced down a child, it must be kept the whole time in a *sitting posture* until deglutition has been completely accomplished. A suffocative cough may be induced, if it be allowed to lie down again still having some of the liquid in the mouth.—*Gaz. des Hôp.* 1858, No. 78.

OBSERVATIONS ON ERYSIPELAS.

By M. JOBERT.

M. Jobert, addressing the pupils at the Hôtel Dieu, observed that at this Hospital he had had ample opportunity of studying the nature of this disease, and entertained very strong convictions concerning it. The first question is whether it should be considered as a local or as a general affection; and he unhesitatingly adopts the latter hypothesis, because it sufficiently explains the phenomena which come under our observation, and because the efficacy of the treatment of the disease amply proves its nature. Erysipelas arises, proceeds, and terminates in the same way as does an eruptive fever; and this analogy has led many pathologists with whom M. Jobert agrees in opinion, to place this disease in the same nosological category. It is, then, an acute eruptive fever, manifesting itself ordinarily by tumefaction and redness of the skin. But just as variola may so may erysipelas exist without eruption: for otherwise what name are we to give to the disease of a patient who, placed in the midst of an epidemic of erysipelas, presents all the symptoms of the disease short of the cutaneous eruption—symptoms which may be treated by the same means with equal success? There can be no doubt that it is the same morbid entity. Moreover, in M. Jobert's opinion, traumatic erysipelas has no existence, the redness which surrounds and complicates wounds being nothing more than a purely local erythema, which will disappear with proper care. It is true that delicate parts of the skin, wounds, and certain regions of the body, are very favourable for the *localisation* of the disease; but this is a very different proposition to that which looks upon wounds, delicate skin, etc., as the causes of the affection. Whether epidemic, endemic, or sporadic, erysipelas is in all cases connected with a general cause, which will be revealed by the study of the Medical constitution and atmospherical condition; not that the same Medical constitution or condition of the atmosphere will always produce the same result—for this the economy must also possess a certain impressionability, a determinate disposition, or as Recamier expresses it, a reciprocal capacity.

Passing over M. Jobert's excellent sketch of the symptomatology of the affection, we come to his opinion as to contagion. "Many persons have refused belief in this, on the one hand, because they have admitted it to be a purely local disease; and, on the other, perhaps, because they neglect some of the elements necessary for the solution of the question. For my part I have remarked that patients lying near others, the subjects of erysipelas, became themselves the subjects of the disease, and communicated it to those who were near them. I do not, however, rely on these facts in order to conclude in favour of contagion, the existence of which depends upon causes of a higher nature. In order that there may be contagion there must be a virus of a certain intensity, and an economy suitably disposed. But the virulent or miasmatic action is not constant in its effects, and its want of efficiency may depend upon changes which have taken place in the qualities of the virus or miasm itself, upon the want of aptitude in the subjects, or upon certain foreign influences which cannot always be stated with precision. It will be understood, then, that contagion may be uncertain and mysterious in its effects, some subjects being entirely exempted, while others succumb to its virulent power. These are the reasons which make me believe, with Arnold, Lawrence, Gibson, and others, that erysipelas is contagious."

M. Jobert disapproves of the treatment of erysipelas as a mere local disease. He finds the nitrate of silver ointment (30 parts to 4) the best application for arresting it *in loco*, and preventing it acquiring greater intensity. This gives rise to a vesiculo-pustular eruption, or artificial ecthyma, which does not, like that produced by tartar emetic or croton oil, leave indelible marks after it. But the cause of the disease must also be attacked, and that is done with excellent effect by the employment of evacuents. During the early precursory period of the disease, he gives fifteen to twenty grains of ipecacuanha, and continues with tartar emetic and purgatives, as long as the saburral state of the tongue persists, insisting also upon abstinence and rest. When the eruption has come out, some broth may be allowed, and we may resort to the ointment, or to emollient applications.—*Gazette des Hôpitaux*, 1858, No. 91.

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, April 4, 1859.

M. PIDOUX is represented as having exclaimed on Tuesday last, in the Salle des "pas perdus" of the Académie de Médecine, "I am ashamed of being a doctor." This exclamation was called forth by the elaborate report which M. Velpeau had just presented to the Academy on the subject of M. Vriès, the so-called famous black Doctor, whose name M. Pidoux considered as unworthy of being pronounced within the precincts of so sacred an edifice. Sterne says, "They manage these things differently in France." On this side of the Channel we may exclaim, "They manage things differently in England," for assuredly this black doctor never did gain such a footing there as he has succeeded in acquiring here. It seems to us that M. Velpeau, with all due deference to him, has ended exactly where he should have began; for had he convoked a meeting of his Medical brethren previously to his having opened the doors of "La Charité" to this man he might have learned that he (Vriès) was far from being a stranger, and that certain experiments which he had been permitted to make at the Cancer Hospital in London, and at the St. Louis Hospital in Paris, had all been attended with negative results. We stated some weeks ago that M. Velpeau had caused twelve cancer patients to be placed under the care of Vriès. These cases we have carefully and conscientiously watched, and we perfectly agree with M. Velpeau, that not the slightest amendment has taken place in any one of them. One has already gone to her last home, and others are rapidly following. M. Velpeau, considering it highly reprehensible to continue this state of things, and finding that his wards, usually so quiet and well-regulated, had latterly become the resort of the idle and the curious (many of the visitors having been non-professional), and that scenes undignified and indecorous were of frequent occurrence, resolved, if possible, to put an end to it. Having drawn up a

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report containing an exact account of the condition of each patient, he called a meeting at the Hospital yesterday week, consisting, besides himself, of M. Manec, the Director of the Hospital, the "internes," and a few Medical men who happened to be in the wards at the time. To this meeting the black doctor was invited. M. Velpeau then proceeded to read his report, the correctness of which was admitted by M. Vriès. Velpeau requested him to sign it, but Vriès refused on the ground that six months was the time agreed on between them, and that only a third of that period had elapsed. Then, said M. Velpeau, if at the end of the stipulated time, these patients, not one of whom has up to this moment shown any symptom of amelioration, be not cured, will you (M. Vriès) admit that you have been labouring under an error, and that you are not in possession of a specific for the cure of cancer? No, replied Vriès, for if I cannot effect cures in the Hospital, I can do so out of it, and for this reason I refuse to sign any such paper. M. Velpeau, seeing that at the expiration of the six months the case would be precisely in the same position, and believing, moreover, that Vriès' object was simply to gain time, so as to allow him undisturbed to speculate on the credulity of the public, he resolved to terminate the affair with all possible speed. Velpeau's position was a difficult one, and it became a nice question how best to get out of it. On the one hand, he wished to keep his word with Vriès by according him the time originally agreed on for the completion of his experiments, although fully convinced that the whole affair was but a hoax; while on the other hand, he was quite alive to the fact that he had subjected himself to the censure of many of his brethren, first, for having so readily opened his wards to this individual, of whose antecedents he knew literally nothing; and, secondly, for permitting him to continue his connexion with "La Charité," in the face of many assertions that he was a notorious impostor, and an unprincipled charlatan. On Tuesday, M. Velpeau brought the case before the Academy, and there made a full exposé of the motives which had actuated him throughout the entire affair. The reasons he assigned in justification of his having admitted Vriès into his wards were as follow:—"First, not believing a thing does not imply that it is absolutely false; besides, I should be so very happy were such a discovery as the quinine of cancer to be made, that, to those who speak of such a thing to me, I am always disposed to say, '*voyons.*' 2nd. Not being able to affirm or deny that which I do not know, I require to see and judge for myself in a place where no deception can be practised, in order that I may be in a condition to reply on full conviction to the questions which are constantly being put to me. The trial has been made, and for the following reasons I characterise M. Vriès' pretended power to cure cancer as nothing short of a gross delusion. 1st. Because M. Vriès has not cured any of the cancerous patients who have been confided to him, whether in London, in the Hôpital St. Louis, at La Charité, or in his private practice, and that his treatment has not, in the least degree, retarded the usual progress of the disease in any one case. 2ndly. Because the composition of a remedy, which should always be the same if regarded in the light of a specific, has frequently varied in the hands of its pretended discoverer. In India, the remedy he employed was applied to the sores in the form of cataplasm; in England it consisted, as proved by Mr. Weedon Cook, of aloes and iodine; in Paris it is an inert vegetable powder mixed with nitre or alum, in the form of pills, together with powders of arrowroot, sugar and camphor. 3rdly. Because M. Vriès has no idea of the nature of cancer, nor of the manner in which a patient should be examined. 4thly. It does not seem that he has had any Medical education, and so self-evident is this, that to him the patients are going on well if they themselves only say so, and if any Medical man present doubts the condition, he appeals to the bystanders, albeit non-professional, to decide the point; and he has been heard to say with the greatest assurance at the bedside of a moribund in the last stage of cancer, 'This patient is going on well; six months hence, gentlemen, you will all adopt my method.' 5thly. Because if a remark be made to him that certain patients whom he promised to cure are dead, he replies, 'Why, I am not God Almighty; I cannot prevent death.' 6th. There is nothing but contradiction in all he advances; for example, at one time he states that an amelioration in all cases under treatment is preceded by a crisis, while he at another time declares, in the columns of non-Medical journals, that all the patients in La Charité are improving, and that certain of them are in the way of cure, and yet no crisis has been observed in any one of them." After adding several other reasons of a minor description, M. Velpeau ends by a declaration to the effect "that Vriès has not found the specific for the cure of cancer; that he has never cured a true case of cancer, and what is more, that he never will cure one with the treatment which he employs.

At the conclusion of this report, M. Davenne, "Directeur de l'Assistance Publique," rose and stated that he felt bound, after so explicit a statement from so competent authority as M. Velpeau, to relieve himself of the responsibility of allowing Vriès to continue to practise on the Hospital patients, and, in consequence, the doors of "La Charité" would for the future be closed on him. The Academy resolved unanimously that copies of M. Velpeau's report should be forwarded to the Ministers of Justice and of Public Instruction, respectively, we presume, as the first step towards the suppression of a system of imposture and deceit which has already too long been permitted to exist under the apparent sanction of authority. It remains now to be seen what course the Government authorities will pursue. Their position is not only difficult, but also exceedingly delicate. Vriès is at this moment practising under the special permission of the Chief of the State himself, while the "Académie de Médicine" has just formally and distinctly declared that in exercising the profession of Medicine in France, Vriès is acting in direct contravention of the very laws which they have acted on for years past, and which, on more than one occasion, they have rigidly enforced in cases where the parties prosecuted had certainly a far greater claim to their indulgence than has the present notorious character. So far as the Profession is concerned, Velpeau's able report, and the unanimous decision of the Academy of Medicine are conclusive: but has the notoriety of these proceedings been of a nature to enlighten the public, and put it on its guard against the deception which is being practised on it? This we fear is doubtful. Perhaps "they have but scotched the snake, not killed it." We have seen and heard of many quacks, but the man in question out-quacks them all. It is just possible that, if driven from France, this *rara avis* may one day turn up in England either as the bearer of some new specific in medicine, or, it may be, as the emissary of the prophet Ezekiel with whom, according to a pamphlet published by him some four years ago, he has held frequent intercourse in visions, touching the establishment of a new and universal religion, which was to destroy all schism and blend in the most perfect harmony and concord the creeds of all opposing sects. For the benefit of the readers of the *Medical Times and Gazette*, we shall state briefly one or two particulars regarding him by which he may easily be recognised —Aged about 48, he is tall in stature, by complexion mulatto, stout and broad shouldered, with a tendency to *embonpoint*; phrenologically speaking, his development is fair, and his countenance possesses a certain amount of power; psychologically, he is quite a study; he is shrewd, and well versed in the ways of the world; he can look grave, knowing, simple, or savage, as it suits him; and has an extraordinary power of discharging, for the nonce, everything like intelligence from his countenance. It cannot be regarded as a proof of high intellect that a man should reside for seven years in a country, mixing daily with its inhabitants, and yet barely acquire a sufficient knowledge of its language to make himself understood; and yet this same individual, at times, evades questions on this very ground. We have not a doubt of the ignorance being assumed: he puts it on, we believe, as a man with good eyes may don a pair of spectacles to enable him to pry into his neighbour's soul while he conceals his own thoughts behind the artificial rampart. When in difficulty, or hard pressed he is imperturbable. But the great secret of his success with the public consists in the power which he possesses of inspiring with confidence those who consult him. Well does he know that hope is the best medicine of the truly miserable, "the wretch's anchor," and he administers it with a lavish hand. A scientific Medical man visiting a patient in the last stage of a mortal malady, conscious that he can do nothing to alleviate or cure, looks grave in spite of himself, but this noted quack cheers his victim on to the last, enabling him, as it were, to die easy. If hope begin to lag he pretends that the long-desired crisis, which must precede the amelioration, has at length arrived, and the poor sufferer

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again takes courage, and actually hopes on to the last moment, dying with the black doctor's "moi guérir" ("me cure") ringing in his ears.

In a recent number of your journal it was stated that another death from chloroform had taken place at the Hôpital "La Pitié." As no particulars were therein given we inquired into the circumstances connected with it, and found them to be as follow:—A patient, aged about 60, was admitted under the care of M. Maisonneuve, when it was found on examination that he was suffering from dislocation of the hip joint. With a view to its reduction, chloroform was administered, but only so partially that the patient could hardly be said to have been under its influence. The efforts used were, as may be supposed from the nature of the accident, somewhat of a violent kind. Twenty minutes after he had ceased to respire the fumes of the chloroform symptoms of cerebral congestion supervened, which in due course terminated in death. M. Maisonneuve is decidedly of opinion that the death was not due to the anæsthetic, but to the cerebral congestion, and that this state of brain he believed had been induced solely by the violent efforts demanded in the reduction of the dislocated limb.

GENERAL CORRESPONDENCE.

PREVENTION OF VENEREAL DISEASE IN THE ARMY.

LETTER FROM MR. ACTON.

[To the Editor of the Medical Times and Gazette.]

SIR,—No one can have read "the late report of the Commissioners appointed to inquire into the regulations affecting the sanitary condition of the Army," without feeling that the Army Medical Officers have not been sufficiently consulted, or attended to, in sanitary matters. In consequence of the evidence taken before this Commission, it is proposed to appoint a Medical officer of health for the Army, answerable for all the measures to be adopted for the prevention of disease. We may anticipate that prophylactics for venereal ailments may be among the first objects which will occupy his attention. I desire, therefore, with your permission, to make a few remarks on the most feasible means of diminishing the frequency of these affections. Your correspondent, Dr. Robinson (Battalion-Surgeon Scots Fusilier Guards) seems to think (as indeed many others also do) that one remedy would be the institution of Lock Hospitals for the women. The clergy, however, give an unwilling assent to this, advocating rather the establishment of Penitentiaries. You, Sir, seem to object "to the system of petting in an especial manner guilty sufferers, and bestowing care and attention upon them such as the innocent cannot obtain." And you propose "the elevation of man's moral nature as the true extinguisher or mitigator of this great social evil." We must not, I think, lose sight of the fact that society has neglected its duties towards the soldier, and we have now to consider how we shall act towards our future recruits, at the same time that we endeavour to induce a superior class of men to enter the army. Meanwhile what shall be done to ward off the attacks of syphilis from the soldier, who, while maintained at the public expense, will, in spite of all our endeavours, give way to his sexual passions, become diseased, swelling the ranks of the sick to the extent described?

As I am not sanguine that the present adult military population can be made moral all at once, I would humbly suggest a very simple and practical plan—cleanliness,—and facilities for its employment.

In proof that such do not exist at present, let me extract some few questions and answers from the Commissioner's report:—

"3168.—The lavatories are very bad in the barracks, are they not? Very bad indeed. 3165.—Why do they not give them chamber-pots? It is not one of the barrack utensils; it is not barrack furniture. 3560.—Do you know why there was an objection to give an ablution room at those barracks (Hounslow), compelling the men to continue washing in the dead-house? The men do not wash in the dead-house. 4437.—Are there any chamber utensils? Not in the barracks; an earthenware one to each bed in the Hospital. 4889.—Do you ever bathe? There is no opportunity. They can scarcely ever bathe at the barracks. 4894.—Have they not troughs for that purpose? No; only iron basins, no troughs."

About the time that this report appeared I was attending a non-commissioned officer, and asked him to describe the exact state of the case. He told me "that if a soldier were seen washing locally in any public utensil or basin he would be complained of;" and, of course, it is no one else's business to see that when a soldier returns to barracks he washes himself. Within the last few weeks I have discussed the matter with several Army Surgeons. One and all agree that were facilities given for local ablution the chance of infection would be very much diminished, and the sick list lessened. They doubt, however, if the men would take advantage of the facilities—provided they existed, which they admit is not the case—and therefore they do not take upon themselves to assert that the experiment would succeed. The next difficulty suggested—and in this the opinions of Medical Officers have been corroborated by the evidence that has been furnished by Adjutants and Captains, even if it were considered advisable to enjoin local ablution, it could not easily be enforced.

Still, I cannot but believe that ordinary facilities for local ablution would render infection less and less probable; and, in spite of military opinions to the contrary, I feel little doubt that gradual improvement would take place, provided officers—seeing the expediency of such precautions—would assist in carrying them out to the utmost of their power. It is hardly the place of a civilian to suggest the ways and means, or to do more than point out in no captious spirit, and on military authority, the present want of facilities for cleanliness.

When simple precautions have been taken and have failed, it will be time to discuss the question of Lock Hospitals and Penitentiaries; but till then, I confess it seems to me premature; and, however advisable they may be, I fear we must not, at least for the present, look for their establishment. I should say that for years the army Medical man must be content to enforce cleanliness, and use other simple precautions, such as persuading the men to apply for treatment in the earlier stages of disease, if he wish to diminish the frequency and virulence of venereal affections among them. It is unwise to attempt public, difficult, dubious, and expensive measures, which are likely moreover to provoke opposition, till the simple and certain means that common sense suggests—but which have been hitherto so unaccountably and unjustifiably neglected—have been exhausted. I am, &c.

W. ACTON.

P.S.—As far as I can ascertain, the necessity for giving facilities for local ablution exists equally in the navy.

46, Queen Anne-street, Cavendish-square, April 4th.

DIMINISHED MORTALITY OF THE INSANE A CAUSE OF INCREASE IN THEIR NUMBER.

[To the Editor of the Medical Times and Gazette.]

SIR,—A somewhat puzzling question has of late been put to me by many of my patients, who appealingly have said,—"Doctor, how do you account for the great increase of lunacy?" Now, although not in the habit of attempting to give reasons to inquisitive invalids, yet, on this head, as the question has been frequently put to me, I have deemed it advisable to be ready with an answer. Accordingly, I have obtained the reports of the Commissioners in Lunacy, from which I draw the conclusion that increase in the number of the insane does not necessarily prove that accessions of mental disease are more prevalent now than formerly. Setting aside additions to be made on account of increase in the population, I propose to show that diminution of deaths in those attacked has exercised a considerable influence in causing additions to the number of the insane.

It is notorious that greater care and improved treatment have led to the longevity of this class of sufferers; and although the effect is obvious, yet the full amount of this source of addition can only be shown by entering into certain calculations. Suppose, for instance, that the death rate in county asylums, which contain about 15,000 patients, be reduced only one per cent. per annum, we should have a yearly increase of 150 patients. The mortality among the inhabitants of the metropolis was in the year 1685 in the

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proportion of 1 in 23; it is now only 1 in 40 individuals, and the result is made obvious to us by the returns of the Registrar-General, showing an enormous increase in the population.

In conjunction with the above source of increase resulting from improved management in our public institutions, it is necessary also to bring into consideration the fact that for some time back a large number of patients have been drafted into them. They have in reality been removed from localities in which they were formerly exposed to many causes of bodily disease and death, into hospitals where every means of prolonging life is provided. It thus appears that two distinct causes have been in operation tending to diminish mortality, and hence to augment our insane population.

As an illustration of the opinion I now advance, let us examine the returns made from our County Lunatic Asylums. We find that in these institutions there are upwards of 1000 more women than men; and yet fewer women than men are admitted, and, moreover, a greater proportion of the former are discharged cured. As respects the fair sex, therefore, it appears that although a smaller number are taken in, and a greater number sent out, yet that in course of time they preponderate enormously. How are we to explain this anomaly? A solution of it may be found by making reference to the table showing the proportion of fatal cases; for we there find that the deaths among the men surpass those among the women; and the conclusion at which we arrive is obvious, namely, that a smaller rate of mortality in the latter sex has manifestly caused a striking increase in their number.

A more convincing illustration of the assumption already made, that increase in the number of the insane population does not necessarily prove that accessions of the disease are greater now than formerly could not be desired; nor could we have wished for a stronger argument in favour of the assertion, that diminished mortality has formed a principal cause of augmented number; for we here find that in a certain class of establishments receiving men and women on equal terms, although a smaller number of the latter are admitted and a greater number discharged, yet that in course of time they preponderate to an enormous degree.

The conclusion at which I have arrived as respects the causes leading to the great enlargement of our asylums, having proved consolatory to my inquiring patients, I now submit them to your readers. I am, &c.

G. H.

CASTRATION IN EPILEPSY.

Letter from Mr. Chapman.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the discussion which took place at the Medical and Chirurgical Society, on March 22, upon Mr. Holthouse's case of castration for the cure of epilepsy, Mr. Solly suggested that ligature of the spermatic artery ought to have been tried, as a less serious operation than castration, and one from which the same result (the annihilation, I conclude, of the sexual function) might have been expected. That this is scarcely a correct inference, the following case will, I think demonstrate; and I forward it for publication more for the sake of its bearing on that question, than for any especial interest attaching to it in other respects.

In 1841, a man, about 25, with a pallid, bloated countenance, and the manner of a person of weak mind, applied to me at the St. George's and St. James's Dispensary to ask if I would remove his remaining testicle, the other having been extirpated a year before. On inquiring why castration had been performed, he told me he was gradually dying of exhaustion from the effects of involuntary seminal emission, occurring in his sleep, three, four, and sometimes five times nightly, and even during the day, whenever he strained or made any sudden effort. He complained that his bodily health had been long failing, the slightest exertion occasioning shortness of breath and palpitation of the heart. He also suffered from increasing dimness of sight, and almost constant pain at the back of his head. His memory had become very defective, and his spirits so depressed that he "wished himself dead."

He stated that the seminal weakness had commenced at the age of 15, as a consequence of sexual excesses at a still earlier period (most probably masturbation, although he denied this), and that after having been repeatedly under Medical treatment, with little or no benefit, Sir A. Cooper had advised him to submit to castration. One testicle had accordingly been removed in 1840; but the operation was so tedious and painful, and he lost so much blood, that he refused to have the other touched. He derived no advantage whatever from this incomplete operation; and, when he came to me, was in a deplorable state both of body and mind.

As he had suffered so much from the abstraction of the first testicle, I proposed the less severe proceeding of cutting down on the spermatic cord, putting a ligature on the spermatic artery, and excising a portion of the vas deferens, conceiving that this would be quite as effectual as extirpation of the gland. He readily assented, and some days afterwards I removed more than an inch of the duct, and at the same time tied and divided the spermatic artery, clearing away every fibre round the spermatic veins, in order to leave neither vessels nor nerves for the nutrition of the organ—still less contemplating the possibility of its ever resuming its functions. Scarcely any hæmorrhage took place, and the wonnd healed by the first intention. The testicle shrank considerably in size, and for more than three months the emissions ceased, with the exception of a slight occasional discharge during sleep—his health improving very perceptibly. He then came back to me, in great trouble, to inform me that the complaint had returned as badly as ever, the first renewal of emission having been preceded and accompanied by very acute pain at the seat of the wound. In three months he was once more reduced to a state of extreme debility.

Yielding therefore at length to his wishes, I extirpated the remaining testicle, severing the cord below the spot at which the vas deferens had been already cut through, as the knot, indicating the situation of its reunion, had been drawn up nearly to the external ring. In dividing the cord the second time, I found it necessary to secure two small arteries. The testicle was rather below the ordinary size, but to all appearance sound. From this period he steadily regained strength and spirits; and when I saw him a month after the operation, he seemed in very tolerable health. I shall now pass on to give an account of his appearance and condition in 1848, seven years after the loss of the second testicle. He was then 33, and somewhat changed in aspect. In person he was slighter, and his manner and conversation indicated more intelligence. His eyesight was excellent; but he complained of weakness in his loins, and that he was incapable of much exertion. He was a great sufferer from indigestion and low spirits, but said he felt himself far better in all respects than before castration. His beard and whiskers, scanty enough before, were still thinner than when I last saw him, and the hair on his legs had disappeared entirely.

The points in the foregoing narrative chiefly deserving attention, are the restoration of the canal of the vas deferens, and the recovery of its function by the testicle after having been deprived of its artery and nerves. Had Mr. Holthouse simply tied the spermatic artery, as recommended by Mr. Solly, it might still have remained a moot question—among our Transatlantic brethren at any rate—whether castration would not have proved more successful. By a decisive experiment on one who does not appear to feel that emasculation is a misfortune, Mr. Holthouse has set that question at rest for ever; rescuing, perhaps, more than one victim of erroneous practice from a fate which a sensitive man, in his bitter disappointment, would afterwards regard as far worse than death. I am, &c. Henry T. Chapman.

Lower Seymour-street, Portman-square,
April 4th.

NEEDLE SUTURES.

Letter from Dr. Aveling.

[To the Editor of the Medical Times and Gazette.]

Sir,—In a paper which you were kind enough to publish a few weeks ago upon the antiquity of metallic sutures, I hinted that the long needle which was employed by Fabricius ab Aquapendente might again be used by the Surgeon in some cases with advantage. This remark has brought a number of letters from different members of the Profession, asking where they may be obtained. I now write to say, that after

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considerable perseverance I have succeeded in getting some made, and they may be obtained (by post) from Henry Aitkin, Bishophill, York.

I have had these needle-sutures made six inches long, and pliable throughout, except about half an inch at the point. Three sizes have been made; but the most useful is that made of No. 27 gauge wire, equal in thickness to a No. 10 sewing-needle. The points have been made triangular, like those of the "glover's" needles.

I will merely add a few words upon the mode of using them:—1st. The needle should be held as near the point as possible, for the rest of the needle being soft, it might bend when it is being thrust through the lips of the wound. 2nd. In fastening the two ends together it is quite sufficient to hook one end in the other. This simple fastening will bear a strain far greater than is ever required, and does not displace the lips of the wound so much as twisting the ends together necessitates. One of these hooks can be made at the end of the needle before it is passed. When the second hook has been made, the remainder of the needle should be cut off, and the hooks pressed close with a pair of dressing forceps.

I am, &c. J. H. Aveling, M.D.

Sheffield, April 5, 1859.

HOW TO HONOUR HUNTER.

Letter from Dr. Rolleston.

[To the Editor of the Medical Times and Gazette.]

Sir,—In a letter published in the *Times* of April 2, Mr. Charles Hawkins has suggested that the subscriptions now in course of collection for the purpose of erecting a statue to John Hunter should be applied to the somewhat different purpose of founding Fellowships for the encouragement of the study of those branches of science which Hunter did so much to advance. I venture to trouble you with the expression of my own concurrence in the views Mr. Hawkins has propounded; and I do this the more boldly as I am aware I am but expressing the opinions of many of my Professional brethren in this place.

With the funds which members of the Medical Profession and other persons interested in the promotion of Physiological science would be ready on the present occasion to subscribe, one or more Fellowships might be founded tenable for from three to four years, and of an annual value sufficient to allow some margin for the expenses incidental to a course of Physiological study. Mr. Hawkins calculates upon a guinea from each of the 20,000 members of the Medical Profession; and, as persons engaged in teaching Physiology would be ready to subscribe more largely than members of the Profession not so employed, it is not unreasonable to calculate upon obtaining a sum nearly approaching this liberal estimate.

The Fellowship might be given to the person who should pass the best examination in the subjects illustrated by the Hunterian collection; the competition should be open to all British subjects who have not entered upon their 23rd year; the examining Board might be appointed by the Trustees of the Hunterian Collection, and the successful candidate might be styled the Hunterian Fellow. It may be doubted whether it would be wise to lay the successful candidate under any obligations whatever as to his future studies and mode of life. Open competition will secure good work, and good work must be the result of a labour of love. But from such as have once laboured at any study with a real love for it, still further labour in it may be confidently looked for. On the other hand, the experience of this plan leads one to disbelieve in the efficacy of such restrictions as I have just alluded to.

"Long is to him who works for debt the day."

Of all classes of labourers the class "*opus debentium*" is the least valuable. By such a plan as this a certain amount of real talent and thorough labour would be certainly secured for physiological study, and the living embodiment of these qualities in actual working proficients in the science would do more to promote its dignity in unscientific unartistic practical England than a whole army of statues. Of the benefits which would thus accrue to the entire Profession, of the wholesome emulation which would be created among its younger members, of the actual tangible value of such an institution to the talented but struggling student, there is no need to speak. We should secure a living representative to bear the name of Hunter, and to follow up his researches; and more honour would be done thus to his memory than by making him one of a huge crowd of men immortalised in marble, though distinguished, as a rule, while living by nothing akin either to virtue or talent.

I am, &c.

George Rolleston, M.D.

Lees' Reader in Anatomy at Christ Church, Oxford.

Oxford, April 4, 1859.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, March 31, 1859:—

Cheshire, Edward, Vyse-street, Birmingham.
Claremont, Claude Clarke, Camden-town.
Illingworth, J. A., Maindee, Newport, Monmouth.
Jotham, Edwin Sparhawke.
Lewer, Alfred, Merley-hall, Wimborne, Dorset.
Ogden, David Henry, Skipton Craven.
Quennell, John Cooper.
Saunders, George James Symes, Charmouth.
Smith, Charles Joseph Oliver, Keyworth, Nottingham.
Smith, Walter Stephen, Sheffield.
Smith, Francis.
Woolrych, Arthur Edward.
Wyer, Otho Francis, Leamington Priors.

APPOINTMENTS.

At a General Court of the Governors of the London Hospital held on the 1st inst., Dr. Barnes was unanimously elected Assistant Obstetric Physician.

F. H. Johnson, Esq., has been elected one of the Honorary Surgeons to the Sunderland Infirmary, in the room of Dr. Parker resigned.

DEATH.

Kidd.—On the 5th April last, at No. 1, Leicester-square, Bayswater, Richard Driver Kidd, aged 32.

A Prolific Mother.—A woman, residing in the parish of St. Anne, has just been delivered of three children at a birth. She has had altogether fifteen children in eighteen years, on two occasions twins, eight single births, and now triplets.

Dr. W. B. Carpenter has resigned the post, so long occupied by him, of Principal of University Hall, in order to devote his exclusive attention to his duties as Registrar of London University. He retains his Professorship of University College until the close of the Summer Session.

M. Bourguet relates a case of peritonitis produced by the escape of two lumbrici into the peritoneal cavity. The worms had eaten their way, he says, through the upper part of the ilium, leaving a circular opening there. There is a preparation at Malta in which the worm is seen partly in the gut and partly in the peritoneal cavity.

An Expedition to the Sources of the Nile, is being got up on a very extensive scale by the French. Painter, Chemist, Naturalist, Physician, Captain, and every imaginable useful appendage, form part of it. It is worth remarking on this head, that all great discoveries in Africa have been made through the energy and efforts of single individuals. Large companies of discovery have almost uniformly failed.

M. Sappey endeavours to show the road by which the blood of the vena porta returns to the inferior vena cava when its circulation through the liver is arrested, as happens in some cases of cirrhosis. According to his researches, the blood is conducted through the small vein, which is comprised in the suspensory ligament of the liver, the vein being

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abnormally enlarged for the purpose. It is this vein which has been mistaken for a persistent umbilical vein. The blood is thus conducted downwards, and by anastomoses passes into the principal vein of the leg—the crural vein. The venous current thus passing downwards towards the leg is perceptible to the hand by a *frémissement*, and to the ear by a murmur. This symptom, therefore, becomes a sign of cirrhosis, and a favourable sign, because ascites is prevented by the stream of blood which it indicates.—*Gaz. Hebd.*

VACCINATION.—An order has been issued from the Privy Council-office stating, that whereas by the Public Health Act of 1858 the Privy Council are empowered to issue regulations for securing the due qualification of all persons to be contracted with by guardians and overseers of unions and parishes in England for the vaccination of persons resident in such unions and parishes, it is enacted, "That no contract for vaccination shall be entered into by such guardians or overseers, except with a Medical Practitioner, who shall be legally competent to practise both Medicine and Surgery in England and Wales. Provided, that if in any union or parish it shall not be practicable for the guardians or overseers to contract with a person residing in or near to the district for which he shall be required to act, fully qualified as aforesaid, the guardians or overseers may report the circumstances to the Poor-Law Board, and the said Board may permit a contract to be entered into with a Medical Practitioner not fully qualified for so long a time as the said Board shall deem proper."

ALL ANÆSTHETICS, according to M. Scoutetten, are carbonaceous bodies, which by their binary or tertiary combinations, acquire the property of occasioning, in varying degrees, feebleness, suspension, or entire destruction of the nervous system; these are veritable poisons, which oppose the oxidation of the blood, and whose effects differ, not in relation to the quantity administered, but rather in accordance with the susceptibility of the individual.

SUCCESSFUL PROSECUTION OF A DOCTRESS AT LYONS.—The Association of Medical Practitioners of Lyons having determined to put the law in force against all quacks and Medical imposters, had the boldness, or as some said, the cruelty, to cite a very popular female practitioner before the Correctional Police. Marie Eugenie Bressac, a young and elegant woman, professed to practise Medicine intuitively, *i.e.* to be able to declare without any difficulty the condition of the various organs, which ordinary practitioners could only ascertain by the abominable practice of post-mortem examination. This faculty led to her house being besieged by patients; and when the police officer went to serve her with a summons, he found no less than seventeen persons in her waiting-room. The police tribunal condemned her to a fine of 30 francs, and as it was an instance of relapse, to 500 francs damages to the Medical Society which had prosecuted her. She appealed to the *Cour de Lyon* on the ground that she had never assumed the title of Doctor, and that the Medical Society were not entitled to damages, seeing that it could prove no direct injury done. Confining himself to this last point, the advocate of the Medical Society observed that the matter had not been taken up as a mere money question, but as affecting the dignity of the Profession, which was compromised by allowing the continuance of such imposture. The Court decided in favour of the reality of the prejudice done to the Medical Profession by the usurpation of rights which had been guaranteed to them by the laws. "Every practitioner has an essential interest in his profession being honourably exercised only by persons who have fulfilled all the necessary conditions, and offer proper guarantees; and each has a perfect right to restrain by civil procedure all illicit opposition calculated to bring this useful Profession into disrepute." The condemnation was therefore affirmed.

THE ROYAL HOSPITAL.—The anniversary dinner of this institution was celebrated this week at the London Tavern, when upwards of 150 gentlemen partook of an excellent repast. The Earl of Carlisle presided. After the usual loyal and patriotic toasts, the noble Chairman proposed, "The Royal Hospital for Incurables." The lease of both the premises now used would expire in about three years' time, and the great object now to be attained was to erect a permanent building specially adapted to serve the wants and purposes of the institution. Twenty acres of land had already been procured in a situation eminently healthy, and, what was more, the land had been paid for. There was a sum of between £3000 and £4000 vested in the funds for the purposes of the building, whenever it should be earnestly commenced. The site they had acquired was situate upon the breezy Surrey hills, in the near neighbourhood of another noble charitable institution. Notice had been specially directed to the cases in which the peculiar pressure of circumstances on the unwonted sharpness of suffering rendered the objects of their bounty ill adapted for the purposes and scope of the precarious progress of an election, and the wear and tear of a personal canvass. To meet and accommodate such cases there had been formed the project of subscribing to the support of a free ward to be annexed to the general establishment. Nearly £2000 had already been subscribed for that purpose. It should be remembered that the Royal Hospital was to take cognisance of incurable cases. He did not shrink from the term. It ought to constitute rather the pride of those who took a part in the institution. One of the great recommendations of the institution was that it did not come into competition with any other Hospital. On the contrary, they wished those institutions every success. It was when art had done her utmost that this institution, in the most full and complete form possible, stepped in and gave the benefit of its aid. (Cheers.) In the course of the evening the contributions amounted to £1700, making the total of £3600, in addition to noble donations to the Building Fund of 100 guineas each from Lord Carlisle, Lord Raynham, Rev. Dr. Reed (the founder), and George Moore, Esq. The toast, "The Medical Officers of our Metropolitan Hospitals," was responded to by Mr. Solly, of St. Thomas's.

PROFESSOR FARADAY ON SCHONBEIN'S OZONE AND ANTOZONE.—Schönbein has been led to the belief that oxygen can exist in a third state, as far removed by its properties from ordinary oxygen in the one direction as ozone is in the other; and therefore, in a certain sense, antagonistic to ozone. This substance he names antozone, and believes that it also enters into combination, retaining, for the time, its special properties. Hence there is not merely ozone and antozone, but also ozonide and antozonide compounds. Thus, permanganic acid, chromic acid, peroxides of manganese, lead, cobalt, nickel, bismuth, silver, etc. form a list of bodies containing more or less of ozone in combination; and the characters of ozone, and of these bodies because of the ozone in them, is that they are electro-negative to the antozonides, *i.e.* as copper to zinc; they evolve chlorine from chlorides; they cannot generate peroxide of hydrogen; and they render blue the precipitated tincture of guaiacum. On the other hand, oxywater and the peroxides of potassium, sodium, barium, strontium, and calcium, form a list of substances containing antozone. These bodies are electro-positive to the former; they cannot evolve chlorine from hydrochloric acid, or the chlorides; they evolve the peroxide of hydrogen when treated either by oxy-acids or even the hydrochloric acid, and they not only do not render blue the white precipitated guaiacum, but they restore that which has been rendered blue by ozone to the white or colourless condition. Now, when two ozonides or two antozonides are put together, with the addition of water or an indifferent acid, they mingle, but do not act on each other; but if one body from each list be associated in like manner, they mutually act, oxygen is evolved from both, and ordinary oxygen is set free; or rather, as Schönbein believes, ozone separates from one body, and antozone from the other; and these uniting, produce the intermediate or neutral oxygen. Thénard, who discovered the peroxide of hydrogen, showed that the peroxide of silver, when brought into contact with it, not only caused the separation of part of the oxygen of the fluid, but also itself lost oxygen, that element leaving both bodies, and appearing in the gaseous state. As to the independent existence of oxygen in these two new and antithetical states, ozone has been so obtained, *i.e.* out of combination, and independent of any other body; but antozone has not as yet afforded this proof of its possible separate condition. Oxywater is the compound in which it seems nearest to a free condition. As Schönbein's view includes the idea that oxygen in these two states can retain their peculiar properties when out of combination, and have them conferred otherwise than by combination, and as ozone does fulfil these conditions, and does exist in the independent state, so it is important that antozone should be pur-

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sued by experiment until it gives a like result. In relation to this subject the view of Mr. Brodie should be referred to, respecting the condition of certain elements at the moment of chemical change, on which he published a paper in the Phil. Trans. for 1850, p. 759, and another in the Chemical Society's Journal in 1855. He assumed oxygen as capable of existing in two states; the particles being polarised to each other by the action of associated particles, and for the moment in the relation of oxygen and hydrogen to each other; he also made many numerical experiments for the purpose of obtaining the equivalent action of the oxygens assumed to be in these opposed polar states.

BOOKS RECEIVED.

The Cyclopedia of Anatomy and Physiology. Six . London: 1835-59.

A System of Dental Surgery. By John Tomes, F.R.S. London: 1859.

Healthy Skin. By Erasmus Wilson, F.R.S. Sixth Edition. London: 1859.

Diphtheria. A Lecture by W. H. Ranking, M.D. London and Norwich: 1859.

Hemorrhoids and Prolapsus of the Rectum. By H. Smith, F.R.C.S. London: 1859.

The Action of Medicines. By F. W. Headland, M.D. Third Edition. London: 1859.

The Handbook of Dining. By L. F. Simpson. Londo : 1859.

The Berington Knapsack and Slings. London: 1859.

Ophthalmic Hospital Reports. January, 1859.

A Tale for the Pharisees. London: 1859.

Degeneracy and Deaths of the Mining Population. By John Roberton. Manchester: 1859.

Tents. By Major G. Rhodes. London: 1859.

Reports on the Hastings' Water. Hastings: 1859.

VITAL STATISTICS OF LONDON.

Week ending Saturday, April 2, 1859.

BIRTHS.

Births of Boys, 952; Girls, 885; Total, 1837.
Average of 10 corresponding weeks, 1849-58, 1806·8.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	603	464	1067
Average of the ten years 1849–53	729·1	679·5	1399·6
Average corrected to increased population..	..	..	1540
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	44	14	58

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus
West	376,427	2	6	9	2	5	1	5
North....	490,396	1	7	13	4	7	..	10
Central ..	393,256	3	4	3	..	6	3	3
East	485,522	5	2	11	1	10	2	10
South....	616,635	4	7	20	6	8	..	4
Total....	2,362,236	15	26	56	13	36	6	32

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·622 in.
Mean temperature	42·6
Highest point of thermometer	56·5
Lowest point of thermometer	25·3
Mean dew-point temperature	36·6
General direction of wind	S.W.
Whole amount of rain in the week	0·53 in
Amount of horizontal movement of air in the week ...	975 miles.

TO CORRESPONDENTS.

Dr. Simpson's eleventh Clinical Lecture is unavoidably postponed until next week.

Our Great Ones of the Past.

A Memoir and Portrait of Dr. William Hunter will appear next week.

A Grocer should consult the nearest respectable practitioner, and avoid all advertising empirics.

G.P.—The following are the rules of the Edinburgh College of Physicians alluded to:—

8. For one year after the passing of these Regulations, the following Classes of Applicants may be admitted Licentiates of the College without Examination, provided that they do not derive any profit from the sale of drugs or medicine, and that they produce Certificates of Character and Professional Qualification satisfactory to the Council—

First, Gentlemen who have been Fifteen Years in actual Practice.

Second. Licenciates of any of the existing Licensing Boards.

9. The Examination may also be dispensed with in any case, on the motion of a Fellow, provided the motion be intimated in the Billet summoning the Meeting, and be carried by five-sixths of those present.

The following appears in the *Carlisle Examiner* of April 5th:—

"Important to the Public.—Mr. Carrick, Surgeon, begs to call public attention to his superior mode of treating Ulcerated Sore Legs and other Chronic Diseases, in which he has had extensive experience for the last twenty years. He begs to call attention to the following Testimonials:—'Margaret Bell, Upperby—I had a sore leg for ten years, I had several doctors attending me, and got no good. Mr. Carrick then attended me, and cured my leg in about two months. That is about six years since. Ann Johnston—I live at Denton-hill. I had a sore leg for twelve months. I received no benefit at the Infirmary. I then saw Mr. Carrick, and he cured it in twenty-seven days. This was a fortnight before last Christmas. No. 2, Henry-street, Carlisle.'"

We are glad to find that Mr. Carrick's name only appears in the Directory in the supplemental list. If he has no diploma, the assumption of the title "Surgeon" renders him amenable to the penalty imposed by the Medical Act.

The Puff Indirect.

The following sentence concludes Pulvermacher's wide-spread advertisement "Electricity is Life":—"A pamphlet by that distinguished Physician and author, Harry Wm. Lobb, Esq. price 1s. showing the wonderful powers of galvanism in relieving different maladies, should be read by every invalid. The application of the chains is beautifully demonstrated in it, and many extraordinary cures are instanced as being effected by them."

Castration in Epilepsy.—Note from Mr. Solly.

To the Editor of the Medical Times and Gazette.

Sir,—In my anxiety to be brief the other night at the Medico-Chirurgical Society, I am afraid that I did not express myself clearly.

I was anxious in justice to Mr. Holthouse to mention that a Surgeon of Mr. Simon's ability and pathological acumen had contemplated the performance of castration in that case, but that he abandoned it after a consultation with his colleagues. I assure you he was never "inclined to yield to the man's wishes against the general feeling of his colleagues."

I am, &c. Samuel Solly.

18, St. Helen's-place, April 6, 1859.

The Cold Treatment of Scarlatina.

To the Editor of the Medical Times and Gazette.

Sir,—I think it my duty, seeing the great number of deaths registered from scarlatina, to lay before your readers a method of treatment which I have had opportunities of testing very extensively for some years past, and with uniformly successful results.

The patient is removed to the topmost room of the house, put to bed with a light flannel jacket on, and covered with plenty of bed-clothes. I allow no carpet, curtains, or other furniture in the room which could impede the free circulation of air; and no fire. The door and windows are kept constantly open, irrespective of the season of the year. During the first twenty-four hours the throat is freely painted externally with tincture of iodine. Purgatives, as a rule, are strictly avoided, Muriatic acid with water and sugar for a drink, or the chlorine solution as used by my late father at Bromley. I order a simply nutritious diet, no stimulants; for with the above precautions low symptoms do not develope themselves. The patient is allowed out of bed early, and also out of doors early, but it is seldom that I see extensive desquamation, and even more rarely is the disease followed by dropsy. I cannot but think that this favourable result is to be attributed as much, or even more, to the free supply of cold and pure air, as to the absence of all lowering measures.

I am, &c. Henry Taynton.

7, Bedford-place, Commercial-road East, April 6, 1859.

Stricture of the Urethra.

To the Editor of the Medical Times and Gazette.

Sir,—Notwithstanding the established rule of Reviews not to notice or insert the remonstrances of the writers criticised, as I am aware that exceptions are made to this rule when it happens that any important

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point of criticism is founded on an entire misconception of an author's meaning, I trust I shall be able to show that this privilege may be granted on the present occasion. In a notice of my essay on Stricture in your last number, I am charged with asserting that the common mode of treating that disease is of no service, and this accusation is founded on the following passage marked as a quotation from my book :—"This tedious employment of the bougie or sound is calculated to increase rather than lessen the stricture."

There is no such passage in the book, and the contrary opinion is repeatedly expressed in it. The mistake has probably arisen from the misinterpretation of, perhaps, a badly-constructed sentence in page 19, referring, not to the cure, but to the nature or pathology of stricture. Not only are wedge acting instruments admitted to be capable of affording great relief (and surely the experience of every day would render a denial of this absurd), but an expedient is mentioned, by the adoption of which they may be simplified and improved, namely, the gradual increase of their size by successive layers of sealing-wax. This modification, which was made by me more than ten years ago, has been lately brought forward as one of the contributions to Therapeutics which we owe to Professor Trousseau, of Paris.

At the same time, however, that the great utility of bougies and sounds is admitted, their inferiority to the means used for effecting dilatation by fluid pressure is pointed out in detail. Fluid pressure constitutes an improvement in the treatment of stricture not less in degree, and, from the frequency of the disease, much more important, than the sliding rod now used for crushing urinary calculi, compared with the drills originally employed in lithotrity; and not much less in degree than was the substitution of dilating instruments, on the principle of the wedge, for the "boutonnière," or perineal section, originally employed for the cure of stricture of the urethra. From the absence of friction, fluid pressure dilates with little irritation; from there being no forward movement, there is no danger of tearing the stricture from the urethra or causing false passage whatever force is employed; and as the widening is extended to the normal dimensions of the passage, there is every chance of a long-continued or permanent relief. With these immense advantages there is great speed of cure, and less suffering to the patient.

April 2. I am, &c. JAS. ARNOTT.

MEDICAL MEN IN WESTMINSTER ABBEY.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—It is stated in your leading article of last week that "Mead Freind, and Baillie, with the exception of Buchan of 'Domestic Medicine renown—were the only Medical men before Hunter entombed within its precincts." This, however, appears to be a mistake, for on looking over a Guide to Westminster Abbey published in 1834, I find the following Medical men have monuments erected to their memory (besides the above-mentioned).

IN NORTH TRANSEPT.

Hugh Chamberlen, M.D. F.R.S.
Sir Clifton Wintringham, Bart. M.D.
Dr. Plenderleath.

IN NORTH AISLE, WEST END.

John Woodward, M.D.

IN SOUTH TRANSEPT.

Edward Wetenhall, M.D.
Sir John Pringle, Bart. M.D.

Oliver Goldsmith M.D. was buried in the above transept, but he must be considered more as a poet and historian than as a Medical man. Apologising for having taken up your valuable space,

I am, &c. H. L. MAYSMOR.

Springfield Lodge, Park Village East, Regent's-park, April 5, 1859.

ETHER *v.* CHLOROFORM.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your journal of the 26th ult. under the head "Discussion on Chloroform," there are two or three points which, as I conceive, are of very serious moment in a practical aspect, and not at all as decided as the faculty in Paris are inclined to believe.

My old friend Dr. Hayward, of the United States, forwarded a manuscript to the Paris Surgical Society, in which he recommended the substitution of ether for chloroform, and the abandonment of chloroform. As he is not aware of any instance of death occurred under the use of ether, Dr. Hayward and I had several conversations on this point in London not very long ago: he has applied ether a thousand times at Boston; but he was evidently very little acquainted with chloroform as used in thousands of instances in London hospitals with every possible safety: he appeared to say also that chloroform was nearly unknown in Italy, from whence he had just returned to England on his way back to America.

My object at present in writing, is simply in order that your usually well-informed and excellent journal should give us more of the results of ether anæsthetics at both sides of the Atlantic. I believe the late Dr. Snow was under an impression that ether is less deadly than chloroform; he often wished me to try ether whilst he examined as to the value of amylene. I have not been able, however, to get over the facts stated by M. Trousseau as to the fatality of ether, corroborated also in some measure by the experience of Mr. Coates, of Salisbury.

M. Trousseau, who has given as much attention to chloroform and ether, as either Dr. Simpson or Dr. Snow, writing last year said :—"One may value at tens of thousand the operations under anæsthetics; all the deaths from anæsthetics too in France have been carefully made known (publiées avec soin), and yet the entire amount of deaths from chloroform and ether is only 49, of which 30 are due to chloroform and 19 to ether (dont trente appartenant au chloroform et dixneuf à l'éther), and his general decision seemed to be that though chloroform is now almost exclusively employed in Germany and France, yet it is impossible to impute to it more than one-third deaths greater than the number from ether (on ne peut lui imputer qu'un tiers de plus de morts qu'à l'éther).

It is very likely that, in some trivial operations, ether is at present used, as something not so dangerous as chloroform; but I think, on this point, operating Surgeons cannot be too cautious. Thus, M. Velpeau, a little while ago, removed an enlarged tonsil while the patient was under ether; but a large quantity of blood collected in the throat, the reflex function of the parts about the pharynx having been destroyed, and the patient sank! A fatal case under ether is given by M. Barrier, of Lyons. M. Legouest also saw a similar case under the hands of M. Valette, ether having been first inspired, and then chloroform added. I am very much afraid that there is no very prominent advantage in using ether, or preferring it to chloroform, the danger being in the insensibility produced, no matter by what agent. The quantity of ether that is required for an operation is sometimes perfectly enormous. Thus, in a case of simple amputation, where I would have been satisfied with about ʒij. of chloroform, Dr. Hayward used a large pint bottle, and went a good way into a second pint bottle before the operation was finished: the whole house smelt of ether for several hours after, and yet the anæsthesia did not seem to me a bit more satisfactory than what would have been produced by one-tenth of the quantity of chloroform.

I think the opinion I ventured, that the danger of chloroform lies chiefly in the preliminary stage of epileptoid excitement, not in the later stages of coma, is beginning to be recognised more and more, in Hospital practice, as true; if it be so, we must search for some agent that will not excite these convulsions and spasms so like tetanus. In forty deaths from chloroform, thirty-six occurred in this stage; but I am not aware that the use of ether lessens its severity or duration. I am, &c.

43, Sackville-street, Piccadilly, April 3, 1859. CHARLES KIDD, M.D.

COMMUNICATIONS have been received from—

Professor SIMPSON; Mr. GREEN; Mr. WILDE, Dublin; Dr. ROLLESTON, Oxford; Dr. BUCHANAN, Glasgow; Dr. KIRKES; Mr. ACTON; Mr. SOLLY; Dr. W. ADDISON; Dr. MACDONALD, Glasgow; Dr. AVELING, Sheffield; REGISTRAR GENERAL; Dr. EWENS; Dr. EDWARDS; M. NEGRIER; Mr. JUDD; Mr. SAGE; Mr. A. HOLMES; Mr. VINCENT; Mr. MORGAN; Mr. TAMTON; Mr. SELMER; EDITOR of *Dental Review;* Mr. WHEATLEY.

APPOINTMENTS FOR THE WEEK.

April 9. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL BOTANIC SOCIETY, 3½ p.m.

ROYAL INSTITUTION, 3 p.m. Mr. J. P. Lacaita "On Modern Italian Literature."

11. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8 p.m. Dr. James Bird "On the Development and Progress of Tubercular Cachexia in the Chest and Abdomen, during Childhood and Youth."

12. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL INSTITUTION, 3 p.m. Professor Owen "On Fossil Mammals." (Concluding Lecture.)

ROYAL MEDICAL AND CHIRURGICAL SOCIETY (Ballot), 7½ p.m. 8½ p.m. Mr. Nunneley "On Aneurism within the Orbit treated by Ligature of the Carotid Artery." Mr. E. Hart's "Case of Popliteal Aneurism successfully treated by Flexion of the Knee-joint, Mr. Alex. Shaw's Case of ditto.

13. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

NORTH LONDON MEDICAL SOCIETY, 8 p.m. Dr. Greenhalgh "On Craniotomy in Deformed Pelvis."

MEDICAL SOCIETY OF LONDON, 8 p.m. Dr. Andrew Clark, Second Lettsomian Lecture on the Arrestment of Phthisis, "On Evidences derived from a study of Expectoration."

14. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

ROYAL SOCIETY, 8½ p.m.

ROYAL INSTITUTION, 3 p.m. Professor Tyndall "On Pneumatics."

15. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON, 8 p.m. Dr. Edward Smith, "Observations connected with Treatment of Phthisis."

ROYAL INSTITUTION. (Meeting at 8, Lecture at 9 p.m.) Sir Charles Lyell, D.C.L., F.R.S., "On the Consolidation of Lava on Steep Slopes, and on the Origin of the Conical Form of Volcanoes."

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HOUSE, Letter-Press, Copper-plate, and Lithographic Printing Offices, Wardrobe-terrace, Doctors'-commons, London, E.C.

H. SILVERLOCK'S stock of Labels for Dispensing purposes having been recently revised and enlarged, now consists of upwards of 800 different kinds. Yellow and Green Labels for Drug Bottles, Drawers, &c., at per book or dozen: a Book, containing a selection in general use in Surgeries or Dispensaries, 10s. 6d. Priced Catalogues of the above may be had, post free, on application. Printing of every Description at Moderate Prices.

Mineral Water Agency. — The

Administration of the Royal Mineral Springs of Kissingen and Booklet, in Bavaria, have appointed as their sole Agents for the United Kingdom of Great Britain, Messrs. J. L. PFUNGST and Co., Wine Merchants, 32, Crutched-friars, London, from whom may be constantly had, at the importation prices, the celebrated RAKOCZY, MAXBRUNNEN, and BITTERWASSER, in Packages of 24, 36, 48, 60 Quarts, and 48, 72, 96, and 120 Pints, at 10s. per dozen Quarts, and 6s. per dozen Pints.

Messrs. J. L. PFUNGST & CO. are also Importers of the Genuine SELTZER WATER from the Nassau Springs, at £1 2s. 4d. per hamper of 50 Pint Jars.

J. & E. BRADSHAW, late

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34, JERMYN-STREET,

begs to call attention to the various improvements in Patent ELASTIC STOCKINGS, BELTS, KNEE-CAPS, SOCKS, and Ladies' and Gentlemen's SPINE SUPPORTERS. A new description of BELT, invaluable for prevention of Cholera and the cure of Rheumatism, Lumbago, &c.

N.B. Every description of INDIA-RUBBER BANDAGE, vulcanised on the newest principle.

Directions for measurement sent by post.

N.B. A Liberal Discount to the Profession.

A female to attend on ladies.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-Foot Jellies of various kinds for table use. C. and B. are also sole agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSSE and BLACKWELL, 21, Soho-square.

Surgical Instruments, and every Im-

plement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), retail as well as wholesale, from the Manufacturer, JAMES ARNOLD, 35, WEST SMITHFIELD, St. Bartholomew's Hospital, London.

Single Circular Truss, 2s. 6d.; double ditto, 5s.; on Salmon's Expired Patent, 4s. 6d.; double ditto, 9s.; on Coles's Expired Patent, 5s.; double ditto, 10s.; Cotton Net Suspensory Trusses, from 10d.; Elastic Stocking Net bandage, 4d. per yard; Case of Tooth Instruments, £1; Case of Cupping Instruments, £2 13s. 6d.; Case of Pocket Instruments, £1; Brass Enema Syringe, complete in mahogany case, 10s. and 12s.; Case of Dissecting Instruments, Ivory Handles, 15s; best Bleeding Lancets, per dozen, 18s.

Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS, at the Islington Glass Bottle Works, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, City, and 2, Upper Copenhagen-street, Islington.

E. and H. Harris and Co. beg to submit the following prices, for quantities of 6 gross, assorted to suit the convenience of the purchaser.

6 & 8 oz., any shape, plain or graduated				clear	8s. per gross.
3 & 4 oz., do.			do.	blue tinted	7s. 6d. do.
½ oz. white moulded phials			do.	of a very superior quality.	4s. 6d. do.
1 oz.	do.	.. ..	do.		5s. 6d. do.
1½ oz.	do.	.. ..	do.		6s. do.
2 oz.	do.	.. ..	do.		7s. do.

No remittance required until the goods are received. Immediate attention to country orders. Packages free. Delivered free within 7 miles. Post-office orders payable to E. and H. HARRIS and Co., at Chief Office, London. Bankers: Union Bank of London.

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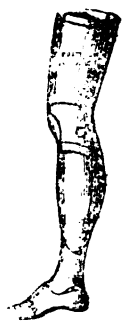

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

LECTURE XI.

On Abscess of the Labia Pudendi, and the various forms of Vulvitis.

Gentlemen,—Here is a small quantity of purulent fluid measuring in all about one ounce, which I removed the other day from the left labium of a poor patient who was sent from Fife. She laboured under the impression that she had got an inguinal hernia, but on examining the part I found the swelling of the labium to be due to a collection of fluid underneath the skin. As the patient seemed never to have experienced any particular degree of pain in the part, and as on cross-examining the woman there was nothing to lead one to suppose that it had ever been the seat of any acute inflammatory process, I concluded that it was a collection of serous fluid in a cystic cavity. Let me observe, as I pass, that we may have two forms of serous collections in the labium, viz. 1. a collection in the process of Nuck, a disease exactly corresponding to hydrocele in the male; or 2. a collection of it in a simple serous cyst; such cysts being sometimes found in the submucous tissue of both the vulva and vagina. Supposing the swelling to be of the latter kind in the patient I speak of, I proceeded to cure her of the deformity, and relieve her from the inconvenience produced by the presence of the fluid by letting it out with a tenotomy knife, when there escaped not the usual clear fluid of a cystic growth, but the greyish yellow purulent fluid which you see in this bottle. It was thus shown to be an instance not of cystic development in the part, but of a disease not at all uncommon here, I mean,

ABSCESS OF THE LABIA PUDENDI.

1. *Pathological Anatomy.*—There is, as you are aware, a conglomerate gland seated in the submucous tissue, on either side of the entrance to the vagina, opening on the inner surface by a small straight duct, and resembling in structure and situation the Cowper's glands of the male. They were first particularly described and demonstrated by Bartholini, whose name they bear; but perhaps the best account we yet possess, both of their normal and pathological anatomy, is that given by Huguier in the Memoirs of the French Academy. These Bartholinian glands are liable to take on from time to time an inflammatory action, which may pass on to the higher stages, and end in the formation of an abscess in the labium. But phlegmonous inflammations and abscesses of the labium are not necessarily limited to the substance of the gland, and the abscesses which form here do not always arise in the gland itself; but the inflammation may begin in the proper cellular tissue of the labium, which may be the seat of the suppurative process. Usually, such an abscess is limited to one labium only, but often enough it occurs simultaneously in both. You will in most cases be able to detect a depression on the surface of the abscess, corresponding to the orifice of the small excretory duct. You can sometimes see the orifice of the gland blocked up, with a drop of pus shutting it up.

2. *Aetiology.*—You will in most cases find considerable difficulty in discovering any special cause to which these inflammatory and suppurative changes can be distinctly assigned. But I have met with several instances where patients were subject to inflammatory attacks in these glands, coming on like the sore-throats to which many are liable, with the various changes of the weather. As in the instance of the chronically inflamed tonsils, these glands may in some cases become merely enlarged and painful, or in others they may at such times become the seat of a more or less copious puriform discharge. Not infrequently phlegmonous abscesses in the labia are the results of direct injury.

3. *Symptoms and Diagnosis.*—If the patient apply to you early, while the inflammation is still recent, and the changes not very advanced, you will find the inflamed gland hard and enlarged—often to the size of a hazel-nut. But usually the primary stages have been passed ere your aid is sought for, and in most cases you will find the tumour already soft and fluctuating from the formation of pus. In the case from Fife, of which I have told you, the abscess had existed for many months, and all trace of inflammatory action had so completely disappeared, that I imagined it to be, as I have said, a simple cyst. Sometimes the labium in which the pus has thus been collected becomes distended and deformed, forming a large protuberance towards the perinæum, and overlapping to a considerable extent the labium of the opposite side. If in any case you should be in doubt as to the nature of the collection, you may soon come to a decision by introducing an exploring needle into it, and bringing away some of the fluid. The swelling may give to the labium an appearance as if it contained a hernial loop of intestine; but the freedom from swelling of the inguinal canal and upper part of the labium, the absence from the tumour of all impulse on coughing, etc. will enable you to decide as to the nature of the case.

4. *Treatment.*—If you meet with a case early, while the changes are not yet far advanced, you may be able, by the ordinary antiphlogistic and discutient remedies, to arrest the inflammation and counteract its effects. But when it has already advanced to a certain stage this is beyond your power; and it then becomes your duty to hasten the formation of the pus, and to effect a speedy cure by puncturing the abscess. There are two different methods which you may follow in evacuating the fluid. You may open up the duct with a fine probe, and suffer the fluid to escape along it. But this canal is usually so small that the dilatation of it is a matter of the greatest difficulty. Besides, when the pus is found around the gland, dilatation of the excretory duct will not be sufficient to evacuate it; and even when the fluid does escape from it at first, it has a tendency again to close up and lead to a re-accumulation. I should advise you rather to open the abscess with a bistoury, and to open it very freely on the vulvar or mucous, not the cutaneous surface. After apparently the freest opening, there is, in fact, only a very small wound left when the parts collapse. Besides if you take care to make the opening large enough to let out all the pus, you will, in all likelihood, have no further trouble with the case. If you make the opening too small, or if you allow nature to evacuate it by a small spontaneous opening, you run the risk of finding a fistula forming in the vulva, just as you may have fistula in ano produced in a simliar manner. This fistula in vulva may have its internal opening pretty high up, and if not detected and cared for in time, it may come to burrow in the cellular tissue of the labium and lead to the formation there of sinuses which it becomes very difficult for you finally to heal up. Such a condition having by some chance been established, it becomes a matter of much importance for you to determine what is the best method you can adopt for the

Treatment of Fistula in Vulva.

There is one very simple means which is usually very effectual in curing fistula here as well as fistulæ and sinuses in other parts, and that is, the injection of strong tincture of iodine. Tincture of iodine injected into the canal of an anal fistula will sometimes cause contraction and consolidation in its track and effect a perfect cure. I have seen some severe cases of fistula in ano cured by this simple means. One case in particular occurs to my mind at this moment, where the effect of the injection was most striking. The patient came to me some three years ago or more from Ireland, with a fistula in ano of very long standing. Before setting out for Edinburgh this patient had been foolishly told, that an operation would be undertaken which was almost certain to prove fatal, so that I was at once and most earnestly asked if there was no other way of curing this fistula but by cutting it. I directed Dr. Skinner, who was my assistant at the time, to inject some tincture of iodine into it; but the injection was not attended on that occasion with any very marked result, because in all probability the fluid had not passed along the whole fistulous track. The next time, the injection was performed more effectually, as was proved by the escape of some of the fluid from the internal or rectal orifice of the fistula; and this injection was speedily followed

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by a most complete and perfect cure. If in any case you cannot succeed in making a fistula in the vulva close up by sending a stream of tincture of iodine through it, you may try to effect a cure, as I have once or twice succeeded in doing, by leaving a wire for a time in its track, until such a degree of adhesive inflammation is set up as shall lead to its complete obliteration. Should this means also unhappily fail, then it only remains for you to cut through with a knife all the tissues between the two extremities of the fistula, and induce the wound thus made to heal up from the bottom by granulation. But, remember, there is always much danger of profuse venous hæmorrhage in this operation, and you must be duly prepared for it.

As I am speaking of inflammatory diseases of the external parts and their results, let me add, that these parts are liable to various other types of inflammation besides the simple inflammatory or phlegmonous, of which we have been speaking, and also quite independently of any syphilitic origin. Various forms of eruptive inflammation are liable to appear in this part of the body, and particularly in some females at the menstrual period, and in others in consequence of the acridity of the discharges which may pass from the vagina at other times, and under states of internal disease. Thus, these parts are the occasional seat of attacks of erythema, eczema, etc. Herpes occasionally appears, generally after some constitutional disorder, on the external labia or vulva, of the same form and running the same course as herpes labialis, or rather, as herpes preputialis in the male. I have seen also very distinct herpes upon the cervix uteri. Various other forms of acute and chronic inflammatory eruption may appear in these parts, but they require no special notice, as they require no treatment specially different from the same diseases when situated elsewhere. One of the most common varieties of eruption on the vulva consists of an affection like acne, *i.e.* it consists of scattered tubercles sometimes of considerable size, formed by inflammation of the follicles of the vulva and nymphæ. But there are some forms of specific inflammation, if we may so call them, of the vulva, some varieties of vulvitis, if we may so speak, which call more particularly for our notice, such as papillary vulvitis, purulent vulvitis (which is liable to occur in infants), gangrenous vulvitis, or noma, etc.

PAPILLARY VULVITIS.

This is a form of chronic inflammatory disease of the vulva which is fortunately not very frequently met with in practice, but when it does occur, it is usually accompanied with much distress, and is often very obstinate in the way of cure. By this term, papillary vulvitis, I mean a chronic inflammatory affection of the mucous membrane of the vulva, and sometimes of the vagina, in which that membrane presents an intensly red colour, either in raised red patches on the edges of the lower vagina folds, on the tips of the caruncule myrtiformes, or the nymphæ, or on the sides of the vulva, or more generally diffused over a large portion of the surface of the vulva. On these red patches or surfaces you find, on examination, the enlarged mucous papillæ standing out like the swollen villi of a raw and irritable tongue. Often some of the most elongated papillæ bleed at their tip when touched. Any rough pressure of the vulva gives pain to the patient. The disease may be found in the unmarried, but not frequently; it comes on after marriage, and produces such tenderness of the parts that sexual connexion is attended with much suffering, or becomes impossible. Usually, indeed, there is a sort of spasmodic contraction of the orifice of the vagina aggravating the evil. Along with the red and enlarged papillæ you will sometimes, but not always, find interspersed the small follicular glands of the vulva, swollen and inflamed, and sometimes ulcerated.

Treatment.—Patients affected with this disease anxiously demand professional relief, as their happiness as well as their health is sometimes destroyed by it, and the treatment, as I have already hinted, is sometimes by no means easy. I have known the diseased surface treated heroically and perseveringly with a repetition of strong caustics; but the simplest and surest mode of cure, according to my experience, consists in the continued use of local astringent measures, combined when necessary with sedatives, such as a strong solution or liniment of tannin frequently applied during the day, and with morphia or other sedatives added to it. Or you may dissolve your astringent in glycerine, and in this form it will remain more permanently in contact with the diseased surface. Latterly, I have trusted principally to the daily free application of a saturated solution of perchloride of iron in glycerine—an application producing little or indeed no pain—and I think with the happiest effects. General tonics, warm bathing, etc., must not at the same time be forgotten.

Purulent Vulvitis, or Leucorrhea in Infants.

This is a form of inflammation of the vulva which is by no means infrequent in female infants and children. It is, perhaps, however, more interesting and important in its medical jurisprudence relations than in its purely practical aspect; for very often, especially when it occurs in patients of the lower orders, the disease is improperly imagined, by the relatives and friends of those attacked, to be the result of venereal infection. The child is brought to the medical practitioner, under the idea that he will confirm this unhappy and dangerous notion. An excitable mother will, by threats and by suggestive and leading questions, get the frightened child to own to some absurd and groundless tale, in confirmation of her maternal theory of the origin of the malady; and no doubt men have been repeatedly tried, and convicted too, of imparting this disease to young children, by forced sexual connexion, when they were totally innocent of such a crime, and when the affection had totally a different origin; for the purulent vulvitis, or leucorrhea, seen in young female children has, as a general rule, no more an impure sexual origin than has inflammation of the eyes, throat, or lungs. Like most other local inflammations, it usually arises first from some degree of deranged or impaired general health in the patient, and secondly from the patient, when in this, it may be quite temporarily, depressed condition, being exposed to cold and wet, or the other exciting causes of inflammation. Want of cleanliness, the irritation of acrid urine, etc., sometimes act as a local exciting causes. Like angina, diphtherite, and some forms of catarrh and dysentery, this inflammation of the mucous membrane of the vulva, like those inflammations which I have named of the mucous, pulmonary, and intestinal membrane, attacks more than one child in the same family, and may even prove partially endemic or epidemic in a district.

Symptoms and Course.—The disease usually begins with local heat and itching; some degree of redness and swelling; pain and scalding in passing water, and sometimes uneasiness in walking; but for the first twelve or twenty-four hours, there is no discharge from the inflamed mucous membrane. But you will seldom see the disease in this early stage. Almost always you are called upon to see or prescribe for the patient, because the affection has so far run on in its course, that there is already more or less discharge from the vulva. The discharge is, at first, of a thin mucous character, but rapidly becomes purulent and yellow, or yellowish-green in its tint. Occasionally the discharge becomes extremely profuse. It is apt to become thick and hardened along the outer edges of the external labia, binding these opposed edges slightly together by a kind of imperfect crescentic crust; but when the labiæ are drawn asunder, the whole surface of the vulva is found to be covered over by a layer of the liquid puriform secretion. The disease very rarely extends upwards into either the vaginal or urethral canals. Occasionally there is, at points, an appearance of vesicular or pustular eruption; and, indeed, some type of mucous eruption in the part would probably be discerned as a common, if not constant, phenomenon, if we had an opportunity of searching for it early in the course of the disease. Sometimes, but by no means frequently, there supervene one or two spots of ulceration, especially towards the orifice of the vagina.

Treatment.—Acute infantile leucorrhea shows, like many other analogous ailments, a natural tendency to run through a definite, and, often not a very long course, and has a natural tendency to end in a spontaneous cure. But, if not arrested, it sometimes ends in a chronic, protracted form of discharge; and our medical interference is required not only to prevent this termination, but also to relieve the patient from the immediate distress and annoyance which the disease produces.

In the first stage of the affection you will often find your patient requiring some little constitutional treatment. A dose of calomel, or grey powder, with a few grains of some aperient alkali, as magnesia, is sometimes all that is necessary; but it may require to be repeated. If the discharge become protracted, chalybeates, or other tonics may become necessary.

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Use, in short, your constitutional remedies here as elsewhere, to bring the constitution and its principal functions as far as possible to the normal standard of health, and cure the local disease by appropriate local applications.

In the earlier and more inflammatory periods of the disease, use locally to the vulva sedative applications; in the latter periods, and for the purpose of reducing and arresting the attendant discharge, use astringent applications. And you may employ these local applications in the form of lotions, or liniments, or ointments.

Frequent ablution with warm water, or warm milk and water, is one of the best and most soothing local applications; and sitting in a warm cup-bath during micturition is one of the surest means of relieving the pain and scalding attendant on the passage of the urine. A solution of acetate of lead, or two grains of acetate of lead and one grain of acetate of morphia to the ounce of water, makes a good sedative lotion when there is much local smarting and pain: or you may use a weak solution of borax, or of nitrate of silver. When sedative lotions are preferred, it is generally necessary to leave a slip of charpie, or lint, wetted with them between the labia.

But I think you will find the local affection more manageable under sedative liniments; as by applying several times a day with a brush or feather, cold cream, with, if you think fit, a little morphia added to it; or a liniment made of equal parts of olive oil and lime-water. Liniments are more lasting as local applications than lotions; and not so liable as ointments to fret or irritate.

But the time soon arrives when you must add local astringent remedies to the sedative; or substitute the former entirely for the latter. With this view, use tannin, or sulphate of zinc, or alumminated iron, or any analogous astringent, in the form of a lotion or liniment; but take care not to use them of such strength that they prove irritant in their action, so as to force you back again, for a day or two, to the sedative treatment.

Gangrenous Vulvitis or Noma.

A variety of vulvitis is seen sometimes, but fortunately very rarely, in practice, which generally begins with erythematous inflammation of the vulva, and the formation of one or two blisters or bullæ, and rapidly runs on into gangrene and phagedæna. This gangrenous vulvitis has been seen in adults as a complication in particular epidemics of puerperal fever; and in infants it has been observed either under an epidemic form, like epidemic gangrenous or malignant sore-throat; or in isolated cases—most frequently as a sequela of scarlatina, measles, and other debilitating forms of febrile disease—or as a result of some constitutional cachexia. The disease not infrequently runs on to a fatal termination.

Treatment.—You will generally find your patient requiring early, or even from the first, stimulants and quinine. If these are not yet called for trust to considerable doses of chlorate of potass; or of this and muriate of iron every two or three hours. Apply poultices and sedatives locally in the early stages of the disease at least. The progress of the gangrene has, it is said, been sometimes arrested, or appeared to be arrested by the application of nitric acid, etc.

PRURIGENOUS VULVITIS.

Not infrequently a prurigenous eruption appears on the mucous membrane of the vulva, and extends up along the vagina as far as the cervix uteri. It extends also often, and is sometimes, indeed, originally situated on the cutaneous border of the vulva, and appears on the outer cutaneous surface of the labium, spreading backwards along the perineum to the circle of the anus. Occasionally, it is a flitting and transient affection, recurring with menstruation, pregnancy, or delivery. But patients will apply to you from time to time, in whom the disease has become more chronic and fixed, having lasted for weeks, or months, or even years; producing almost constant irritation and distress; frequently interfering with rest and sleep, and rendering the victims of it miserable and almost deranged. When the disease has become somewhat chronic and necessitates the patient to attempt to alleviate it by constant and sometimes rough friction, you will find the mucous and even the cutaneous surface at the most irritated parts white and thickened with red fissures, and scratches appearing on the affected part. I have spoken of the disease as fundamentally prurigenous; and we can often see on the affected surface a small papular, and sometimes a vesicular, or even aphthous eruption; but cases over and anon occur, of severe pruritus in these parts, without your being able to trace in them any distinct eruptive appearance.

Treatment.—Prurigenous disease of the vulva or neighbourhood can be relieved, and generally cured, by the assiduous and persevering application of a solution of biborate of soda (five or ten grains to the ounce of water), infusion of tobacco, either alone or containing a similar quantity of borax dissolved in it, or an ointment of iodide of lead (one drachm to the ounce), or an ointment of bismuth and morphia. Chloroform also applied locally, in the form of vapour, liniment, or ointment, forms one of the most certain means which you can use. The simplest way of employing it is by adding a drachm of chloroform to an ounce of any common or sedative ointment or liniment. You will find great advantage in the management of the disease in alternating some of these local applications with each other, for most of them begin to lose their good effects when persevered in above a few days consecutively. In the more obstinate and severe cases, strong astringents are sometimes of the greatest use, employed either alone or along with sedatives, as a very strong solution or ointment of alum or aluminated iron or tannin; or the powder of these substances mixed up with some powdered morphia, and applied continuously, for a few days, to the irritated part. Several times, in very obstinate cases, and where the disease was limited to a portion or circle of the cutaneous tissue, I have temporarily separated the affected portion of skin by a free subcutaneous incision with a tenotomy knife. Of course it leaves no wound except the small wound left by the entrance of the knife itself. I have found this little operation perfectly and entirely successful in some cases, and only of temporary benefit in others.

Perhaps it is unnecessary to add that the general health of the patient must be fully attended to, and that sometimes arsenic, aqua potassæ, and other alterative medicines of that description are required.

ORIGINAL COMMUNICATIONS.

SOME OF THE CAUSES

WHICH HAVE OCCASIONALLY RENDERED

EXCISION OF THE KNEE-JOINT MORE OR LESS UNSUCCESSFUL.

By P. C. PRICE, Esq.

Surgeon to the Great Northern Hospital, the Metropolitan Institution for Scrofulous Children, at Margate, etc.

The operation of excising the knee-joint when involved in disease, deformity or accident has of late much engrossed the attention of enterprising Surgeons. That it may be practised with the greatest possible advantage, it is advisable that those who undertake to perform it should be conversant with certain features hitherto exhibited in those cases which have unfortunately not realised the hopes of the operator.

Although the successes and misfortunes attending its adoption have occasionally been judiciously recorded, and thereby served as beacons and examples in subsequent repetitions, still little doubt can be entertained that much valuable information has remained unpublished and untold. Early instructed and convinced as to the value of this proceeding over amputation of the thigh, on very many occasions, for the treatment of diseased conditions of the articulation, I endeavoured, for some years, to possess myself of various facts which have strengthened the early impressions of its merits. Unusual opportunities have afforded me ample scope for personal study, while I have eagerly embraced every occasion which could offer additional information and experience.

Being thoroughly satisfied of the real advantages and high character of the operation, I became anxious to see it placed upon a still firmer basis than that reared by the labours of many enthusiastic Surgeons. I conceived that the most eligible and satisfactory way of so doing would be to collect as large a number of the cases operated upon as possible;

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and, obtaining unquestionable details of each individual instance, honestly record the information I had acquired. The courtesy and kindness of many Surgeons who have resorted to the proceeding has enabled me to do so; and I trust the observations I now offer may lead to a better and more general acquaintance with, not only its utility and advantages, but its failures and successes.

I by no means assert that I have possessed myself of every detail relative to the operations which have been performed during the past eight years in this country and in Ireland. There must, of necessity, be forthcoming records; but the information I have acquired being much more extensive than any yet published, I am unwilling further to delay its more universal diffusion.

During the period extending from July 1850 to the end of 1858 I have collected one hundred and sixty cases of the operation which have been performed by British Surgeons in their own country; and the following analysis of the entire number will, I trust, elucidate facts of considerable interest and value.

I am unable positively to say whether the statistics I shall adduce are, in every particular, quite correct; but if I have been unsuccessful in obtaining a clue to the unpublished accounts of a few cases it has been owing to no lack of desire on my part. Should I discover any serious flaw in my calculations, which, in one way or the other, may affect the merits of the operation, I shall be only too happy to rectify the mistake at no distant period, when I hope to bring this important subject still more fully before the Profession.

In the compilation of the following observations, I stand deeply in debt to the able memoirs of Mr. Butcher, Mr. Humphrey, Mr. Jones, of Jersey, Mr. Henry Smith, etc. From the columns of the various Medical Journals, I have freely drawn valuable information; while I cannot too gratefully acknowledge the prompt and ample replies I have obtained to my numerous inquiries from various Surgeons. My special object in the following essay is to illustrate some of the causes of failure which have followed the removal of the articulation. In so doing I have but one aim—a desire to assist in obtaining for the operation that place in practical Surgery to which, I believe, it is fully entitled.

The operation of excising this joint may prove either completely or partially unsuccessful. When completely unsuccessful it is followed by death, or amputation of the limb; and when partially successful, the limb, although freed from the cause of former annoyance, remains, more or less, a useless member. Before entering into the various causes of failure, I will briefly state the statistical results at which I have arrived.

The operation, so far as I have been able to ascertain, has been adopted for the treatment of diseased conditions of the knee-joint, deformity, and accident, on 160 occasions, in Great Britain during the past eight years, dating from its first performance by Mr. Fergusson on the 20th of July, 1850, to the end of December, 1858. Of the total number of cases, 160, 32 proved fatal, or one case in every five. By far the larger proportion of these operations were required for disease; for out of the entire number there were but six or seven for deformity, and only one for accident, which occurred in the practice of Mr. Canton, of Charing-cross Hospital (a). The age of the youngest patient was 3 years, under the care of Mr. Kendall, of the Norfolk Hospital (b); that of the oldest 47 years, a patient of Mr. Holt, of the Westminster Hospital (c).

When the operation was resorted to on account of disease, statistical data show that the joint was very extensively involved. In by far the larger proportion of cases the osseous structures, as well as the synovial and cartilaginous, were included. Mischief as a rule, and the exceptions are few, had existed for years. In some instances the articulation had been impaired for lengthy periods, and a persistence of milder means would have been not only futile, but highly injudicious and unsurgical. It may with safety be affirmed that in every case, judging from description, and oftentimes from personal observation, excision was only adopted as a *dernier ressort*; and although, on some occasions, amputation, as results verified, would have been the wiser proceeding, still I am anxious in my endeavours to release many operators from an imputation which has been far too readily credited,—that the operation has been frequently jumped at when there existed few or slight grounds for its employment. When it was resorted to on account of deformity, its adoption evinced the humane efforts of the Surgeon, who zealously endeavoured to restore to the unfortunate sufferer the utility of a crippled member.

Amputation was required on eighteen occasions, at a more or less distant period after removal of the articulation. In one case only was the proceeding, as far as I am aware, followed by a fatal result. I shall more in detail allude to particulars when adverting to the necessity of amputation as one of the causes of failure.

Death occurred from the following causes, and in the order of frequency in which they are stated:—

From Pyæmia	8 cases
Exhaustion	6 do.
Irritation	5 do.
Shock	4 do.
Dysentery	1 do.
Suppression of Urine	1 do.
Pleuro-Pneumonia	1 do.
Erysipelas	1 do.
Peritonitis	1 do.
Acute Phthisis	1 do.
After Amputation	1 do.
Causes Unknown	2 do.
	32 Total.

Firstly. With regard to those cases which terminated fatally from pyæmia. In the eight instances recorded, five occurred in the practice of Mr. Fergusson, at King's College Hospital, at various intervals during the eight years (d) The late Dr. Mackenzie lost a patient from undoubted pyæmia (e). Mr. Tatum, of St. George's Hospital, operated upon a lad, 18 years of age, who sank on the 17th day (f); and the remaining case, under the care of Mr. Mead, of Bradford, proved fatal on the 13th day (g). The pyæmic symptoms manifested themselves at various periods, and proved fatal, from the 8th to the 17th day after operation. The age of the patients who sank from this cause averaged from 12 to 30 years. Five of the patients were males and three females.

In the six instances recorded, in which simple exhaustion, or exhaustion complicated with diarrhœa, night-sweats, etc. proved the cause of death, two cases, under the care of Mr. Fergusson, both aged 27 years, sank, one on the 44th day, and the other 6½ months after the operation.

Mr. Holt, of the Westminster Hospital, lost a woman, aged 47 years, the case already mentioned, on the 8th day. This patient, previous to the operation, was in a very weakened condition, but removal of the joint was imperative, owing to the depressing nature of the disease. The late Dr. Mackenzie operated on a lad, aged 18 years, who sank from a combination of these causes (h). Dr. Cotton, of the West Norfolk Hospital, lost a girl 16 years of age, in the ninth week, from the operation (i); and Dr. Maafern, of the Stafford General Infirmary, a patient, 37 years of age, on the 21st day after removal of the articulation (k).

Irritation, both local and general, associated with fever, abscesses, diarrhœa, etc. and, in one instance with diphtheria, occurred as the cause of death in five instances.

Mr. Humphrey, of Cambridge, lost a little girl 5 years of age, in the third week, who had severely suffered from acute suppuration of the joint, and for which the operation was performed (l).

A man, aged 26 years, upon whom Mr. Quain operated in University College Hospital, sank on the 13th day (m).

Mr. Bowman, of King's College Hospital, operated upon a patient, 30 years of age, who, from a combination of these causes, died in the course of some few weeks.

(a) *Lancet*, August 23, 1858.

(b) *Medical Times and Gazette*, June 5, 1858.

(c) *Lancet*, September 13, 1856.

(d) When reference from whence the particular source of information was acquired is not stated, I have gained it from personal observation, or from private communications.

(e) Butcher's first Memoir on Excisions of the Knee-joint, page 17.

(f) *Lancet*, vol. ii. p. 281, for 1855. (g) *Medical Times*, May 8, 1858.

(h) Butcher's first Memoir, p. 16. (i) *Medical Times*, June 5, 1858.

(k) Ibid. May 8, 1858. (l) Med. Chirur. Trans. vol. xli. p. 203

(m) Butcher's Second Memoir, p. 37.

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Mr. Ure, of St. Mary's Hospital, informs me that a patient, aged 24 years, whose knee-joint was removed, sank from irritation, and a violent attack of diphtheria on the 24th day. Secondary hæmorrhage greatly complicated the earlier treatment of the limb. I assisted my friend Mr. Hoffman, of Margate, to excise the knee-joint of a girl about 15 years old, who died on the 4th day.

The age of the youngest patient who died from one or other of these conditions was five years, that of the oldest thirty years. Death occurred, as already stated, in one instance on the 4th day, but in the others it was more protracted.

Death, arising from the shock of the operation, took place on four occasions. In two cases, under the care of Mr. Fergusson, in King's College Hospital, the symptoms were more or less masked by the exhibition of amylene and chloroform. The former agent was administered at the time of the operation, the latter after a lapse of an hour or two for the purpose of adequately adjusting the limb. In one instance—that of a little girl, 6½ years of age—death took place within seven hours of the operation. The other patient was a woman, aged 31 years, who expired on the 3rd day. There is but little doubt in my own mind that the administration of both these agents tended, in a greater or less degree, to the unfortunate occurrence. The third fatal example was in a patient, aged 26 years, under the care of Mr. Moore, of Middlesex Hospital. Secondary hæmorrhage gave some trouble, but obstinate vomiting continuing he sank on the 4th day (n). Mr. Brace, of Bath, lost a man 27 years of age in twenty-four hours after the operation (o).

Dysentery, suppression of urine, pleuro-pneumonia, erysipelas, peritonitis, and acute phthisis, have each caused the death of a patient. One case succumbed after amputation had been adopted.

(To be continued.)

ON THE HYPODERMIC TREATMENT OF DISEASES,

WITH CASES AND EXPERIMENTS,

By CHARLES HUNTER,
Late House-Surgeon to St. George's Hospital.

(Continued from page 311.)

CEREBRAL AFFECTIONS.—WAKEFULNESS, WITH, AND WITHOUT, EXCITEMENT.—CHOREA.—SPINAL AFFECTIONS.—TETANUS.—AFFECTIONS OF NERVES.—SCIATICA.—TIC-DOULOUREUX.

BESIDES such cerebral affections as delirium tremens and mania, in which I mentioned this treatment as producing instant effect and speedy relief, even where large quantities of narcotic medicines had failed by the stomach; there are cases of functional cerebral derangement of a milder form, manifested by wakefulness, continued perhaps for days together, accompanied, it may be, or it may not, by excitability.

I may refer to two cases of this kind in which I have employed this treatment of narcotic injection with marked and immediate effect; and it may be observed, that in both, the administration of narcotics by the stomach *had failed.*

Case 7.—*Continued Wakefulness, with Excitement.*—James H., aged about 40, a man of temperate habits, of a highly nervous temperament, was admitted into St. George's Hospital in December last, under the care of Mr. Tatum. He was suffering, on admission, from a gunshot wound of the foot, from which part the bullet was extracted the day he came in, while he was under the influence of chloroform. The wound caused the patient to be in a perpetual worry and anxiety about himself, which at last got to such a pitch, that he could get no rest. After two days of wakefulness, during which time he was perpetually talking and getting more excited, and could neither be quieted by morphia, opium, nor hyoscyamus (the opium, on the contrary, causing a little delirium), I injected (a), at the request of Mr. Tatum, half a grain of the acetate of morphia into the cellular tissue of the right arm. At the time I injected the morphia, the man was talking in an excited manner, and did not feel the point of the syringe which I quickly thrust beneath the skin: this was at 9.30 a.m.

In *five* minutes he was asleep, and with the exception of a few minutes, about 11.30 p.m. he slept the whole of the night. The benefit this patient received from the injected dose of morphia did not end with the sleep; he was much quieter for the next few days, his appetite returned, and his face lost the flushed and anxious look it before had. The injection was not again required.

Case 8.—*Wakefulness without Excitement.*—This case was also under Mr. Tatum, in St. George's Hospital. Mary J., aged 35, of an hysterical aspect, was admitted for some subacute affection of the hip. For nights together this woman never slept (carefully watched by the night nurse), and morphia, in doses up to three-quarters of a grain by the stomach, produced no effect at all, whereas the same doses injected beneath the skin would cause her to sleep soundly.

From purely cerebral cases I now pass to one in which it seemed the spinal chord was also affected, judging from the constant and violent spasms of the muscles.

Case 9.—This patient was a girl, Mary D. aged 16, admitted Nov. 26, under the care of Dr. Page. On admission, she was in a frightful state of chorea, all the muscles of the body being perpetually in action.

Dec. 7.—She was still in the same state, no treatment apparently doing any good. The chorea was constant day and night, and the movements were so violent that she could hardly at times be kept in bed. At this time she was much more emaciated than when she came in, and sordes were beginning to collect about the lips; she had not slept for three days or nights; and it seemed now that if sleep was not procured she must die of exhaustion.

At 11 p.m. the movements of the arms being for a moment restrained, I injected one-third of a grain of morphia into the cellular tissue of the neck near the clavicle.

From that moment the violence of the spasms gradually abated, and in fifteen minutes she was in a sound sleep, and snoring. The chorea completely stopped the moment she slept. In three-quarters of an hour she woke up, and was then as bad as before.

At half-past 2 a.m. I injected half a grain of morphia, as the effects of the preceding dose had completely gone off some time; muscular action quieted instantly: she was dozing in two, and slept in four minutes; she continued to sleep three hours.

On Dec. 8, the chorea was as bad as ever. Sordes about the lips increased; pulse very weak. In the evening I injected one-third of a grain of morphia; she dozed in seven minutes and had a little sleep, and the spasms were quiet for half-an-hour after it. At 1 a.m. I injected half a grain, and, as in the preceding night, she was asleep in four minutes, and did not wake for six hours and a-half.

After the 8th I found that the introduction of half a grain of morphia into the arm would always and instantly quiet the spasms for several hours; and three-quarter grain doses would give her sleep. For a few days she considerably improved, evidently owing to the sleep she obtained, and the cessation and quieting of the spasms; she took food better, and the sordes on the lips disappeared; but she ultimately died from exhaustion, and rapid wasting accompanying the formation of foul abscesses in the cheek and throat.

Case 10.—*Tetanus.*—William D. aged 60, was admitted in St. George's Hospital Nov. 5, 1858, with a gunshot wound of the thigh. On the 13th he had a little wandering delirium; on the 14th trismus and other symptoms of tetanus supervened, and gradually increased during the two following days.

16th.—Has had no good sleep since the spasms came on. At half-past twelve three-quarters of a grain were injected in five drops of liquid: he was asleep in twenty-five minutes, and remained asleep for the greater part of the night, totally undisturbed by the tetanic spasms, which recurred nearly every minute the whole time he was asleep.

The progress of the case did not appear to be affected by this treatment, which certainly procured sleep, but had no effect upon the spasms, from which death finally resulted.

Remarks.—In cases 9 and 10 it is interesting to observe that sleep followed the injection of the narcotic, but that the effect on the spasms was not the same in both; for instance, in

(n) *Lancet*, 1856, p. 307. (o) Butcher's Second Memoir, p. 32.

(a) The instrument I employ is the same in construction as the syringe for injecting aneurisms, with a gold nozzle, sharp-pointed and perforated. The makers of this syringe (which works by a screw, each whole turn of which is equivalent to one minim), and of a cheaper one, without the screw, but graduated, are Whicker and Blaise, St. James's-street.

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the girl the dose being injected, muscular action instantly became more quiet, and sleep generally resulted in about four minutes, no spasms taking place while the sleep lasted; and, in all probability, life was in her prolonged by the sleep obtained, and the quieting of the spasms. On the contrary, in the man with tetanus, although the brain was speedily quieted, and sound sleep of some hours procured, no effect at all was produced on the spasms, which recurred every minute during the night. May not the persistence of muscular action during sleep be a guide as to what spasms are cerebral and what spinal? especially with regard to chorea, looked on by some as an affection purely of the spinal marrow.

In such cases as tic-douloureux, sciatica, and constant or occasional pains of other nerves, a cure may follow a single injection, or if not, more or less benefit will in all probability be effected. I have had no case in which some benefit was not produced. But from the cases of this description that I have had under my care, I cannot find that localisation of the injection adds at all to the cure, except in those cases in which the mind of the patient has something to do with it, and there is a confidence alone in local treatment: from the following cases the non-necessity of localisation will be made apparent.

Case 11.—*Sciatica.*—In this patient the sciatica was in the left leg, but all the injections were made in the cellular tissue of the right arm. J. D., aged 70, was admitted, November 24, 1858, into St. George's Hospital, under the care of Dr. Page. He had been subject to gout, and for a fortnight before, and after admission, suffered day and night from pain in the region of the left sciatic nerve. He was treated with morphia and colchicum, and then with salines and hyoscyamus, without the least good effect.

Dec. 6.—I injected half a grain of morphia into the right arm at 9.30 p.m. At 9.45 I returned to the ward he was in, and found him sound asleep; and he slept all night.

7th.—He has no pain at all in the leg.

11th.—Still has no pain in the leg; he is not now restless at night, but sleeps well.

12th.—The pain has come back again, and owing to it he had no sleep last night. I injected half a grain of morphia again in the arm; he lost the pain immediately, and was asleep in a few minutes, and had a "beautiful night."

18th.—Has again had no pain for six days, till to-day, in jection repeated in the arm.

This patient from having the pains day and night was made "well," to use his own expresssion, for seven or eight days together, by a single injected dose of morphia, whereas narcotics by the stomach had done no good.

Case 12.—*Sciatica.*—Another patient with this affection, on whom, by Dr. Page's kindness, I tried this treatment, went out cured after five injections. This patient had also taken colchicum, morphia, and other medicines, by the stomach without effect. With regard to the part injected, I twice localised the treatment in the sciatic region, and three times injected the arm, the patient each day becoming freer from pain, and stronger in his walk.

I understand that the sciatica in this patient has since returned, but not so badly as to occasion him to become an inpatient of the hospital.

Tic-Douloureux.—In this affection I believe that great benefit, if not a cure, generally attends the hypodermic introduction of narcotics, but that the localisation of the treatment to the neuralgic part is necessary, I do not believe; as I stated in this Journal six months ago (b), nor have I since then found reason to change my opinion. The following case is to the point.

Case 13.—*Tic-douloureux.*—A lady suffering acutely from neuralgia of many months' standing sent for me to employ this treatment. She had taken hyoscyamus, opium and morphia internally, with no effect on the neuralgia; but they all, more or less, affected her head. She had also tried the endermic application of morphia. She found the endermic method, which was employed over the part affected, give her more relief than the administration of the narcotic by the stomach; but the effect lasted only a few hours, and she was as bad as ever the next day. The situation of the tic was the side of the face and head.

I injected a little more than half a-grain of morphia into the arm; giddiness came on in three minutes, followed by considerable sickness, and subsequently by sleep. The pain ceased at the time, and has never since returned (c): it is now between three and four months since the dose was injected.

The non-localising plan has this advantage, that no abscess results in cases where several injections are required; for example, in a patient with severe neuralgia of many years' standing I at one time employed the injection three times a-day, varying the site each time. The patient was cured, and had no abscess whatsoever in the parts injected. Another patient, with tic-douloureux, who *would* have the injection employed locally, had considerable tenderness, and some inflammation, as the consequence. The non-localising plan, employed subsequently, caused no irritation.

It may be observed, that in the cases recorded, I have always employed morphia as the narcotic to inject; I have employed it far more frequently than any other; but have also used the following, and chiefly in neuralgia:—

Evaporated tinct. of opium; tinct. aconite; tinct. cannabis indica; concentrated liquor opii sedativus (prepared by Bullock); sulphate of atropine, and chloroform.

The solutions I prefer are those of morphia and atropine, and the evaporated tincture of opium (from one part to a third or fourth), by which means the spirit is got rid of.

How it is that these narcotics act so rapidly and effectually injected into the cellular tissue, I intend considering at some future time, and also to bring before the Profession the result of further experiments on animals with other anodyne and anæsthetic agents.

30, Wilton-place, Belgrave-square.

(b) Medical Times and Gazette, Oct. 30, 1858.

(c) In Edinburgh chiefly, and also in London, I am told that the sickness following the injection of narcotics, is often excessive, and has, consequently, caused the treatment to be less adopted than it otherwise would. In all the cases in which I have employed the narcotic injection I have only once found urgent sickness produced, viz. in the case given above; and here the cause of the sickness may partly be explained thus—that the patient was a woman of highly nervous temperament, and badly affected by narcotics, however administered. The amount injected has also something to do with it. In the usual way I think the stomach is saved disturbance and irritation by the injection of the cellular tissue (which is the part I always inject); and for these reasons:—1. That I have so seldom found sickness at all as a consequence. 2. Because, in one patient accustomed to 30 or 40 grains of morphia daily for years, the tympanitic and disordered state of the stomach recovered itself while the hypodermic injection was gone on with, and which never once caused sickness. 3. Because, in one well-marked case all narcotics administered by the stomach caused sickness, which was never the consequence of an injected dose, which latter, if small, quieted, and if large, caused good sleep.

ON THE MORTALITY OF LONDON DURING THE LAST THREE MONTHS OF 1858.

By J. J. FOX, F.S.S.

I. *Total Mortality.*

The deaths registered in the thirteen weeks ending January 1, 1859, were 17,688. Making the usual assumption for increase of population, this amounts to a mortality of 646 per 100,000. But the average rate for the autumn quarter, derived from the previous eighteen years, is 619. This autumn has therefore been 4½ per cent. more fatal than usual. Of the previous eighteen autumns, no less than seven have exhibited a higher mortality; viz. 1840, 1843, 1844, 1847, 1848, 1853, and 1854; so that unhealthy as this season in 1858 has been, compared with the average and with many healthy autumns, yet its mortality is by no means exceptional.

II. *Mortality from various Diseases.*

In dividing the mortality into its various classes, according to the causes that produce it, we find very great difference in the degree of their prevalence. The following numbers represent the percentage from certain diseases or classes of disease above or below the average mortality from the same causes in former autumns. Where diseases are well marked, the average of the previous eighteen autumns is used; but in the *classes* of disease, and where there is reason to apprehend an altered view in the Profession as regards diagnosis or nomenclature, it has been deemed safest to derive the average from only thirteen or even ten previous years.

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The following present a mortality higher than the average:—

	per cent.	
Scarlatina	128	above.
Bronchitis	74	,,
Diseases of respiratory organs	33	,,
Diseases of kidneys	26	,,
Rheumatism	24	,,
Croup	20	,,
Teething	18	,,
Measles	15½	,,
Pneumonia	15	,,
Diseases of heart, etc.	13	,,
Whooping-cough	10	,,
Consumption	5	,,
Paralysis	4½	,,
Apoplexy	2½	,,
Diseases of nervous system	1½	,,

The following, on the contrary, have been below the average of former autumns:—

	per cent.	
Hydrocephalus, cephalitis, and convulsions	0¼	below.
Erysipelas	16	,,
Typhus	19	,,
Dysentery	35	,,
Diarrhœa	47	,,
Small-pox	54	,,

These numbers suggest the following remarks:—

1. With regard to scarlatina, which it must be recollected includes deaths from diphtheria, the excess over its usual prevalence is very great. The only autumn in which a larger mortality from this cause is recorded, is 1848. It has been on the increase since the spring of 1857, when it was at its minimum point. The northern and eastern divisions of London have suffered most from it; and with the exception of a solitary week at the end of November, it reached its maximum for this quarter in the month of October. In this respect it followed the same law as the average of ten years, showing that in this disease, extremes of temperature do but little to aggravate its intensity.

2. It is very different with the next cause on the list—bronchitis. This did not exceed the average at the beginning of the quarter, but rose gradually in October, and more rapidly as the cold weather of November set in. In the third week of November the cold was intense for the season, and accordingly, it was in the following week that deaths from bronchitis reached a maximum. They decreased gradually from that point, but continued high throughout the month of December.

3. Measles, though more fatal than in the summer, are in reality declining, as they present a lower excess above the average of the season. They prevailed in the northern and still more in the central division of London,—the latter returning 32 per cent. of the deaths from measles, although its population may be estimated at about 15 per cent. of the whole.

4. The great mortality from diseases of the kidneys may, perhaps, be referred to the existence of the same mysterious atmospheric constitution that causes or accompanies the epidemic of scarlatina.

It must not be supposed to be made up by cases of renal disease, the sequela of scarlatina. Such cases come under the latter name. In them the mortality is almost limited to childhood, whereas that from renal disease preponderates in the middle and latter periods of life. Although, therefore, there is evidence of the coexistence of increased disease of the kidneys with a scarlatina epidemic, it is not easy to explain the connexion between them.

5. In spite of the unhealthiness, the low mortality from typhus, dysentery, and diarrhœa is remarkable. It must be mentioned that the name typhus includes two, if not three separate diseases, one of which is closely related to diarrhœa in its seat, and probably in its causation. It is an interesting question whether the low mortality from these diseases is an accidental character of the season, due perhaps to some antagonism with the renal and scarlatinoid epidemic, or whether it is simply the result of improved sanitary condition, under the management of our Officers of Health.

III. *Meteorology of the autumn.*

The temperature of September was unusually high, and that of October rather above the average; but a rapid fall occurred in November, which was colder than has been known for many years. December was marked by great fluctuation; but on the whole its temperature exceeded the average.

The cold weather of November was accompanied by a great deal of easterly wind, which prevailed for six weeks, from the third week of October to the fourth week of November. The break-up of the cold at the latter part of November was most sudden and trying to the human constitution.

The amount of rain through the quarter was very much less than usual; hardly any fell in September and November. So also the humidity of the air was less than the average in each month, except December.

The barometer was particularly high in October; in November it was chiefly remarkable for its wide range. The movement of the air was in excess in September and October; in November it was less than usual.

IV. *Comparative mortality of divisions of the metropolis.*

We saw at the commencement of this paper that the mortality in the whole of London (subject to error in estimating the increase of population) was at the rate of 646 per 100,000. The deaths in the several divisions, if examined on the same principle and corrected for outlying workhouses, hospitals, prisons, and lunatic asylums, give the following mortality to each:—

Western Division	540
Southern ,,	642
Northern ,,	648
Eastern ,,	684
Central ,,	698

The exemption of the Western districts from the high mortality that prevailed in the rest of London is very remarkable. Although the autumn of 1858 has been generally so much more unhealthy than that of 1857, yet in the Western division the mortality was the same in each year. The difference between the mortality of the most healthy and that of the least healthy division of London, has amounted this quarter to 158 deaths in a population of 100,000, which is nearly a quarter part of the mortality of the whole.

Stoke Newington.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

OPHTHALMIC HOSPITAL.

IMPAIRED VISION AS A SEQUELA OF DIPHTHERIA.

(Case under the care of Mr. DIXON.)

We alluded some months ago to the fact that in some places where diphtheria had prevailed it had been noticed that partial amaurosis was not an infrequent consequent. Until to-day, however, no well-marked example of this had come under our own notice at the Ophthalmic Hospital, a circumstance to be explained probably by the fact that diphtheria has not prevailed, excepting sporadically, in the metropolis. The following case was admitted this morning, and elicited some important practical observations from Mr. Dixon, which we hasten to record.

Sarah C. is a well-grown, very intelligent girl, aged 15, the daughter of respectable parents. She was brought to the Hospital with the statement that two months ago she had been laid up with "the bad sore-throat," and that during her recovery her eyesight had failed. The right eye had been the first to be affected, and was still the worse of the two; but vision with both was so much interfered with that she could not read even the largest print without difficulty. There was not the slightest congestion of the tunics, nor was any pain complained of. She resided at Blackheath, and diphtheria had been prevalent in the neighbourhood at the time of the illness. From her mother's account the attack would not appear to have been one of the most severe. She had been confined to bed for a week by it, and had had caustic applied daily. It had left her still feeling very weak and languid, and her appetite had been bad ever since; still, however, her aspect was that of a healthy girl, and the eyes were of normal brilliancy. During her illness she had read a great deal in bed, and it was from difficulty in seeing the type that the

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affection of the eyes had in the first instance been discovered. She had not had muscæ, nor did strong lights dazzle her: her vision was the best in open daylight. Looking at the clock (at the other side of a large room) she said she could see it, but not nearly so clearly as formerly. The pupils were of normal size, and mobile. With a slightly convex lens she could see much better, and could even read small print.

On ophthalmoscopic examination it appeared that the right retina was very much better supplied with blood than the left; curving over the border of the right optic entrance were at least three times as many trunks of perceptible size as on the other. The retina itself also appeared to be somewhat thickened.

Mr. Dixon informed his class that during the past month he had in private practice seen four cases resembling the above, in that the impaired sight was attributed to an attack of diphtheria. The disease had previously been new to him, and the present was the first he had seen at the Hospital. In all it appeared that the power of ocular adjustment was much interfered with, inasmuch as the use of a lens greatly improved the sight. The patients had all been young persons, but none of them children. Did the affection depend upon an impaired tonicity of the muscular apparatus of the globe inducing difficulty in regulating the foci? On one important point he felt clear, namely, that spectacles ought not to be resorted to; but that by a tonic regimen, with sea air, if practicable, it should be endeavoured to restore the eye to its healthy condition. In one instance a difference of opinion had existed on this point, one Ophthalmic Surgeon strongly advising the use of glasses, which Mr. Dixon had as strongly discountenanced. The result had been that while staying at the seaside the eyes were rapidly regaining their function. Mr. Dixon thought that the prognosis might generally be favourable. He had not used the ophthalmoscope in any cases excepting the present one.

We need scarcely remark that the affection above alluded to is totally distinct from "diphtheritic ophthalmia." The latter affection,—having its characteristic in a pellicular effusion of lymph coating the conjunctiva, and described by Graefe, and other continental ophthalmologists,—we have never yet seen a good example of at any of the Hospitals.

HOSPITAL NOTES.

REMOVAL BY OPERATION OF A LARGE CLUSTER OF ENLARGED GLANDS.

We mentioned a few weeks ago a case, under the care of Mr. Hillman, in the Westminster Hospital, in which a large mass of enlarged glands had been removed from the axilla of a boy. Great uncertainty had existed in respect to the diagnosis before the operation. The dissection required was an extensive one, laying bare the vessels, etc. We have the pleasure of being able to add that the boy made a most satisfactory recovery. He has recently left the hospital, the wound being quite healed. It will be interesting to know at some future time whether any other chain of glands becomes affected by the same form of hypertrophy. A few days ago, at St. Thomas's, Mr. Simon had an operation which in the extent of dissection required, somewhat resembled the above, as also in the doubt which, until the tumour was laid bare by the knife, clung to the diagnosis. It proved to be a fibro-cellular mass, but dipped so deeply that the popliteal artery, etc. were exposed in its removal.

EPITHELIAL CANCER IN THE CICATRIX OF A BURN AT AN UNUSUALLY EARLY AGE.

When cancer occurs in young persons it is almost always either melanotic or medullary. Scirrhus is well known to be very rare under the age of 30, and the epithelial form, whether affecting the lip, the tongue, or some part of the general surface, is not less so. Soot cancer is the only exception to this remark, and it becomes such chiefly in the children of sweeps inheriting a predisposition to the disease, and also themselves exposed to its peculiar exciting cause. Examples of epithelial cancer developed in the cicatrices of burns, have come under our notice not infrequently in the different hospitals, but they have always hitherto occurred in patients beyond middle age. A few weeks ago a young woman was admitted, under Mr. Flower's care, into the Middlesex Hospital, who furnished an exception to the rule above alluded to, her age being only 27. The case was also of interest in several other respects. She was a pallid cachectic woman. The original burn had occurred at the age of nine years, and had left very extensive cicatrices on the arm, shoulder, etc. According to her account the cancerous affection had commenced only four months ago, the densest parts of the cicatrix on the inner side of the arm being those first involved. Its progress had been very rapid, and a large cluster of axillary glands had become affected, and now formed a tumour, over the most prominent part of which the skin was just beginning to ulcerate. As the cancer of the cicatrix advanced closely upon the axilla, there was no option but to remove the whole arm. Amputation at the shoulder-joint was accordingly performed, the enlarged glands being subsequently dissected out.

The rapid progress of the disease in this instance is quite in keeping with the early age of the patient, and contrasts strongly with the usual course of epithelial cancer in elderly persons.

GASTROTOMY FOR STRICTURE OF ŒSOPHAGUS.

Mr. Cooper Forster's second case of gastrotomy on account of stricture of the œsophagus has, we regret to say, ended as did its predecessor. At the time we first mentioned it the boy was doing as well as could be expected, and had experienced much relief from the measure adopted. On the fourth day after the operation, symptoms of peritonitis with collapse rather suddenly set in, and death soon followed. At the autopsy it was found that the adhesions of the stomach where opened to the edges of the wound, had partially given way, and that some of the contents of the viscus had escaped into the peritonæum. There were evidences of commencing peritonitis. The mucous membrane of the stomach was superficially ulcerated in several places. The condition in which the œsophagus was found, furnished a most ample justification of the operative interference. The part affected was that in apposition with the trachea at its bifurcation, and it was so narrowed that a probe could scarcely be passed through the diseased tract. It will be remembered that the disease had been caused by accidentally swallowing a caustic solution.

Despite the unfavourable termination of the first two English cases, we are convinced that no sound reasoning can be maintained against the operation for the establishment of a gastro-cutaneous fistula in cases of irremediable obstruction of the œsophagus. In both of the instances before us it was done *in extremis*, and although one patient lived but two and the other four days, yet it is probable that it did not shorten life in either instance. On the other hand, in both it undoubtedly mitigated the horrors of death from starvation. We may assert then that even in these it was a benefit rather than otherwise, for anæsthetics fortunately allow us to leave out of the account the pain, etc. of the operation itself. In the last case the disease was not malignant, and had the fistula once been established and the adhesions become consolidated, there appeared no reason why life should not have been indefinitely prolonged. The boy's exhausted condition at the time of its performance was probably the reason why the process of union between the stomach, and the abdominal wall was so imperfectly accomplished; and the lesson to be learnt from the cases seems to be that the operation to be successful ought to be resorted to before the patient has been allowed to sink so low.

University of Edinburgh.—An ordinance has been issued by the Scottish University Commissioners, appointing that the provisions of the Act of last year, "for the better government and discipline of the Universities of Scotland," shall come into operation in this University on the 15th of October next. The election to the new office of rector, which lies with the matriculated students, is fixed to take place on the second Saturday after the commencement of the winter session, and it is also provided that the general council shall meet every year on the first Tuesday after the 14th of April and on the last Friday of October, and shall at its first meeting, on the 28th of October next, elect a Chancellor of the University.

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OUR GREAT ONES OF THE PAST.

MEN OF THE BRITISH SCHOOL.—No. VIII.

WILLIAM HUNTER, M.D. F.R.S.

Just about one hundred years ago there might be seen driving through the fashionable parts of London in a plain and, to the modern taste, cumbersome chariot, a light, spare, short man, whom many persons knew and whom all recognised with respect. The features of the man are of Scottish cast, but pleasant and winning. There is an intelligence in the face which bespeaks acuteness rather than power, and caution rather than courage. The external of the man is perfect for the time. The head is surmounted with a wig, unpretentious in size, and well suited to the features beneath. The body is clothed in a dark suit with coat and waistcoat collarless, and shirt-front gently protruding from vest in elegant frill. The chariot starts from the door of a house in Jermyn-street, and much earlier in the morning than is fashionable now, bears its owner through the great squares and streets (Bedford, Russell, Tavistock St. James's, and Pall-mall), on professional mission. Whenever the chariot stops, the occupant alights, and with quick firm steps proceeds with the work before him. His patients as they receive him listen with much attention to his careful teaching; and professional matters over, get a hasty chat with him on general topics. It is a pleasant moment passed in this way, for the man is not a mere hack, bound hand and foot to the Esculapian shaft, but a gentleman and a scholar. He can talk about everything, and knows all that is going on. The antiquary brings him an ancient coin, and finds a colleague who can discuss the points of date and of value. The naturalist shows a fossil bone, and straightway the two are at home and comfortable. The historian discourses with him as a brother; and with the classic he crosses excellent Latin. With the ladies his conversation is charming, for his voice is musical, his expression faultless, and his manner gallant. With them he has but one blemish, and even that may be curable: he is a bachelor, and pretends, with all his vivacity, to invincibility against female charms. The sick visits are concluded, but the chariot still wends its way, until at last it stops in Covent Garden, where the scene changes. There is held at this time in Covent Garden, a society or lecture-place in which young men who are about to seek their fortunes in the Naval Medical Service meet to train themselves to the duties before them. They take their seats on the benches, the carefully-dissected subject is placed on the lecture table, and the active little personage who has attended us so far enters the room and takes the professorial position. There is a suppressed but hearty cheer; and then the lecturer, the nature-manuscript only before him, commences his lesson. The eloquence, the precision, the force, hold back an applause which is ready at any moment to pour forth, and when the last words are uttered does pour forth in free course. The lecturer smilingly retires, the students stop behind to talk in admiration of their teacher; and the teacher himself, but little wearied, glides again softly to the chariot. He will call at Middlesex Hospital perchance, or at the British Lying-in Institution, to perform his public duties there, and then he will return to Jermyn-street to dine with his friends. If you are invited to the dinner, you will find everything about the house substantial and in taste, but plain withal and inexpensive. Whatever may be the host's income, it is clear that he does not expend it on externals. The dinner, too, is a pure feast of reason. You may meet Fothergill and young Hewson, and Watson, and one or two of the literary men of the day, and you will be entertained at a mental banquet; but the poor body will feel no inspiration from Epicurus. At most you will see but two dishes; and your host, before grace, will tell you that he makes no apologies, for in his opinion "a man who cannot dine on one dish deserves no dinner." When the table is cleared, the servant will go round and give you one glass of wine—not a drop more by Bacchus, though you may die for it. The conversation will turn on various subjects, and your host will take the lead. He will recount his late visit to Leyden, and his interview with Albinus. He will attack Edinburgh Munro fiercely, for he is grand at invective, or describe some new dissection on which he is engaged. You will hear something of Brother John, who is in indifferent health, and away on a sea-going trip, but who is constantly sending some specimen to Jermyn-street, to announce the fact of life. You will hear too of political rumours, and suggestions as to the results of the court-martial held on the noble Sackville; but town scandal there will be none, nor much mirth. Tobacco—fie!—who can smoke with Bacchus off his barrel?

The conversation flagging, or the time becoming unruly, you will leave the table and be led to the museum. The active little man brightens up anew, and, heeding you little as visitors, puts on his work dress and begins to prepare and arrange such specimens as are in disorder. He apologises for the museum. It is in fact but a nucleus; some day he hopes to make it wonderful, to build a great temple of curiosities, and leave all to his country. He will make the Premier an offer, which even a Premier cannot refuse. Then old Calderwood, the village in which he was nurtured, will look up and be a place of mark for ever. You leave the philosopher for the night; but he remains at his work, or, as he calls it, his play. Long after you are in bed he is still at play, injecting lymphatics, or fitting up a specimen in a spirit bottle. Unless you get up with the sun, too, your friend will be up before you and again at play. At nine you call to leave your card (manners a hundred years ago had to be sustained rigidly), and find the chariot at the door, and the little man, as is his wont, spruce and trim, light, pleasant and intelligent, ready to get into it once more; indeed, his foot is on the step, and he is in haste, for there are a great many demands in the morning on the services of Dr. William Hunter.

William Hunter, at the time we have depicted him, was the rising London Accoucheur, and if getting into good practice is to be considered as fame, he was now approaching the zenith of his fame. He was a little over forty years of age, hale in mind as body, full of enthusiasm, and ambitious in the right way. With the centre-point of his life before us, we may cast sight of him in two directions—towards his cradle and towards his grave. We have not much historical stuff before us for biographical display, but such as we have is trustworthy, and had better be at once acknowleged, since it is half the battle in writing well to write with a clear conscience. Men who steal always go on tiptoe, and that style is, to us, not easy. There was, then, one Dr. Samuel Foart Simmons who, directly after Hunter's death, wrote a memoir

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of him, which he read to the Society of Physicians on August 6, 1783. This memoir is as rugged as a pineapple, and much more shapeless; but it has the credit of substantiality, and stands, like the apple, on a broad bottom. In collecting his material, Simmons had the assistance of John Hunter; of Combe, who attended William Hunter to the last; of Mrs. Baillie, and of many other personal friends; and from his memoir every other biographer has taken his cue (a). Like the rest we cull from Simmons our facts, but as our readers will see, with immediate recognition of his labours.

William Hunter was born at Kilbride, on May 23, 1718. There seems in regard to this Hunter, no doubt as to the date of birth. He was one of seven sons of his parents, and at the time of his birth the second son. Some years before they had had another son, "John," but he died early, to make way for another John, the second in life, and first in fame. After the first John came James, who was a writer to the *Signet* in Edinburgh in the beginning of his career, at last took to Physic as a Profession, and showed great proficiency; but died of lung disease, before he had time to become eminent. William at the age of 14, went to Glasgow, and studied five years at the University there, with the intention of entering the Church. But when his studies were completed, he declined the mission before him, on conscientious grounds. He could not subscribe the dogmatical articles of the faith. He was not the first good man who has been driven into Physic by the same cause, for the which Physic thanks the Church. His parents, who were poor, evidently small farmers, and who had spent as much as they were able, to prepare him for the pulpit, were disappointed, but prudently gave way to his scruples. In his hesitation what next to do, he became, in some way, acquainted with Dr. Cullen, then in practice at Hamilton, and Dr. Cullen advised him to follow Medicine. He took the advice, and in 1737 he went to reside with Cullen, and lived with him some years. During this residence master and pupil became as one, and in all his life Hunter retained in his remembrance this happy and congenial period. So intimate, indeed, became the friendship, that at last it was agreed that the pupil should have a share in the practice of the master, and should undertake the Surgical department. In Nov. 1740, therefore, Hunter repaired to Edinburgh, to prepare for this responsibility, and remained pursuing his studies until the spring. During the session he attended the anatomy of Dr. Alexander Monro. In the summer of the same year he entered London to complete his studies, with the object after this, of returning to Cullen. The return was not made; and it is fair to say that when the master found that the return would spoil the prospects of his disciple, he at once generously excused him the agreement.

On his entrance into the English metropolis, Hunter took up his residence with Smellie, of obstetric fame, who then resided in Pall Mall. This was fortunate for our hero; but he was yet more fortunate in having a letter of introduction to Dr. James Douglas, from Foulis, a Glasgow printer, to whom Douglas was under some kind of obligation. Douglas was originally from Scotland, and was, in his time, a man of considerable note. It was unfortunate that he had a Quixotic brother (John Douglas), who made himself notorious by attacking Cheselden anonymously. The freaks of John were often attributed to James, but in so far as we can gather, very erroneously. James Douglas was a man of deserved repute and good hearted. He had originally adopted anatomy as his calling, but afterwards followed midwifery, a practice but then coming into existence among male practitioners. He was evidently well to do, and at the time when William Hunter came before him, he wished for an assistant, and soon fixed upon William as the man to select. He therefore made an offer to that effect, which would have been gladly accepted, but temporary obstacles stood in the way. To bind himself to London life was for Hunter to break faith with Cullen, and to disappoint parental expectations. Hunter, therefore, wrote to Scotland for liberation from his previous contract. Cullen, with great magnanimity, gave up his claim, and old Mr. Hunter, who, by the way, died three months afterwards, in a very sensible and homely letter, gave negative assent. William Hunter consequently went to reside with Dr. Douglas, and remained with him till the death of the latter on April 1, 1742. While living with Dr. Douglas, and working for him, William Hunter entered as a pupil at St. George's Hospital. Here he studied Surgery under Mr. James Wilkie. During the same period he also studied Anatomy under Dr. Frank Nicholls, and Natural Philosophy under Dr. Desaguliers, a famous mathematician and physical philosopher, who ultimately became chaplain to the Prince Frederick. After the death of Dr. Douglas, Hunter continued still to reside with the Douglas family, and we infer that he ultimately obtained a considerable introduction to practice by this means, and that his connexion with Douglas led him to the line of practice to which he afterwards linked himself, the practice of the accoucheur. Meanwhile, he undertook the supervision of the studies of Mr. James Douglas, the son of his late friend.

The first evidence we receive of the originality of mind which in later life showed itself so well in William Hunter, is in 1743, when he presented to the Royal Society a paper on the structure and diseases of articulating cartilages. At that time Medical Societies were limited in number, and all matters of scientific interest, Medical and general, were sent to the "Royal." The paper of Hunter was, consequently, sent there and read. But it did not immediately secure him his Fellowship, though if we remember rightly, it was awarded a niche in the Transactions. Hunter having thus made an entrance into public life, was anxious to do more, and his bent was next to teach anatomy. There were immense difficulties in that day to a position the attainment of which is now comparatively easy. But at last the difficulties gave way, and his aim was secured. Samuel Sharpe, the Lawrence of his day, had for some time lectured in Covent-garden to a class of students who were preparing themselves for the naval service. About 1746, Sharpe, who had said his say, gave up his teaching duties, and Hunter succeeded him. His first course was very satisfactory; his second more so. Walking home after his second introductory lecture, he carried under his arm a bag containing seventy guineas, and his joy was great. Watson, a pupil and after friend, accompanied Hunter on this occasion, and was told by the delighted lecturer that so large a sum had never been held before by the owner. First fees are always sweetest, and nothing shows, after all, the success of scientific effort so clearly as filthy lucre. When Hunter resigned this Lectureship is not very evident; but he held it a long time, and made it a basis of sound success. We have already shown that his labours here were warmly appreciated, and that he was not merely a sound, but a brilliant teacher.

In 1747 Hunter became a member of the Incorporation of Surgeons, and at the close of his lectures in this year he made a continental trip with his pupil, Mr. James Douglas. They visited Paris and Leyden among other places, and at Leyden made their bow to the eminent Albinus, who showed them his collection of prepared specimens, and impressed on them a permanent recollection of his industry and genius. Returning to London and to work, Hunter now made rapid way in practice. He was made Surgeon-Accoucheur to the Middlesex in 1748, and to the British Lying-in Institution in 1749. In 1750, having graduated at Glasgow, he left the Douglas family, took a house to himself in Jermyn-street, and was fairly out on the professional sea, captain of his own vessel, and tacking to a favourable gale.

But we have omitted two facts in the haste of our history. While William Hunter was carving his own way to fame he was helping two others in the same direction. James Hunter, the elder brother, originally intended for the law, had left Edinburgh to study anatomy in London. William had set him to work, and had viewed the work as done, with a brother's and a teacher's satisfaction. But poor James was not made for distinction: he was seized with spitting of blood, returned to Old Caldeswood for native air—and died. There was yet another brother, much younger, John; and John, after sowing a few preliminary wild oats, wrote to William, begging to be inducted by him into the medical fraternity. William said "Yes" to the request; and a few days previous to the eventful 1st of October, 1748, the man who was buried with so much pomp in the Old Abbey the other day, rode into London on horseback after a fortnight's journey.

All writers seem agreed in stating that William Hunter did not at first over-estimate the abilities of his brother John. This want of estimate was, however, due to want of knowledge, and to reports that had been made relative to the wild oats above-named. John soon undeceived his patron in respect, at least, to

(a) We are ashamed to say that in one modern biographical work, Simmons' memoir is cribbed word for word, with but one mention of his name, and that not in acknowledgment.

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talent. He was set to dissection, and at once showed his proficiency. Still John had more corn to sow, and he sowed it. Ambitious in frolic as in science, John, under the title of "Jack Hunter," took the lead in many a wild game: made friends with the resurrection men, visited the gods' apartments of the theatres, to hoot down unfortunate authors and players; and altogether kept up for a long time the principle of "a short life and a merry one" as the thing. By-and-by he subsided down to regular work and pursuit of true fame, and became a right hand to his brother in the anatomical duties. The alliance between the two brothers continued for ten years, John Hunter, six years after the commencement of his studies, becoming a partner in the anatomical school. At the end of ten years John's failing health led him away from this country for six years, and on his return he went into practice on his own account.

In 1751, Dr. Hunter paid a visit to his mother at Long Calderwood. It was their last interview, for Mrs. Hunter died on the 3rd of November of the same year. Cullen had by this time gone to reside in Glasgow, and the meeting of the two old friends was most enthusiastic. One day riding near Long Calderwood, Cullen observed how conspicuous the place stood out in the landscape. "Well," said Hunter, "if I live I shall make it more conspicuous." It is probable that Hunter never again revisited his native place. His work in London held him securely for the rest of his life.

From the period of which we now speak till the period when we first drew out an epitome of the man, i.e. from 1751 to 1760, many events of moment, especially in a scientific point of view, occurred. In 1755 Dr. Hunter had been made Physician to the British Lying-in Hospital with "the thanks of the Governors for the services he had done the hospital, and for his continuing in it as one of the Physicians." In 1756 (Sept. 30) he had become a Licentiate of the Royal College of Physicians, and a member of the Medical Society. He had taught in his class many subjects which, ranking as discoveries, gave rise a little later to violent controversies. He had described aneurismal tumours more carefully than any previous author, and had pointed out the nature of aneurismal varix. He had explained with much care and precision the structure of cellular tissue. He had written an account of dropsy of the ovarium, and the questions relating to it,—whether or not it should be treated by incision and suppuration, or by complete excision. He had virtually discovered the disease known as retroversion of the uterus. He had introduced bristles into the ducts of the lachrymal gland. He had made out, and taught publicly the origin and uses of the lymphatic vessels; he had injected the tubuli testis with mercury. He had supported the theory of Haller as to the insensibility of tendons; and, aided by his brother John, he had made experiments as to the fact of absorption by veins.

Among all these labours, that of most interest was the one referring to the lymphatic vessels. Previous to Dr. Hunter's time the theory held by anatomists was, that the lymphatics were veins, and that they were the continuations of lymphatic arteries. He claimed to be the first man who demonstrated that the lymphatics have an independent origin, and perform what has been designated "interstitial absorption." He was led to this view by the observation that the lymphatics could not be injected from the arteries, and by a comparison of the lymphatic with the lacteal system. He concluded that there was no virtual difference between these two systems, and that the lacteals were in fact the lymphatics of the intestinal canal. In our next, we shall have occasion to exhibit a literary tournament on this question, between our own man and Edinburgh Munro. Scottish chiefs in Physic, who live on fighting, have certainly overwhelming precedent to sustain them, clatter when they may, and never so loud.

(To be continued.)

A CURIOUS PROBLEM.—What is the nature of the King of Naples' disease? The following account seems to confirm the general idea that he is suffering from malignant disease:—"My last advices from Naples are to the effect that the medical men have declared to Her Majesty that there are no hopes for the recovery of the King. Arterial blood issues in great abundance from his wounds, so that he may at any moment be found dead."

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Medical Times & Gazette.

SATURDAY, APRIL 16.

MEDICAL OFFICERS OF HEALTH—THEIR DUTIES AND RESPONSIBILITIES.

THE duties of a Medical Officer of Health in a populous district, when properly performed, cannot fail to be attended with benefit to the public. The detection and removal of nuisances which may affect public health are among the most prominent, as well as the most responsible of these duties. The purity of the water which we drink, of the air which we breathe, and the quality of the food with which we are supplied, alike claim his attention; and that officer would be unfit for his position who did not honestly and conscientiously endeavour to protect the public in reference to matters on which, generally, they may be ignorant. Even an over-zealous effort to reform supposed abuses may be justifiable, when we know that the effort is made *bonâ fide*, and is based on honest motives. So long as the good preponderates over the evil, and the acts of these officers are dictated by ordinary discretion, the public will not tolerate too severe a criticism of their proceedings. So long, too, as there is no parade of science,—no attempt at deception by the use of learned terms to support a bad case,—we on our part do not feel called upon to interfere. The greater number of these officers employed in the Metropolitan districts have, we believe, given satisfaction; they have chronicled births and deaths, determined the death-rate of their respective localities to an evanescent fraction, the exact proportion of infants to adults, the ratio of the sexes, the number of persons to a house and even a room, the proportion of privies to water-closets, and synthetically and analytically, the precise amount of excrement from each individual, which under the present arrangements of the "Thames Conservancy," finds its way into that once limpid stream.

One of these Medical officers some time ago made himself conspicuous on the water question, by proving, at least to his own satisfaction, that the common salt found in Thames water was derived from the excretions chiefly of the inhabitants of the metropolis, but more or less of the town populations on the banks of the Thames. As every gallon of urine contains about half-an-ounce of salt, there arose the uncomfortable reflection that to whatever part of the river we might go for water, we could not escape drinking that which had already passed through human and animal bodies. Having thus demonstrated that we were daily imbibing a nauseous liquid in resorting to river-water, he next proceeded to show that the well and spring waters of the metropolis were even more objectionable. Besides common salt, they contained a large quantity of plaster-of-Paris, with the washings of the manure and filth from the surface-soil of London, varied occasionally with the leakage of sewers and gas-pipes, and brought up to the highest pitch of insalubrity by the presence of nitrates in the springs of London graveyards. The nitrates represented the ammonia derived from the

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putrefaction of animal matter, and thus it was proved that a respectable citizen procuring [water] from his churchyard pump, was unconsciously swallowing, in a converted form, the corporeal elements of those who had lived in the parish before him. As long as the water was cool and tasteless, the presence of these saline ingredients was disregarded.

The most unsatisfactory part of this address was that the public were not informed of the source whence they were to procure water free from these alleged impurities. The fallacy, however, lay in assigning too much importance to the presence of a small quantity of salt in river water, and making it symbolic of a source of contamination for which no reasonable ground could be assigned. Chloride of sodium is a most universally diffused salt.. There is scarcely any water which has once touched the earth that does not contain it; and its presence in river or spring water is no more an indication of its being derived from animal excretions than its presence in enormous quantity in sea water proves that the ocean has derived it from a similar source. We may be content to inquire, too, whether the water does or does not contain that which is injurious to health,—a question easily solved by chemistry. This question has received its answer; and practically, the Thames water, now supplied by the Companies to London, is wholesome and free from those objections which have been somewhat unreasonably urged against it. Even our sanitary reformer, who, probably, lives without water, or has it specially manufactured from oxygen and hydrogen for his domestic use, obviously prefers the chlorides of the Thames to the nitrates of the London springs!

Another Medical officer, without arriving at the alarming conclusion that no water procurable in London should be drunk, occupies himself periodically in raising a small panic by recording the actual weight of *impurity* per gallon contained in the waters supplied to the Metropolis. Thus we are informed in one of the latest of these sanitary bulletins dated January, 1859, that Thames water contains of total *impurity* per gallon, 20·64 grains; and in order that we may have some standards of comparison, at one end of the scale we find the impurity of the water of Loch Katrine supplied to Glasgow represented at 2·1 grains, while at the other end there is a genuine London spring, namely the well-water of Broad-street, Soho, which, rightly or wrongly, was charged in 1854 with having greatly assisted in propagating the fatal ravages of the cholera,—this is represented as having a total impurity per gallon amounting to 92·06 grains. Is the gentleman who circulates these periodical water-analyses fully aware of the meaning attached by the public to the word "impurity?" Referring to a standard authority, we find it to signify,—"foulness," "feculence," "the admixture of a foreign substance in anything." In which sense does he employ it? The sense in which the public take it is that it implies the presence of some foul matter derived from sewage or other noxious sources, and they are accordingly made unhappy and discontented by these official announcements. They are looking for a time when the impurity will cease altogether to present itself: but the sanitary officer well knows that that time will never come. The purest water in the world contains and must contain "impurity," if the term is to be applied to that small quantity of mineral and organic matter found in every river and spring water in the world. Even the water of Loch Katrine contains its impurity according to this authority, and probably there is no purer water to be found. Rain-water as it falls through the atmosphere takes up various ingredients by washing the air, and thus receives impurity before it touches the ground. As we are living in a practical age and cannot dispense with water, it is desirable to place things in a proper light, and not mislead the public by the use of inappropriate terms. The daily supply of water for the wants of this great city is considered to reach nearly *one hundred millions of gallons*. If the Medical Officer of Health has any secret by which he can procure this quantity, or anything approaching to it, of absolutely pure oxide of hydrogen, it would be better to announce it at once. If he knows of any cheap and reasonable scheme by which the water of Loch Katrine, or any water like it, can be supplied daily to London in the quantity now found necessary, it would also be proper to bring it at once before the public. We must not only have quality but *quantity*, for the real problem is to supply cheaply two millions and a quarter of human beings with a necessary of life, health, and comfort! Failing these substitutes, we would advise him to consider whether, when certain ingredients in water cannot be kept out of it by any known process, we are justified in applying to them a term which certainly produces misconception and tends to cause dissatisfaction. Further, the question really is, whether the quantity of these substances which nature will insist on putting into each gallon of water is such as to produce injury to health? If not, it is a subject which is unworthy of the prominence that has been given to it. As well might another Medical officer require Parliament to legislate for the breathing of an atmosphere containing only the normal proportions of oxygen, nitrogen, aqueous vapour, and carbonic acid. The air may, and in fact always does, contain a few additional ingredients, without our requiring quarterly a formal sanitary announcement of the number of cubic inches of "impurity" in a cubic foot.

The above may be considered as specimens of sanitary trifling. We set them down to the fact that something must be done for the sake of the office as well as the salary, and the public suffer but little except in being agitated occasionally by an unnecessary air or water-panic. The matter becomes serious, however, where unfounded charges are raised, and individuals are put to annoyance and expense in order to defend themselves in a Court of law or before our Police authorities, owing to the ignorance or officiousness of their accusers. It is to the credit of the Medical Officers of Health as a body, that these cases are rare. A Medical Officer of Health, in all public questions, should act judicially, and deal impartially with the case submitted to him. He should not be influenced in any manner by the personal feelings or prejudices of those under whose authority he may act, even although his occupation of the office may be in their hands. This independence is the more necessary, because his office is one of honourable trust,—his duty is to protect the public health, and at the same time to protect individuals from unjust charges on sanitary questions. Magistrates and lawyers are unfortunately but little acquainted with scientific subjects; they are ready to take upon trust the statements made by one occupying so responsible a position as that of a Medical Officer of Health: hence it is the more incumbent upon him that whatever he states should be guarded, and his statement be made with as much care as if a jury of scientific chemists were listening to him. If a manufacturer is charged with polluting the waters of a stream by turning into it any noxious refuse, it is not enough to rest content with an analysis of the water issuing from his works. The investigator of truth will require some information respecting the quality of the water which enters the factory: he will wish to satisfy his mind whether or not the water is polluted before it reaches the factory. A partisan will feel that this is unnecessary, because it may perchance prove unfavourable to the case of the person who retains his services. There may, however, be a similar factory just above, and the water received at the defendant's factory may be already in a polluted state. We believe there are few scientific chemists who valued their reputations, who would come forward to give evidence upon a single analysis, adapted only to fit the case of the complainant.

In the City Gas Works' case, on which we commented last week, Dr. Letheby, in the capacity of analyst to the

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Conservators of the Thames, examined and reported on some liquid issuing from the defendants' premises. He found it to contain "a large quantity of sulphuretted hydrogen and ammonia, and gases of a most offensive odour. The liquid was not only very noxious and deleterious to health, but poisonous to the river" (a). As it is notorious that these are the constituents and the proprietors of town sewage, and it appears from his evidence that nothing else of an offensive nature was present in the liquid, it was his duty to represent to his employers that it would be absolutely necessary to trace this foul liquid to its source, and examine the contents of the sewer before it entered the premises. He might have said:—"These noxious compounds are, it is true, a product of gas-manufacture, but at the same time they may have resulted from the decomposition of animal excrement, and they are discharged in large quantities hourly into the river at all points where there are sewer openings; they were the main cause of the stinking smell of the Thames during the last summer; and were all the gas-works in London abolished, they would still issue and be the cause of offensiveness and noxiousness to health until the sewage was diverted into another channel. Considering the nature of these products, a small sewer may traverse the gas-premises, and whether few or many houses discharge night-soil into it, these gases may be evolved by putrefaction." He might have insisted too, as the sewer merely traversed the premises, upon not giving any opinion condemnatory of the defendants, until he had analysed the liquid contents derived from the houses outside of the premises. For reasons already stated, there was a total failure of chemical proof that any gas-liquor had found its way into this sewer or drain; but we cannot acquit Dr. Letheby of indiscretion in coming forward to support a charge of this description, when he had it in his power to show the similarity or the dissimilarity of the sewage as it entered and passed out of the premises. In our opinion, had such an analysis been made, the charge would have at once fallen to the ground; neither the magistrate, nor the lawyers engaged in the case, would have seen or smelt any difference in samples fairly taken at the points mentioned. This is not a solitary instance: we have heard of another, in which in reference to a charge of nuisance, this Medical officer was prepared to give evidence upon equally unsubstantial chemical grounds. We understand that a Gas Company at Woolwich has been recently convicted upon his evidence, touching the contamination of the river. If his facts and inferences had no better foundation than in the case on which we have felt it our duty to comment, the Woolwich Company has fair ground to claim a re-hearing of the information. Such doings, miscalled sanitary, will, unless checked, bring the office into contempt; and it is obvious that unless public attention is directed to them the greatest abuses may arise, and the greatest injustice be done with impunity under the cloak of pseudo-scientific evidence. The public press is not the organ by which such proceedings can be properly made known. They can only be judged, exposed, and condemned, by journals which meet the eyes of the Profession. In a police-court, or in the columns of a newspaper, mystification and sophistry may prevail: they vanish before a Professional tribunal.

THE COLLEGE OF PHYSICIANS OF EDINBURGH.

We beg to call the attention of our readers to an announcement which has lately appeared in our advertising columns, issued by the authority of the Royal College of Physicians of Edinburgh. The proposals made in it are little calculated to raise the College of Physicians of Edinburgh in the estimation of the Profession, and are, moreover, in many respects manifestly most unjust to the Colleges of Physicians of London and Dublin. The College proposes by this advertisement to admit gentlemen to the honour of its licence under certain newly-made regulations, and amongst other things it advertises this exceedingly liberal offer to the Profession:—During one year from the date of the advertisement, any individual, properly recommended, who is *licensed by any of the existing Licensing Boards*—any Apothecary, or Surgeon, or Doctor so licensed and recommended—may be admitted a Licentiate of the College without examination. But even this stretch of liberality was not, it seems, thought liberal enough by the Edinburgh Council to meet the requirements of these progressive days. The College, therefore, goes a step further, and offers an asylum to all the waifs and strays who deal in Medical practice. Shall be admitted also without examination, it proclaims, every gentleman "who has been fifteen years in actual practice," on the production of certificates of character and professional qualification. Now it is clear that this last item includes those who do not come under the former head, that is to say, who are not "Licentiates of any of the existing Licensing Boards." Yes! the College of Physicians of Edinburgh actually offer their licence through this advertisement, to men who have no licence or diploma whatever, provided only they have been in practice fifteen years; and also offer the licence to all other men in practice, no matter whence their diplomas have been obtained—whether at the University of Kentucky or the College of Sauerteig in the Duchy of Kleinmark.

Now, we might simply deplore all this as being very discreditable to the College aforesaid, and there stop; but the misfortune is, that the injury and discredit of the thing do not fall upon the Edinburgh College alone: others have to suffer for its *lâches*; and in this way. Since the passing of the Medical Bill, the College has formed a connexion with other Colleges, there being now created a kind of comity of our great Colleges, and consequently, the inordinate or unseeming act of one College impinge and tell unpleasantly upon the other Colleges. And thus this proceeding of the Edinburgh College affects, and very grievously, the London College; for it happens that every licensed or unlicensed individual in Great Britain who practises Medicine may, as we have seen, at the pleasure of the College of Edinburgh, be admitted to the honour of carrying their licence; and having obtained such licence, the aforesaid individual will be able to come and tap at the door of the London College and demand admittance in the name of the law. This, at least, he will be able to do whenever the College has obtained its new charter. Under such a state of things neither Dr. Coffin, nor any other equally respectable individual, need despair of one day finding his way into the College of Physicians of London; for neither this learned herbalist, nor any other equally learned herbalist, need despair of being able to procure in London those tickets of "character and of professional qualification" which shall satisfy the Council in Edinburgh, and are, as before said, alone requisite for the obtaining of the licence. The Edinburgh Council, indeed, actually trades to a certain extent upon the benefits of its connexion with other Colleges, which it has derived, in the manner before referred to, through the new Medical Bill. In a roundabout sort of way, indeed—going from England to Edinburgh in order to get to London—any rejected applicant of the London College may, at last, armed with the Edinburgh ticket-of-leave, force a surreptitious entrance into the London College; he may flourish the document in its face, and by its aid, laugh at the scruples and objections of the Fellows of the London College, who had previously declined his addresses.

Seriously, we cannot think the Edinburgh College really means to carry out measures so preposterous and improper, if not illegal. Indeed, we are glad to say, we have heard that

(a) For a full and correct report of the evidence given in this case we refer our readers to the *Journal of Gas Lighting*, April 12, 1859, p. 204.

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these propositions are far from meeting with the unanimous consent of the College; indeed, that they are the acts of a "well whipped-up minority," and that steps will even yet be taken to arrest their further development. At all events, we feel bound to call the serious attention of the Fellows of the College of Physicians of London to the subject. A strong remonstrance on the part of this College may, perhaps, assist in determining the Edinburgh College to rescind its regulations, and repair its great fault.

THE WEEK.

We informed our readers last week that the House of Commons had rejected in part the Lords' Amendments on the Medical Act Amendment Bill. Since then the subject has been considered again in the House of Lords, and their Lordships have agreed not to insist on the objectionable amendments. The ground of difference between the two Houses of Parliament consisted in the portion of a clause which gave the Dublin Corporations the power of making Licentiates in Midwifery, and of having the qualifications inserted in the Register. In addition, the Dublin University had obtained the power of placing a qualification in Surgery on the Register. Both these new qualifications have now been disallowed by both Houses of Parliament, and the Bill only waits for the Royal assent to become law. The Bill, as originally introduced, was simply intended to extend the time for registration, and prevent inconvenience to those who might not be able to register within the time previously specified. Some clerical errors were also corrected, and among these, the mistake about leaving a heading to the title column was rectified, and the column entirely erased. The Colleges of Physicians were allowed to insert the word "Member" into Schedule A, because that term was constantly used throughout the Act in connexion with these corporations. All this was done above board, and before the Bill had emerged from the House of Commons; but at the last moment, even after the Bill had passed through committee in the Lords, the Irish Colleges managed, through a member of the Government, to introduce their objectionable clause into the Bill. Members of the House of Commons naturally objected that the present little Bill was not intended to give additional powers to any of the Medical bodies, and that the introduction of such innovations so late in the progress of the Bill was not to be tolerated. We cannot divest the Government of all blame in this matter, as since the Medical Council has been elected, its President may be looked upon as the State representative of the Medical Profession; and, had he been consulted, as in proper course he should have been before Government took the initiative, the inexpediency of the alterations which have been rejected would have been pointed out. The Irish licence in Midwifery was felt to be an especial grievance, and on an entirely different footing to the London one, for the colleges in the sister isle have managed to make it essential to certain public appointments in Ireland. Thus English and Scotch graduates, and members of the Edinburgh College of Surgeons, all of whom pass a midwifery examination as part of the general one, were—in direct contravention of the entire reciprocity established by the Medical Act—virtually excluded from competition; and it was to legalise this injustice that it was sought to insert the Irish midwifery licence in the Medical Amendment Act. In our opinion, the granting of a special midwifery licence by any of the Medical bodies, is wrong; and some Physicians-Accoucheur hold a strong opinion that it tends directly to lower the status of that important branch of Medical science, by placing it on a footing with Dentistry, which as yet is chiefly a mechanical art. Midwifery is really a part of Medicine in its unity; it forms a part of all examinations for degrees in Medicine; and yet it is tossed about between the colleges without being properly incorporated with either. The London College of Physicians once gave a special licence in Midwifery; Dr. Denman being, we believe, the last licentiate. This was discontinued. Then an interval elapsed, and the College of Surgeons think it dignified and right to institute a separate Midwifery examination, and exact an additional fee from its members. With as much justice might they give a separate diploma in Opthalmology, Aural Surgery, or any other special department of practice. As both Physicians and Surgeons equally claim the right of practising as obstetricians, we fully hope and expect that the Medical Council will insist that Midwifery shall constitute a part of every Medical and Surgical examination in the three kingdoms. The London College of Surgeons, which alone possesses the right of registering a Midwifery licence, will then probably be induced to relinquish its by no means enviable privilege, and make Midwifery part of its general examination.

Sir Benjamin Brodie's first *soirée* as President of the Royal Society passed off with great brilliancy last Saturday. Numbers of the most eminent of the literary and scientific men of the age crowded the rooms; while the Prince Consort and many Members of both houses of Parliament joined with distinguished representatives of Divinity, Law, Physic, and Art, to add interest to the gathering. Several of the most interesting results of recent investigation and discovery were exhibited, in addition to a very fine collection of portraits belonging to the Royal Society. But the MEN—the workers who are making the history of our age and our nation—were the objects of chief interest to each other, as well as to the quiet looker-on—and it is not often that such an assemblage can be seen of "Our Great Ones of the Present."

The subscriptions to John Hunter's statue are coming in, but they are checked by a rumour that a sculptor has been already chosen, and that the *Museum (!)* has been selected as the site for the statue. It is felt that if the College had raised the statue, the Council might have chosen both site and sculptor; but, as a general appeal is made for money, it is only fair that any sculptor should be at liberty to offer a competitive design, and that the statue should be erected in some public situation, as permission to place it in Westminster Abbey has been refused.

We have lately been made acquainted with a novel, clever and very reputable method of doing business in the art and practice of Dentistry. A fashionable artist in this branch of Chirurgery—not native born to these isles, but imported from beyond the seas—takes a rise out of his co-practitioners in the following fashion. He informs the victims, whose mouths open under his hands, that "all those teeth of yours, which have been already stopped, require re-stopping; they are so badly stopped, they are all going to ruin." Of course the victims agree in the sentiment, "Old stoppings come out, and new go in;" and we need hardly add, that as so many stoppings represent so many guineas, the transaction is a very "smart" one, and well worthy the attention of all Dentists, who desire being put up to a new wrinkle or too. We allude to this fact, because a case has lately come under our own notice, in which the aforesaid artist actually removed the stoppings in the way just described out of some half-dozen teeth, and within a few months of their having been put in by a dentist of unquestionable honour and skill. Besides, we happen to know that, in the case in question, this gentleman took espe-

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cial care to perform the operations perfectly—his patient being a friend of our own. We find, on inquiring into this extraordinary practice on the part of the imputed individual, that it appears to be a constant practice of his, and that all the leading dentists of London have been subjected to his criticisms, in the way we have described. We trust that ere long this respectable method of doing a stroke of business will meet with the reward it merits; and hope that our thus calling attention to the fact may assist in advertising the said individual's notoriety.

The Warrant placing Medical officers of the Navy on an equality in pay and rank with their brethren in the army is still delayed. Sir John Pakington said a few nights ago, in the House of Commons, that he could only repeat what he said on a former occasion, that the subject was under his consideration, and that it was his intention to comply substantially with the recommendations made to him on the subject. The intention of the First Lord is violently opposed by Admiral Martin and the other Naval Lords; and it is now time that petitions should be sent in by the Medical Corporations and the Profession at large, praying that the injustice under which Naval Medical officers are suffering should be immediately redressed. Medical men should also impress the importance of this question upon all candidates in the approaching general election.

The annual festival of the Royal Medical Benevolent College has passed off with even more than the usual success. But it is not to allude to the liberal subscriptions of the evening, though they amounted to £928—nor to a legacy announced of £3000—nor to congratulate Mr. Propert again on the noble fruit of his exertions—nor to praise the capital speech of the chairman, Lord Stanley, that we have now to refer; we wish to "point a moral" from one of his most telling efforts. He said that "in the Legislature the medical Profession was, of all others, the most inadequately represented, and that the want of medical men who could speak with authority in Parliament upon sanitary questions, was felt or acknowledged by all parties in the House of Commons." Now, on the eve of a general election, is the time to obtain a more adequate representation of our Profession in the Legislature. There must be many boroughs in which the influence of medical men is very powerful: in watering places, such as Hastings for example, the medical men naturally take a very prominent position, and might exercise their influence with good effect in the choice of a candidate and the result of the election. It is well known that there are amongst us men who would be perfectly willing to spend a few hundred pounds in contesting any borough where there was a fair chance of success, and who would represent our Profession with credit to us and themselves. We shall never obtain due consideration from Government, nor exercise our proper influence upon sanitary matters, until we can make our influence felt in the House of Commons. Now is the time for those of us who have local influence to use it for the good of the Profession.

It is singular that one of the first instances of suicide—or suspected suicide—by chloroform, should have to be recorded in giving some account of the death of a member of our Profession who was one of the first to investigate the properties of this anæsthetic, and to analyse cases of death attributed to its influence. Dr. R. M. Glover, late of Newcastle, more recently attached to the Civil Medical Staff in the East, and a Physician to the Royal Free Hospital, has just died, and the evidence brought forward at the inquest shows that his death was caused by the agent whose effects he had studied so closely. Dr. Glover was a Fellow of the Royal Society of Edinburgh, a Doctor of Medicine of the University of that city of 1840; and was well known as a Chemist at Newcastle-on-Tyne, before he came to London. He was the author of a "Manual of Chemistry," and numerous scientific papers, which proved him to be a man of remarkable ability. He is said to have suffered from chronic dysentery, which led him to take opium and stimulants in considerable quantities. About a month ago he married, and very soon afterwards his wife became insane, and was removed to the asylum at Hanwell, where she still remains. Mental distress, bodily suffering, and pecuniary difficulties seem to have led to a renewed recourse to stimulants and narcotics, and chloroform or chloric ether was taken. Several successive doses of the latter, taken at short intervals, lead to coma and death; and the jury came to the conclusion that it was not taken with the intention of committing suicide, but of obtaining a temporary oblivion of suffering. It would not be difficult to moralise upon this sad tale of the life and death of a man of genius; but it would be too painful to follow the old maxim, *De mortuis nil nisi verum*, and we must recur to the more common one, *De mortuis nil nisi bonum*.

MEDICAL ACT AMENDMENT BILL.

The following are the Commons' reasons for disagreeing to one of the amendments made by the Lords to this Bill:—

The Commons disagree to the amendment made by the Lords in page 2, line 18, for the following reasons:—

Because it is a new enactment, extending provisions of the amended Act, and therefore beyond the scope of this Bill.

Because it introduces terms objected to by certain other Colleges.

And because the amendment has not been communicated to the Medical Council.

With the preceding exception the Commons agree to the amendments made by the Lords, and to clauses A and B.

These reasons were considered by the Lords on Tuesday evening, when their Lordships agreed not to insist on the amendment, to which the Commons disagreed, Lord Carnarvon observing that although he did not think the whole of the objections stated by the Commons were very conclusive, he would accede to them, as delay in passing the Bill would be prejudical: that the object of the Bill was to change the period of Registration; but as one or two amendments had been engrafted on the Bill since it was brought in, he thought they had perhaps better be omitted; but that if cases of hardship were hereafter proved, there was no reason why they should not be dealt with by another measure introduced in a subsequent Session.

The Hunter Statue Fund—A Meeting of the Members of the Medical Profession of Liverpool, and the neighbourhood, wes held on Monday, April 11, at the Medical Institution, to consider the propriety of taking steps for raising a subscription towards the "Hunter Statue Fund." Mr. Ellis Jones presided. It was moved by Dr. Rose, and seconded by Mr. Waters, and resolved—"That this meeting regards with much satisfaction the effort which is now being made to recognise the distinguished labours of John Hunter, in the proposed erection of a monument to his memory." It was moved by Mr. Long, and seconded by Dr. Macnaught, and resolved—"That in the opinion of this meeting it is desirable that a subscription should be entered into, to raise a fund in this town, for the purpose of assisting in carrying out the object mentioned in the first resolution." It was moved by Dr. Stookes, and seconded by Mr. Steele, and resolved—"That the following gentlemen constitute a committee with power to add to their number, to receive subscriptions, and transmit the same to the Central Committee of the 'Hunter Statue Fund' in London. The Chairman of the meeting, the Vice-President, the Treasurer, the Secretary of the Medical Institution, and the Mover and Seconder of the Resolution."

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PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE ANÆSTHESIA OF HYSTERICAL PATIENTS.

By M. BRIQUET.

The following is a continuation of our analysis of M. Briquet's interesting papers on Hysteria (a).

The history of hysteria seems to be that of the errors of the human mind. We have already seen what serious errors in diagnosis may be committed with respect to hysterical hyperæsthesia; but still greater ones, and these more directly mischievous, have taken place in regard to anæsthesia. The knowledge of the existence of this anæsthesia may be said to date from a remote period; and M. Briquet enters into a consideration of the subject, in relation to the doctrines of sorcery and witchcraft, of which an anæsthetic condition of the skin was regarded as a proof by the professional witch-finders. The progress of knowledge having dissipated the errors with respect to witchcraft, it was supposed that the anæsthesia of the skin, like the other attendant circumstances, had no foundation in fact; and even in special treatises on hysteria it is not even mentioned. In 1843 Piorry drew attention to its existence in the hysterical cases at La Pitié; in 1844, M. Macario related several cases of hysterical paralysis; and in 1846, M. Gendrin stated that loss of sensibility is one of the most constant phenomena in hysteria, and that nervous women and magnetic somnambulists, whose insensibility is supposed to be trickery, are often merely hysterical women suffering under anæsthesia. Indeed, he went so far as to declare that all hysterical women exhibit anæsthesia in some part of their body. But this is incorrect; for in 400 hysterical women, observed with every possible care, M. Briquet was enabled to detect it only in 240, *i. e.* in 60 per cent. In this investigation, however, *insensibility of the conjunctiva of the left eye*, which is met with in the great majority of hysterical patients, was not taken into account, as it was not sought for in all the patients, and its proportion could not be stated.

Anæsthesia not infrequently immediately succeeds the hysterical paroxysm, but this is not always the case as it is stated to be by Gendrin. Thus, of 221 women suffering from anæsthesia, in 160 there had been, and in 61 there had not been hysterical paroxysms. In a certain number of cases the anæsthesia preceded the paroxysms. In some instances it has appeared after great emotions, in others it has succeeded hyperæsthesia; and occasionally the skin covering muscles in a state of hyperæsthesia is itself anæsthetised. In general the anæsthesia is produced in hysterical patients as a consequence of some considerable perturbation of the economy: and if we call to mind the ordinary effects of emotions on the colour and temperature of the skin, and on the functions of the senses, this diminution or loss of sensibility will not appear very extraordinary.

The development of anæsthesia may be slow and gradual, and is then preceded by tingling, shooting pains or numbness in the parts. In other cases, none of these have been present, and the patient is only made aware of the insensibility by her attendant; and again, it is not rare to find it coming on quite suddenly after a fit or emotion.

The anæsthesia is usually accompanied by a diminution in the temperature and the capillary circulation of the parts—the surrounding parts exhibiting sensations of numbness and tingling, while the muscular debility may be carried to the extent of complete paralysis. When the anæsthesia is very extensive it is always accompanied by a very persistent and intense cephalalgia, seeming to plainly indicate the brain as the point of departure of the disease. The diminution of sensibility varies in extent and intensity. The entire surface may be affected, or only a very limited portion of this, as a foot, a leg, an eye, etc. The anæsthesia may engage only the surface of the skin, or it may extend through the whole substance of a limb, involving the bones. It is common to meet with anæsthesia of a whole side of the body and of the organs of sense of the same side; but whatever may be its extent it only involves those parts which are under the influence of the cerebro-spinal system, never those supplied by the sympathetic system, as the lungs, digestive canal, heart, etc. Thus anæsthesia of the trunk never penetrates the splanchnic cavities. Moreover, the insensibility only affects the peripheric expansion of the nerves, the trunks retaining all their sensibility and excitability. Just the contrary of this happens in hyperæsthesia.

The duration of the anæsthesia is very variable. When partial it is sometimes only temporary, disappearing of itself. In other cases it persists for a long time, until the hysterical phenomena themselves have ceased: while in others again it may last for years, in spite of the hysteria itself having disappeared. Yet whatever may have been its duration, we often find it promptly disappearing as soon as the appropriate stimuli have been applied; and great is the astonishment of women, who have been rendered paralytic for years by the anæsthesia, at recovering their sensibility and movement after one or two Faradisations. After it has been dissipated, however, the anæsthesia may reappear after new causes of perturbation, and such alternations may occur as long as the hysteria itself continues. When the anæsthesia affects only the surface of the trunk of the body, it is often of so little inconvenience to the patient that she is not aware of its existence, although a whole side may be affected; but when the extremities, the muscles, or the senses become affected, it is very troublesome. The detection of the anæsthetic condition is simple enough, as it suffices to touch, pinch, or prick the affected parts. The prognosis is not usually very serious, for in all ordinary cases, recovery rapidly attends appropriate treatment. In some very rare cases in which the anæsthesia is very extensive and very complete, it may resist all treatment for years, although even in these it eventually yields.

It will be necessary to consider the anæsthesia with regard to the different parts liable to be affected by it.

1. *Anæsthesia of the skin.*—This is the form most frequently observed; so that in M. Briquet's 240 examples of the affection, there was not one in which the skin did not suffer from some amount of insensibility. With respect to its seat some curious particulars may be stated. (1.) The entire surface of the body was affected in 4 patients. (2.) The entire half of the body, constituting a kind of hemiplegia of sensibility, was affected in 93,—the left side suffering in 70, the right in 20, while in 3 others, with anæsthesia of the left side the right side was also slightly insensible. In these cases of unilateral anæsthesia, it is usually very exactly limited to the mesial line both before and behind. (3.) One side of the face, and almost always the left in eight cases. (4.) The trunk was affected in 44, the insensibility occupying the whole of the part in 4, the left side in 16, the right side in 3, a part of the back in 10, and the epigastric region in 8. (5.) The upper extremities were affected in 51,—both of these in 6, the left in 25, and the right in 3. The left shoulder only was affected in 3; both forearms in 8, the right in 6; both hands in 5, and the right hand only in 1. (6.) In 24 cases only were the lower limbs affected, both in 6, the left in 8, the right in 2; both legs in 5, the left leg in 2, and the right in 1. (7.) All the four extremities in 4. (8.) Both hands and feet in 5. It will be thus seen that general anæsthesia of the skin is a very rare occurrence, that unilateral anæsthesia is frequent, while it is most common of all when restricted in extent. It will also be observed how much more common the anæsthesia prevails on the left side—viz. in 116 cases as compared to 25 on the right, *i.e.* almost 5 to 1. When the anæsthesia is recent and not very extensive, no sense of pain is sometimes present; but under the contrary circumstances, there may be numbness, tingling, or very severe lancinating pains. These painful sensations are, however, usually only observed in the limbs. Anæsthesia of other deeper seated parts usually accompany that of the skin, as the mucous orifices, the senses and the muscles; and that on the same side. Anæsthesia of the skin, when limited, usually disappears without difficulty, either in consequence of the amelioration of the hysterical symptoms, or of the employment of appropriate means; but when the anæsthesia is generalised it is desperately tenacious. The diagnosis of the affection is so easy as to call for no notice, did the author not wish to protest against the conclusions of those practitioners who profess to be surprised at symptoms being considered as common, which they them-

(a) See *Medical Times*, vol. xxxviii. p. 558.

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selves have never observed; and set them down as illusions on the part of the practitioner, or deception on that of the patient. The patient may, if doubt existed, be blindfolded, and then submitted to pricking or the passage of the electric current.

2. *Anæsthesia of the Mucous Membranes.*—Those portions of the mucous membranes placed at the natural apertures of the body may become the subjects of anæsthesia. No observation has shown the alimentary or respiratory membranes to be affected beyond the isthmus faucium, and the same may be said of the rectum beyond the margin of the anus, and of the urinary passages beyond the bladder. So common is anæsthesia of the *conjunctiva*, that it is rare to find an hysterical patient who is not insensible to the contact of the finger or of the head of a pin, and especially on the left side. This, indeed, *is one of the most characteristic signs of hysteria.* Anæsthesia of the *nasal and bucoal mucous membrane* is almost exclusively met with in cases of hemi-anæsthesia, being found in about two-thirds of these. It is usually accompanied by the loss of smell and taste. Anæsthesia of the mucous membrane of the *anus* and *urethra* is very rare, the skin of the surrounding parts being also anæsthetic in most of these. That of the external *genitals* is more common, affecting the inner surface of the labia and of the vagina. The clitoris is usually attacked last of these; and in some patients it preserves its entire sensibility amid completely insensible parts. When anæsthised even, it may, like the nipple, retain the power of exertion under titillation. Anæsthesia of the mucous membranes is always preceded by that of the skin, of which it seems to be but the extension. The mucous membranes of the upper part of the body are first and more frequently affected. Those of the lower part are more often affected when hysteria exhibits itself in the form of tympanites, retention of urine, and constipation. Anæsthesia of the mucous membranes is usually accompanied by a certain amount of disturbance of their functions, arising from the paralysed condition of the parts, and an absence of appreciation of their appropriate stimuli.

3. *Anæsthesia of the Organs of the Senses.*—It has been long known that hysterical women are liable to disturbances of vision, even to the extent of complete amaurosis; but in fact any of the senses may be affected by anæsthesia, either separately or simultaneously. But the senses are never so affected until after a more or less extensive portion of the skin or of the mucous membranes has become anæsthised. Of 93 cases of this species of anæsthesia, all the senses were affected in 58; and that on one or both sides, accordingly as the anæsthesia of the skin was bilateral or unilateral. In the remaining cases one or two of the senses were affected. The eye is the organ which is by far the most frequently so. The anæsthesia may exist in different degrees, from the slightest disturbance of, to a complete loss of the sense; and it is remarkable that in the same patient all the senses affected are so in about the same degree. In the great majority of cases, not only is the special sense affected, but also the mucous membrane, or the skin surrounding the organ of sense. Anæsthesia of the senses may continue for some months only, and then disappear spontaneously, or under the influence of general treatment; or it may remain unmodified for years, and yet will it immediately cease on the application of appropriate stimuli to the skin. It is in fact very rare to find these anæsthesias persisting entirely, for we do not find the traces of them in aged women, who have formerly been the subjects of hysteria.

M. Briquet gives a detailed account of this form of anæsthesia as observed in the various senses; but for this we have not space. Its diagnosis is usually easy. It is almost always observed affecting the organs on the left side; it is rarely isolated, all the senses on one side being usually affected simultaneously; and it is always preceded first by other hysterical symptoms, and then by cutaneous anæsthesia. It is impossible that it should be confounded with paralysis resulting from intracranial compression of the cerebral nerves, or with the paralysis which succeeds to cerebral hæmorrhage or softening.

(To be continued.)

An effort, commenced by Lord Howth, is about to be made in Dublin to erect some suitable memorial to the memory of the late Sir Philip Crampton.

FOREIGN CORRESPONDENCE.

AMERICA.

New York, March 14, 1859.

At the meeting of the Academy of Medicine, February 2, the case of Mr. Whitney was again taken up, and made the subject of an angry and prolonged discussion, eliciting some facts and opinions worthy of record.

Dr. Valentine Mott read a statement of his views. He denied that Dr. Beales and himself were mistaken in their diagnosis; it was evident that some lesion or injury did exist, to account for the extensive emphysema; but where the injury was no man could tell until after death. The tumefaction, from the extensive diffusion of air through the cellular tissue, rendered any satisfactory inspection of the throat within, or on the neck without, impracticable. The abscess, or rather cavity, contained very little pus—enough only, had the patient's life been prolonged, to have aided in throwing off the large quantity of sloughy cellular membrane which hung like wetted tow within the cavity, and with which it was mostly filled. This, with the lacerated opening into the pharynx, and the serous lesion of the left lung, would lead to the belief that some irritating substance or fluid had been introduced. With regard to the situation of the cavity or abscess, he again asserted that it was such as to forbid the idea being entertained, by any one acquainted with Surgical Anatomy, of seeing it by any examination within the mouth, or detecting it by the most careful manipulation upon the neck. He concluded his statement as follows:—"I regret that more is called for, and that I am compelled to give my opinion also, which is, from the best of my belief, that Mr. Whitney died in consequence of the treatment to which he had been subjected previous to the attendance of Dr. Beales and myself." Dr. Green wished to call attention to the fact, that he had based the treatment of this case upon the positive presence of tubercular disease of the lungs, complicated with follicular disease of the throat; and that this treatment, adopted in accordance with the present state of Medical science, was legitimate and appropriate. To prove that no lesion of the pharynx was produced by the probang, he alluded to certain experiments of Dr. Conant upon the dead body. This gentleman asserts that he has found neither the sponge-armed probang, the unarmed probang, nor the ordinary tube sufficiently strong to be pushed through the trachea with all the force that could be brought to bear upon them. He then made a small opening in the trachea about the size of the whalebone, and attempted in vain to force the sponge-armed instrument through the same opening by lacerating the borders of the punctured membrane. He also found this instrument incapable of producing the slightest abrasion of the mucous membrane of the pharynx when pushed with all the force it would bear. Dr. Green read at length from different authors to prove the importance of topical medication of the air-passages. Dr. Beales again described the appearance of the cavity, and affirmed that it contained neither fluid, lymph, nor false membrane; but it suggested to him the thought that a slough had separated. No writer describes such a cavity as tuberculous, while the simple pneumonic consolidation of the lung around the cavity and the entire freedom of both lungs from tubercles proved that this was not the result of tubercular softening. He disclaimed the slightest feeling in the matter. Dr. Watson called attention to the fact, that Mr. Whitney was addicted to the free use of liquors, which, while it might change his hereditary tendency to phthisis, would increase his liability to disease of the arteries, and hence to gangrene in the extremities. He had a cough, but it was clearly not the result of tubercular disease; his breath was very offensive; he was intemperate. These facts taken together lead to the conclusion that the disease of the lungs was circumscribed gangrene. He (Dr. Watson) believed it was proved to an absolute demonstration that there was an abrasion caused by the sponge-armed probang, which, in a healthy person, would have readily healed; but the patient having a broken-down constitution, the disease went on, and produced a sloughy abscess, with constitutional irritation. No blame could be cast upon Dr. Green for his treatment. After considerable discussion a resolution was passed, exonerating Drs. Green, Mott, and Beales.

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The radical treatment of reducible inguinal hernia by a new method is attracting the attention of our Surgeons. This method consists in passing a seton into the inguinal canal, and allowing it to remain until sufficient inflammation is excited to close up the canal with lymph. The operation consists in invaginating the scrotum with the point of the index finger of the right hand, which is carried up until it engages in the external ring; then with the left hand a canula of the size and shape of an ordinary female catheter, though more curved, open alike at both ends, and containing a trocar or needle an inch longer than itself, with an eye in its farther extremity, is passed under the finger into the ring and carried firmly up, pushing before it the invented integument, until it reaches the upper limit of the canal opposite the internal ring; then the external end is depressed, which forcibly elevates the point of the canula, and the needle is pushed forward, and penetrating the skin, appears externally. A seton consisting of several threads of silk is then passed through the eye of the needle, and the whole withdrawn, one end of the seton being retained; the invaginated integument returns to its normal place, and the lower extremities of the seton being tied to the upper, it is allowed to remain traversing the inguinal canal until the hardness in the course of the canal indicates that sufficient lymph is effused to block it up. It rarely requires more than two or three days to accomplish this object, though the seton has been retained two weeks without exciting sufficient inflammation. In this case, on repeating the operation, the seton was dipped in tinct. iodine. The patient should be kept quiet in bed until the seton is removed, and when he first gets up he should wear a truss or pad. Professor Carnochan, who first operated by this method several years since, at the suggestion of its inventor, Dr. Riggs, reports a number of cases. It has recently been performed several times with perfect success in this city and Brooklyn.

Ligature of the primitive iliac artery has been twice performed recently in this city. The first case occurred in the City Hospital under the care of Dr. Buck. The patient, a male, aged 40, had an aneurism of the femoral artery, for which ligatures were successively applied to the femoral, profunda, external, and finally common iliac arteries.—Puncture of the femoral while passing the needle compelled the operator to tie the external iliac, and subsequently the femoral and profunda. Secondary hæmorrhage induced him to apply a second ligature to the external iliac, and finally, to extend the original incision upwards, and apply a ligature to the common trunk. Five ligatures in all were used, but without avail: the patient died on the seventeenth day after the last operation from secondary hæmorrhage. Blood was found in the pelvic and abdominal cavities, and a rupture of the peritoneum, but no signs of inflammation. The second case occurred in Bellevue Hospital, under the care of Dr. Stephen Smith. The patient, a female, had submitted to ligature of the external iliac two or three years before for aneurism of the lower extremity of that artery, and the upper portion of the femoral, but without obliteration of the tumour. The tumour finally began to enlarge, attended with severe pain, and she entered the Hospital. Ligature of the primitive iliac was determined upon, and was accordingly performed in the usual manner. The tumour subsided, the pain entirely ceased, the ligature came from the wound on the twenty-eighth day, and the patient appeared in a fair way to recover. But at the end of six weeks secondary hæmorrhage began, and recurred at long intervals; proving fatal, however, at the end of eight weeks. The autopsy revealed an iliac abscess communicating with the artery at the point of ligation. Dr. Valentine Mott, who first tied this artery, thirty-two years ago, and whose patient is still living, was present and witnessed this operation.

Several patients are now in our Hospitals who exhibit the disastrous effects of phosphorus upon bone among those engaged in the manufacture of lucifer matches. Several have had to submit to the removal of large portions of the upper and lower jaws, while others less fortunate have had to part with these bones entire. The extreme discomfort of these unfortunate persons from the excessive fetor of the discharges from the mouth, and the general deterioration of health, is painful to witness. They are, for the most part, Germans who have been bred to this business. One poor girl in Bellevue Hospital represents in an extreme degree the destruction of the bones of the face by this painful disease. Several years since she was admitted to that Hospital with such extensive necrosis of the inferior maxilla that it was found necessary to remove that bone by disarticulation. The operation was performed by Dr. J. R. Wood, and she left the Hospital in good health. After an absence of a year, failing to obtain employment, she was again induced to enter one of these factories; the disease returned in the upper jaws, and on her second admission the necrosis was so complete that they were readily removed in pieces with forceps. But the disease is not arrested, for the malar bone of one side is evidently involved in the same manner. The deformity following such a loss of the facial bones is not as great as one would anticipate; the preservation of the shape of the features is due to the re-production of new bone from the periosteum. The lower jaw is represented by a firm rim of new bone, portions of which occasionally exfoliate. She is able to eat solid food, and even meats; her body is well nourished.

GENERAL CORRESPONDENCE.

VENEREAL DISEASE IN THE ARMY.

LETTER FROM DR. ROBINSON.

[To the Editor of the Medical Times and Gazette.]

SIR,—Mr. Acton, in your last number, has called attention—and on very good grounds—to the want of sufficient ablution-rooms, with their appliances, in barracks, and to the great importance of these agents in both lessening the extent and severity of disease, as well as preventing it.

It is almost needless to say that I perfectly concur in such views. I have taken every opportunity at various times, to call attention to the very inadequate extent of the existing means for ablution in almost all the barracks I have been located in, for some years past; and some months ago, in my report to the Sanitary Commissioners, I particularly urged the necessity for an additional building, containing baths, and a sufficient supply of proper utensils in the large and important barrack my battalion is at present occupying. Besides adverting to the general prophylactic agency afforded to soldiers by such means, I mentioned more especially their importance in lessening the severity of syphilis, one ailment rather common to soldiers, and requiring their admission into Hospital for a few days; I called attention to it as a direct result of uncleanliness, which I could not endeavour to check by recommending punishment—so long as the man was denied the requisite appliances, and to a certain extent, privacy also. I allude to a severe form of gonorrhœa preputii, sometimes resulting, instead of excoriation, in that class of disease, called in military Medical nomenclature (and in this instance correctly), "Ulcus penis non syphiliticum."

On these grounds I perfectly agree with Mr. Acton in urging the establishment of extensive ablution-buildings in every barrack; but I regret that my experience leads me to a different conclusion, when he infers that this sanitary measure solely will materially lessen the extent of syphilis in the army. Were soldiers as intelligent, afforded the same privacy, and as temperate in their habits as officers, the best results might be hoped for from Mr. Acton's suggestions; but, unfortunately, all the circumstances are precisely contrary—as a general rule. The soldier when he incurs most risk of contracting disease is usually, more or less, under the influence of drink; he has not at such time means of ablution—if he were disposed to profit by them; he arrives, possibly, in barracks barely in time to attend roll-call and parade; after which, during an interval (before lights are put out) of an hour at farthest, but few men would be able—if disposed—to avail themselves of such opportunity, unless the ablution-rooms are built on a scale much larger than can be expected.

At least until the class of men in the army are superior in intelligence to the present, it would be alike useless and impracticable on the part of officers and non-commissioned officers to advise or enforce the sanitary precautions Mr. Acton suggests. All that at present the Surgeon can do is to point out to the unfortunate sufferer the importance of reporting himself sick immediately the disease makes its appearance, if there is reason for believing the complaint to be aggravated by delay or neglect. Of course, if a bad form of disease (evidently of some duration) is discovered at the

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usual inspections, a man is liable to be punished, though not severely. One mode of proceeding, if enforced by the local civil authorities, I think would somewhat lessen the liability of soldiers to contract syphilis—I allude to the prohibition of prostitutes from infesting—at least until after evening roll-call—the precincts of barracks, and from thus taking advantage of the condition of any man affected by drink, and placing temptation in the way of the sober. Some such measure in this respect as that enforced at Paris would certainly conduce to the health and morality of soldiers. Since addressing my letter to you, I perceive that the prevalence and extent of syphilis in our army in India has led to the camp women being placed under surveillance. Setting aside this measure as, for obvious grounds, impracticable in England, I would (in addition to those measures for elevating the moral and social condition of soldiers, which you have most justly advocated) still adhere to my opinion that Lock Hospitals, ample in extent and free of access, will be needed, before the grave amount of venereal disease in the army can be materially lessened. Some experience formerly as a resident pupil at a Lock Hospital leads me to form an opinion, that few women are so lost to self-respect and degraded as to voluntarily neglect means of cure in an asylum, which, properly constituted, might also fulfil in addition the purpose of a reformatory. I am, &c.

FREDERICK ROBINSON, M.D.
Battalion-Surgeon, Scots Fusilier Guards.

Royal Barracks, Dublin,
April 9, 1859.

THE NECESSITY OF MEDICAL REFORM IN JAMAICA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Two articles have lately appeared in the *Medical Times and Gazette* on the subject of "The want of Medical Practitioners in the island of Jamaica;" and, as only the bright side of the picture was exhibited, it is but right to put the Profession at home in possession of a few facts relative to Medical practice in this island. The evidence, collected by the Society for Promoting Sanitary and Educational Improvement, shows that numbers of lives are now ruthlessly sacrificed by credulity, ignorance, and superstition; that the deep-rooted prejudices of the people, and their love of the mysterious, blind them to such a degree, that they cannot be persuaded of the impropriety of entrusting their lives in the hands of the cunning votaries of witchcraft and superstition; and that noisy, ignorant, unlettered quacks are permitted to practise their vile craft with impunity, and to pocket the fees that ought to find their way to the purse of the educated Practitioner; doubtless to his loss, and to the risk of the lives of the foolish people who are thus duped and fleeced.

During the last session of our colonial Legislature, two bills were brought forward, with the view to regulate the Medical Profession, and to put an end to quackery by the summary punishment of all who practise openly without a legal qualification; but unfortunately both these bills were rejected, and we are now in the same pitiable condition as before. The "Medical Act" does not apply to the Colonies; and unless there is a colonial enactment to the contrary, any one who chooses to dub himself "Doctor," can do so, and practise with impunity. When I settled here there was an institution in existence, which was styled the "College of Physicians and Surgeons of Jamaica;" and to qualify a man to practise and recover fees in this island, he was obliged to become a Licentiate of the College, and to pay a registration fee of one guinea. On the death, however, of the late President, Doctor Magrath, the College became defunct, as there was not a sufficient number of Fellows to form a quorum. While this institution was in existence, dabblers in Physic and Surgery could be punished summarily by fine, on proof of the offence; but now that the College law is a dead letter, the seeds of quackery and of illegal practice are sown broadcast over the land.

In an inland parish, an illiterate young man, on the strength of having a qualification which was obtained by him after a short residence in one of the States of America, and is called the Diploma of the "Eclectic College of Cincinnati, Ohio," dubs himself M.D. and Surgeon, performs the most wonderful operations, and reaps a bountiful harvest out of the ignorance of the people, in whose eyes he appears to be a wonderfully clever fellow, as they flock to him in numbers from all parts of the island. I would here pause to say, that this individual could not have practised under the old College Act, as, to use the words of Dr. Scott, the late registrar of the College, "it would have been the very climax of absurdity to have registered Mr. McCatty's diploma, as it had not been obtained at a recognised school of Medicine." Shortly after this, on the death of the president, and for reasons before assigned, the College became one of the things of the past, and Mr. McCatty commenced practice under the titles of M.D. and Surgeon, established an Hospital, which shall be described presently, and soon gained a considerable degree of notoriety. Three inquests were held, in August and September last, on the bodies of patients on whom operations had been performed by Mr. McCatty; and the result was, that a majority of the jury signed a presentment, to the following effect:—"The jury cannot separate without reprehending, in the strongest terms, the locating at May-day a large number of persons suffering from a variety of diseases, for the performance of dangerous Surgical operations, seeing that there is not suitable accommodation, not even such as is essential to the well-doing of the patients." The members of the jury who signed this presentment, at the same time requested the Coroner, in the most urgent manner, to lay it at once before the constituted authorities, in the earnest hope that immediate measures might be taken to put an end to the evil referred to. The Coroner, in a letter addressed to his Excellency, Governor Darling, on the subject, says:—"I saw, to my great disgust, the floor completely occupied by wretched-looking creatures of both sexes, some nearly in a state of nudity, huddled promiscuously together, and on almost all of whom operations of a more or less serious character had been performed. The dead body, on whom the inquest was to be held, was lying in an adjoining room of about ten feet square, in which also there was a number of sick persons. The body was decomposing fast, and the smell from it, and the accumulated sores of the occupants of the rooms, was most offensive and overpowering." Mr. Laidlaw, the stipendiary magistrate of the parish, was directed by his Excellency the Governor to investigate a case in which a poor woman had died after an operation had been performed on her in this pest-house. It appears that Mr. McCatty had operated for loose cartilages in the knee-joint; and, from the Medical evidence adduced, it is not very difficult to discover that Mr. McCatty's Surgical knowledge is not very profound. Crawford Smith, M.D. and Surgeon, and Charles E. Chevens, M.R.C.S. England, stated on oath, that they had made a post-mortem examination of the body of the woman; that they found a wound, on the outside of the right knee-joint, made by two incisions which met at an angle, and thus formed a flap, and that this flap, on being raised up, exposed the interior of the joint; that the operation had been ignorantly performed; that it never should have been performed without the previous trial of palliative measures; and that they attributed the death of the woman to the results of inflammatory action in the knee-joint. Berry King, M.D. M.A., Oxon, Surgeon, Edinburgh, and of Montpelier in France, on being sworn, stated that he had heard the Medical testimony, and that he had no hesitation in giving it as his opinion, that the operation had been most improperly performed; that it was very clear that the operator knew nothing either of Anatomy or Surgery; and that he (Dr. King) had been present at the meeting of the College in Kingston when Mr. McCatty's diploma had been refused. It was proved also by competent testimony, that Mr. McCatty had introduced his finger into the wound to remove the cartilages; that no splint was applied to the limb after the operation; and that the woman was allowed to walk from the operating table. The natural result of all this was, that Mr. McCatty was indicted for manslaughter; but when the bill was sent before the grand jury, strange to say, it was ignored, as the jury were divided in opinion, six voting for a true bill, and six on the opposite side. It appeared that some of the gentlemen of the jury thought that Mr. McCatty was a better Surgeon than those who were called in evidence against him; and so strong is the opinion in the parish of Manchester, that Mr. McCatty has been persecuted by the Profession, that were his Honour the Attorney-General to indict him again on the same charge, I believe the result would be the same as

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before. In my opinion there never was a clearer case for a prosecution. If it could be done, the venue ought to be changed, and the case tried in another parish. Popular feeling in Manchester runs too high for justice to be done on either side. Surely, men ought not to be allowed to pass themselves off as Physicians and Surgeons, when they have no claims to such titles! Such men should be punished with the utmost rigour of the law, and no one should be allowed to practise in the Colonies unless he has qualifications which would entitle him to practise in the United Kingdom. The cry is, the want of Medical men; and yet I know an instance in which an uneducated man is lauded to the skies, while legally-qualified men of the place are hunted down, simply because they have come boldly forward to vindicate the rights of their Profession. Until quackery is put down by the firm arm of the law, and legally-qualified men protected, human life will not be safe. With many thanks for the use of your columns, I am, &c.

"Fiat Justitia Ruat Cœlum."

Jamaica, Feb. 9, 1859.

NEW SALT OF MERCURY AND QUINA.

Letter from Dr. Macdermott.

[To the Editor of the Medical Times and Gazette.]

Sir,—I beg, thro' the *Medical Times and Gazette*, to call the attention of the framers of the New Pharmacopœia to a (new?) Salt of Mercury and Quina, of which I published an account in the *Dublin Medical Press* of March 13th, 1844.

Having frequently witnessed the decidedly beneficial effects of a combination of the Oxymuriate of Mercury and Tincture of Bark, in Strumous Ophthalmia, etc., recommended by Sir A. Cooper, I was desirous to know if I could obtain a salt combining the active therapeutic agents in a form less liable to variations of strength, and more certain in its effects.

The result of my inquiries was the salt in question, which I named a Protochloride of Mercury and of Quina. My own experience, though limited, inclines me to think very highly of this salt.

Mr. Hamilton, of the Richmond Hospital, speaks favourably of its effects; but I am certain its value has not yet been fairly tested.

About the same date, I first prepared the Arsenate of Quina, which I hoped would be found useful in obstinate intermittents, neuralgic pains, brow ague, etc. etc. Subsequently, this preparation was claimed by a M. de Bouriere, who lauds it as almost specific in the above affections, skin diseases, etc. Ill health hindered me prosecuting these inquiries, as it compels me to resign teaching, and attention to Chemistry, which country practice has not permitted me to follow out. I am, &c.

Ralph N. Macdermott, M.R.C.S.E., &c.
Formerly Lecturer on Materia Medica and Therapeutics, Or. Sch. of Med. and Surg., Peter-st., Dublin.
Headfort-place, Kills, County Meath,
April 12th, 1859.

THE COLLEGE OF PHYSICIANS.

[To the Editor of the Medical Times and Gazette.]

Sir,—As one of those interested in the commonwealth of our Profession, I have naturally looked forward with anxiety to the promised alterations in the constitution of the College of Physicians; believing that if the proposed changes were in the right direction, the College would in future exercise a most powerful influence on the progress of Medical science, and by widening its basis engage the sympathies of the entire body of Physicians. The hopes thus engendered were naturally fostered by the declarations of those who professed to be in the secret, that the College was disposed to make great concessions, and that the forthcoming regulations would satisfy all except unreasonable demands.

Well, Sir, these new regulations have at length been issued, not authoritatively, it is true, but sufficiently matured to give your readers a notion of their scope and purpose. The Medical journals have declared them to be most liberal; and, pleased with this assurance, we hear that numbers of candidates who previously stood aloof, have, without further inquiry, rushed eagerly into the benignant arms which have opened to receive them. Yet, without intending to be hypercritical, on carefully analysing the recently issued bye-laws, and the clauses of the proposed new Charter, published in your columns, what appears? Why, that the cardinal points for a liberal constitution are entirely wanting! What was censured by the more enlightened licentiates and others, who wished a wider sphere of usefulness for the College, is entirely disregarded; and the admission of all reputable Doctors of Medicine without examination, looks simply like salving over an old sore, and may be construed by cavillers into a scheme for simply replenishing the finances of the College.

In the first place, it is perfectly clear that the licentiates or members (as in future they are to be styled), are to be excluded as heretofore from all participation in the proceedings of the College. These contented and submissive mortals are expected to pay their moneys, not now for a licence to practise—that they have since the passing of the Act in virtue of their university degree—but as a stepping-stone from which they may pass at some future day to the dignity of the fellowship, or because forsooth they may be excluded from competition to vacant offices in certain London hospitals.

Secondly, the proposed new charter gives no great promise, that in future there shall be a much more easy access to the fellowship than in days gone by. For anything known to the contrary, after as many members have been enrolled as possible, a bye-law may be passed, that the fellowship shall be restricted to a limited number, and many deserving members may be left to grow old without ever having the chance of recording a vote in the proceedings of the college. In truth, under existing circumstances, I have great difficulty in comprehending on what principles of justice and equity the College of Physicians insists on a distinction between fellows and licentiates, or members at all; or why it excludes the latter from taking a part in the College proceedings. In the case of the College of Surgeons, the thing is readily understood, because its two classes are substantially different orders of practitioners, the members being chiefly engaged in general practice; the fellows occupying the rank of consulting surgeons. The Members and Fellows of the College of Physician on the contrary, will really be engaged in exactly the some pursuits, both practising as physicians. Why then draw so artificial a distinction? The members will surely be capable of recording an intelligent vote, and that a period of probation is necessary, for the fellowship breaks down as a defence of the most puerile kind, for it amounts to an admission that the College is willing to license men to practise as Physicians on the Queen's subjects whose characters may be doubtful, but will not admit them into its fellowship until good conduct is proved. One is at a loss to know why reputable and hard-working Physicians should be stigmatised by being classed in an inferior grade, when at once enrolling them as fellows would enlist their entire sympathies, and would widen the basis of the College. It is generally admitted that there can be no safer way of excluding objectionable persons from any society than by submitting the names to a ballot of the entire fellows; and if objectionable persons offer themselves they should not be admitted to the College at all. I had the latent hope that under its new Charter the College of Physicians would have taken the position with regard to Medicine which the Royal Society now holds to general science and literature; that it would have relinquished all pretensions to licensing either for public or Hospital practice; and that it would have taken such high ground, that all Physicians would have esteemed its fellowship as one of the highest honours to which they could attain. By doing away with the existence of an inferior order in the College, and insisting that Universities should adopt a high class of education and examination if these graduates were to be eligible for its fellowship, the College would at once improve its own position, and give a powerful stimulus to Medical education.

If the time has not yet come for such a change; the members have at least a right to demand a better position than is accorded to them by the draught of the New Charter; and if the College is still so wedded to its Toryism, and its older members still think this exclusiveness necessary to their dignity, they must at least not blame the younger men for opposing the obnoxious portion of the Charter when the time comes for seeking its ratification at the hands of Government. I am, &c. M.D.

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ROYAL COLLEGE OF SURGEONS IN IRELAND.

[To the Editor of the Medical Times and Gazette.]

Sir,—In my letter of the 19th February, I stated that our college, in passing a resolution affecting materially the interests of the Dublin Medical Schools without allowing those bodies time to offer any opinion on the question, had shown that their judgment was biassed by the existence of a Medical School in the College in which so many members of the Council are professors; and that, in my opinion, unless this resolution were rescinded and the school, which now hangs like a parasitical plant on our College, removed, the very existence of the latter would be imperilled. Of the truth of these statements your readers may judge by the enclosed document, which has just emanated from that far-sighted body; they have rescinded the resolution, but unless the parasite which still clings to and interferes with the best interests of our College, be removed, truly the worst part of the evil will still remain. Fortunately the council, which thus adopts solemn resolutions at one meeting and rescinds them at another, will soon terminate its "honourable" career, and in a few weeks the Fellows will be called upon to elect its successor; with them then it rests to consider whether they will re-elect those councillors who have thus acted, or whether they will seek for men who will have a greater regard to the honour, and welfare, and continued existence of the Irish College of Surgeons.

I am, &c.

A Lecturer in a private Medical School.

Dublin, April 11, 1859.

P.S.—So far as I can learn, Trinity College had made all the regulations, etc., referred to in the enclosed document before the present year.

At a Meeting of the Council, held on Monday, the 4th of April, 1859, it was unanimously resolved—

"That the resolution of the Council, adopted on the 4th of last February, declaring that 'the Certificates granted by the Professors of the University and School of Physic are now to be received as qualifications for the Examinations for the Fellowship and Letters Testimonial,' be rescinded; the Council of this College having ascertained that since its adoption the Board of Trinity College have made many alterations in their regulations respecting Medical education and the issuing of Licenses or Diplomas in Surgery, which are calculated to prove most injurious to the interests of this College, and that a clause has been inserted in the Medical Amendment Bill legalising such Licenses or Diplomas."

THE ALLEGED NUISANCE AT THE CITY GAS-WORKS.

Letter from Dr. Letheby.

[To the Editor of the Medical Times and Gazette.]

Sir,—I cannot allow the errors of the leader in the last number of the *Medical Times and Gazette* to remain uncorrected. You attempt to show that I have been meddlesome in my duties as the Officer of Health for the City; and that my opinions of the nature of a liquid found flowing from the City Gas-works were hastily formed upon insufficient data—to which there is added a comment on the danger that might have resulted from such an opinion, if it had been used in a criminal case.

In the first place, the business which I have had with the inquiry has no reference whatever to my duties as a sanitary officer, and does not in any way concern the Corporation of London, whose officer I am. It has been a matter of consideration with an entirely distinct body of men, the Conservators of the Thames, and the history of inquiry is worthy of notice. More than a month ago, the men who were employed by the Conservancy Board to cut off some useless piles near Blackfriars-bridge, were much annoyed while at their work by an offensive liquid which ran over the bank of the river from a pipe on the City Gas-works. Samples of the liquid were collected, and, as usual, they were forwarded to me for examination—no information being given to me of the locality whence they came; and, for aught I knew, they might have been discharged into the Thames at any point between Richmond and Gravesend, for I have received from the Conservators of the river samples of foul liquids, taken at various places between these points. My examination of the liquid discovered the presence of sulphuretted hydrogen, ammonia, and sulphocyanide in large quantities; besides which, there was the unmistakeable odour of coal-tar. I, therefore, reported to the Conservators that it was a weak ammoniacal liquor—the refuse of gas-works. At that time I was wholly unaware of the fact that the liquid had come from the City Gas-works; and, indeed, when I was told so, I could hardly believe it, for I had so often been informed by the managers of the Works that nothing of a noxious quality was allowed to escape from them into the Thames. There, however, was the liquid; and my opinion of its nature was fortified by that of others, who are well acquainted with the sewage of this metropolis, and of the refuse from gas-works.

Again, there has been a good deal of mystification in respect of the sulphocyanide that was discovered in the liquid,—as if I had said or thought that the compound was in any way injurious. I laid stress on the fact of its presence, not because it had its origin in a poison, but because it is a characteristic product of the manufacture of gas; and because in all my experience I had never found it in the sewage of this city. It is nonsense to talk of its being a constituent of the saliva, and therefore likely to be found in ordinary sewage; for the fact is, it is not found there; and in the case before us the liquor which flowed from the City Gas-works was not discharged from the salivary glands of the neighbouring population, but came from a sewer that is limited to the works.

Let, therefore, an unprejudiced person put the whole of the facts together,—namely:—

1st. The fact that the men who were at work near to the sewer were offended by the liquid which flowed from it.

2. The fact that the products of gas manufacture were found in it.

3. That this discovery was made independently of any knowledge whatever of the locality of the works whence the liquid came.

4. That one of the compounds found in it, and the marked odour of the liquid, are characteristic of gas refuse.

5. That neither of these are ever found in ordinary sewage.

6. That the sewer which discharged it received the drainage from the gas-works.

7. That the course and extent of the sewer were confined to the works.

What, I will ask, are the irresistible conclusions from all these? Why that the waste products from the City Gas-works had got into the sewer, and were thence discharged into the Thames. If there has been any hasty or unsound opinion in the matter—it is the opinion formed by Dr. Taylor that the liquid is nothing but ordinary sewage; for that opinion was formed in court, not by chemical analysis, but by merely looking at the liquid and smelling it, a month after it had been collected from the sewer. As to its being like that of the River Run, as Dr. Taylor said, it is but proof of its being contaminated with such a product as gas liquor; for I happen to know from several inspections of that river along some miles of its course, that it receives a quantity of trade refuse, that of gas-works included; but in the case before us, with the exception of eight or nine houses that may perhaps drain into it, the sewer receives nothing but what comes from the gas-works.

I am, &c.

Hy. Letheby, M.B. Ph. D. &c.

London Hospital, April 12, 1859.

[In his printed evidence, now before us, Dr. Letheby swore that the liquor which he examined as procured from the gas-works was identical with that which was taken from the river-bed. The refuse liquor of gas-works contains beside hydrosulphuret of ammonia, carbonate of ammonia and tarry matter. No carbonate of ammonia was found or separated; no tarry matter was procured by distillation or otherwise; and the black substance which was passed off as tarry matter in Court, was nothing more than the black sulphuret *of iron* and *decomposed organic matter* of sewage, concerning the presence of which Dr. Letheby was silent. Dr. Letheby had the opportunity of separating the gas-tar, if it existed, and producing it as evidence in Court. In place of this he professed to smell it in his own sample produced in Court, and

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upon this he himself tendered evidence of its presence a month after its collection. It is absurd to state that if present it would have disappeared in a month in a bottle kept so closely stopped as to retain the sulphuretted hydrogen and ammonia; and although Dr. Letheby said that he smelt it, others in court could not. Evidence of this important kind, should never rest upon casual smelling. We give Dr. Letheby the benefit of his statement, that some samples of the foul liquid had been in the first instance collected and sent to him without any knowledge of the locality; but we are informed, that he himself had collected some from the sewer, and the whole case turned upon his analysis, and the inferences drawn from it. The absence of gas-tar and naphtha, as well as of carbonate of ammonia, and the presence of sulphide of iron and decomposed organic matter, prove that the liquid matter was sewage and not gas liquor. He did not state to the magistrate that hydrosulphuret of ammonia was always an important and the most offensive constituent of sewage.—One of the compounds (sulphocyanide) found, may have entered the sewer by percolation or drainage. The so-called "marked odour of gas, or gas-tar," is, we state, an assumption, and contradicted by the evidence.—That sulphocyanide may never be formed in ordinary sewage, is, we believe, a rash assumption. All gas contains sulphide of carbon. This compound with hydrosulphuret of ammonia, has been found to produce sulphocyanide. Gas mains notoriously leak in the streets, and if the gas should find its way into the sewers, some sulphocyanide might be produced. For anything Dr. Letheby knows this may have been the cause of its presence in small quantity in the case before us. He now speaks of it as being in large quantity, but he did not state that in his evidence, nor did he venture to say that he had determined the quantity.—That the sewer which discharged it (the liquid analysed) received the drainage from the gas-works. On this we remark it received the *surface* drainage of the gas-works; but that Dr. Letheby omits. It received also the night-soil and drainage of nine houses not on the premises, as well as of the privies on the gas premises.—That "the course and extent of the sewer were confined to the works," is contrary to the evidence. It was proved that nine houses actually drain into it, and that the sewer merely traverses the gas-premises, having no connexion with them except by a gulley opening. Dr. Letheby's statement, in so far as it is in accordance with the evidence in the case, bears out our views that common sewage was mistaken by him for gas-refuse. He knows that gas-manufacturers do not throw away tar and ammoniacal liquor, which are articles of great profit, and he should have been more cautious in expressing an opinion on a liquid brought to him in such a surreptitious matter as he describes. We must, in conclusion, complain of the mode in which he deals with this important case. "What," he asks, "are the irresistible conclusions from all these" (paragraphs)? "why that the *waste products* of the City Gas-works had *got into the sewer*, and were thence discharged into the Thames." The charge against the Company was that they wilfully and deliberately threw their gas-refuse into the sewer, and thus knowingly poisoned the waters of the river. Dr. Letheby, by his evidence, did not leave the question open as one of accident. Had he stated what he now states in his reply to our article, it is probable that the magistrate would have at once dismissed the summons, and our criticism would have been spared. As it is, the magistrate did not believe his statement that the waste products (by which he means products that are not wasted by any gas company) entered the sewer at all, and very properly dismissed the information.]

A CHILDREN'S HOSPITAL, EDINBURGH.—Efforts are being made in Edinburgh for the establishment there of a sick Children's Hospital. The necessity and advantages of such an institution have long been recognised by Edinburgh Medical men, but it was only on the appearance of several letters on this subject by Dr. J. Smith, of that city, in the columns of the newspaper press, that public attention seems have been fully awakened to the importance of the matter. A large and influential body of promoters have agreed to co-operate in advancing this scheme; and it seems likely that in a very short time this, the first charity of the kind in Scotland, will be in active operation.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

APRIL 5, 1859.

Mr. FERGUSSON, President, in the Chair.

Mr. CHRISTOPHER HEATH showed an

ANEURISM OF THE INNOMINATE ARTERY,

removed from the body of a woman, aged 50, who had suffered from pain in the neck, and cough for two months before her death, and for one month from the presence of the tumour caused by the aneurism.

The aneurism was found to be connected with the innominate artery, spreading upwards and to the right side under the sterno-mastoid muscle, and causing death by bursting into the posterior triangle of the neck. The tumour had pressed upon the œsophagus and trachea, producing dyspnœa and difficulty of swallowing, and had caused obliteration of the internal jugular vein, which was separated from the carotid artery by a portion of the tumour.

Mr. HEATH also showed a

FŒTUS WITH SEVERAL REMARKABLE DEFORMITIES AND MALFORMATIONS.

It had talipes of the left foot, and on the right but three toes, and close to the great toe was a cleft running through the whole thickness of the foot nearly up the ankle. The anus was imperforate and the penis rudimentary, and without any urethra. The tip of the coccyx appeared to project through the skin of the back. On opening the abdomen the colon was found to terminate apparently in the left iliac fossa by a dilated extremity; but a small cord could be traced from this into the pelvis. The testes were retained in the abdomen, and apparently normal. The right kidney appeared to be a cyst, and the ureters, when traced down, terminated in a small pouch, from which there was no apparent outlet. The heart appeared to have a bifid apex, formed by both ventricles projecting equally on each side of the septum. There was no harelip, nor cleft in the palate.

Dr. PEACOCK exhibited a specimen of

CONGENITAL CONTRACTION OF THE ORIFICE OF THE PULMONARY ARTERY FROM FUSION OF THE VALVES.

This defect occurred in a man, 23 years of age, who died of cerebral symptoms, supervening during phthisis, at the Victoria-park Hospital. He had been ill for nearly five years, and presented the usual symptoms of consumption, with laryngeal complication; a systolic murmur was audible in the course of the sternum. He never displayed any appearances of cyanosis; the larynx was ulcerated; the lungs contained tubercles and cavities. The pulmonic orifice was only about half its natural size, owing to the adhesion of the valves, which had originally been normal in number, but were united, thickened, and protruded forward. The right ventricle was greatly hypertrophied. The foramen ovale was entirely closed, and the heart otherwise well formed.

Dr. PEACOCK also showed an example of

PATENCY OF THE FORAMEN OVALE.

This specimen was sent to Dr. Peacock by Mr. Unwin of Brixton. The patient, a female, 24 years of age, was attended by his assistant, Mr. Brennan, and died after an interval of a month with symptoms of pulmonary obstruction; she had a curved spine and deformed chest, and was very livid while under observation. The right side of the heart was greatly dilated, and the right ventricle hypertrophied. The valve at the foramen ovale displayed an aperture about three lines in diameter, which had probably resulted from the expansion and thinning of the valve, consequent on the dilatation of the right auricle. Dr. Peacock remarked that the case, though at first sight apparently opposed to the theory that cyanosis is dependent on venous congestion, really supported that view. From the moderate degree of contraction at the pulmonary orifice, and the great hypertrophy of the

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right ventricle in the first case, no material congestion probably occurred, hence the absence of cyanosis. In the second case the pulmonary obstruction, which had certainly long existed, sufficiently explained the cyanosis, without reference to the very partial intermixture of venous with arterial blood, which may have occurred, but probably only during the last periods of life.

Dr. WILKS showed a specimen of

A MELANOTIC RECURRENT FIBROID TUMOUR.

This was sent by Mr. Dolman, of Derby, and had been removed from the back of a man with the following history:—At the end of the year 1851 a mole or mark which the patient had on his back was scratched, and a small lump came which in the course of a few months grew to the size of a walnut, when it was removed by ligatures and caustics. About two years afterwards another growth the size of an apple was removed from the same place by the knife. In August, 1856, he went to the Derby Infirmary, when Mr. Hearn again removed a mass much larger. Again the tumour recurred, and was removed in December, 1857. At the present time the man is in the infirmary, with the return of the growth for the fifth time. The composition of the tumour resembled that of the recurrent fibroid, but had a large quantity of pigment throughout it, in the form of black masses and streaks. The interest of the specimen, Dr. Wilks stated, consisted in the fact of the pigmental part being merely accidental or secondary to the essential nature of the growth, and showing that the melanotic element may accompany various forms of tumours, and is determined often by the accidental presence of pigment in the part whence it springs.

Dr. WILKS also showed a specimen of

FIBROUS TUMOUR OF THE CHEST SIMULATING ANEURISM.

This specimen was sent by Mr. Sharpley, of Louth, and was removed from the body of an old man, who had suffered with it for twenty-one years, and who, during this time, had submitted himself to the examination of various provincial doctors, as well as some of the most eminent surgeons in London. According to a diary which the patient kept, opinions seemed to vary as to the nature of the tumour; and although some considered it to be a harmless fibrous growth, others, as Messrs. Liston and Key, considered it to be an aneurism. The tumour was very large, and grew both within and without the chest, the two parts being connected through a hole in the sternum; it contained large bloodvessels, which no doubt gave it a pulsating character, and which also might have been increased by the heart or aorta beneath. It was also stated in the diary that a bruit was heard within it.

COLLOID DISEASE OF THE LIVER.

This was an old specimen, but a very fine one from Guy's Museum, and which Dr. Wilks exhibited because of its extreme rarity, and on account of the doubt which some threw upon the existence of such a form of disease in the liver.

DEATH FROM HÆMORRHAGE FOLLOWING RUPTURE OF GALL BLADDER.

Dr. LEARED exhibited a gall stone impacted in the common biliary duct, taken from the body of a young man under the following circumstances. He was in his usual good health up to the 1st of February, when he was seized with violent spasmodic pain in the region of the liver—for which Mr. Conolly, of Aldersgate-street, was called to attend him. The patient continued to suffer severely at intervals until February 13. On the morning of that day all the symptoms appeared abated, but the right side of the abdomen was observed to be dull on percussion. He became rapidly worse towards the afternoon, and died the same night. At the post-mortem examination the dulness on percussion was found to have been caused by the effusion of a large quantity of blood, the coagula of which completely blocked up the abdominal cavity on the right side. The hæmorrhage had evidently resulted from a rupture of the gall bladder. The organ appeared to have been dilated, and was extensively adherent to the liver. The adjoining portions of the latter and a large portion of the gall bladder itself had disappeared by sloughing. Dr. Leared described the appearance of the affected parts which remained as perfectly black, ragged looking, and confused.

Dr. PEACOCK exhibited a specimen of the

BRAIN OF AN IDIOTIC BOY.

When born the head was very small, and did not apparently grow after the first nine months or year. The child was always very livid, and subject to fits, and at the age of five, after, as was supposed, a more severe seizure during the night, was paralysed in the left arm. It continued subject to epileptic attacks—the skin generally was very livid, its intelligence was very imperfect, and it was entirely incapable of supporting itself either on the feet or back. The spine was arched; the chest narrow and contracted; the head rested upon the breast; the arms were drawn to the front of the body; and the hands were flexed, and the fingers clenched. The thighs were drawn up to the abdomen, and the feet turned inwards. The child had no vision, the eyes were in constant movement, the smell, taste, and hearing were natural, and the sensation morbidly acute. It died of scarlet fever, when nearly eleven years old. It was greatly emaciated, weighing only 21½lbs. The heart was healthy, except that there was dilatation of the right side, and of the pulmonary orifice and artery; the lungs were imperfectly expanded.

1. The whole brain was small—scarcely half its natural size—weighing only 21oz. 3½dr. av. Its proportion to the whole body was as 1 to 16·2.

2. The cerebral hemispheres were especially small—weighing together only 17oz. 2½dr. The cerebellum with the pons Varolii and medulla oblongata had more nearly their natural size, and weighed together 4oz. 1½ dr.; being thus to the cerebrum in the proportion of 1 to 4·2, instead of 1 to 7·8, as usual.

3. The right cerebral lobe was much smaller than the left and both lateral ventricles with their posterior cornu, and more particularly that of the right side, were very greatly expanded, and contained much fluid.

4. The optic tracts were deficient where they pass over the crura cerebri. The corpora pyramidalia and corpora quadrigemina, etc. were natural.

5. The specific gravity of the whole brain, as ascertained by comparing the weights in air and in water, was 1038.

6. The spinal cord—deprived of the nerves and membranes—weighed 5 drachms.

Dr. Peacock compared the weights given above with those of healthy brains at a similar age, and remarked that in but few instances had the weight of the brains of idiots been measured, and in most of such cases the brain had been heavier than that exhibited. Dr. Todd, however, dissected the brain of an adult idiot, which weighed 20½oz. av. and Mr. Solly is stated by Dr. Tuke to have recorded a case in which the brain weighed 19¾oz. but in this instance the age is not named. Dr. Tuke mentions an idiotic female who died at the Insane Retreat, York, at the age of 70, in whom the brain weighed 23¾oz.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, MARCH 7, 1859.

Dr. BABINGTON, President, in the chair.

A paper by HENRY JAMES PAINE, Esq. of Cardiff was read by Dr. MCWILLIAM,

ON THE ADVANTAGES TO BE DERIVED FROM A MORE EXTENDED SYSTEM OF SANITARY SUPERVISION.

The author pointed out the great advantages to be derived from the appointment throughout the Kingdom of a regularly organised staff, whose duty would consist in vigilantly watching over and investigating the death-rate of each district, or reporting upon its topography, its commercial and industrial peculiarities, the general state of its drainage, water supply, and other conditions essential to a proper sanitary status and in recording all circumstances adverse to health, in indicating the localities where epidemic diseases more especially prevail, as well as those which are comparatively exempt from such diseases, and in detailing the hygienic agencies which were most useful, combating epidemic visitations.

Mr. PAINE considers, that the staff might be obtained

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by the appointment of local Officers of Health; or, that if the time has not yet arrived for the recognition by the Legislature and the public of the true economy of such a measure, in life and money value, the duty might in the meantime be confided to the Medical staff of the Poor-Law Board, who would for the present discharge it, for a moderate addition to their present remuneration. Mr. Paine next proceeded to demonstrate the effects of sanitary supervision on the health of Cardiff.

Dr. Milroy in expressing his admiration of Mr. Paine's most able and suggestive paper, observed that he had been an eye-witness of the remarkable zeal and ability which Mr. Paine devoted to his duties as the Medical Officer of Health at Cardiff. He bore willing testimony to the reality of the results described in Mr. Paine's paper, and which were entirely due to the exertions of that gentleman. Dr. Milroy added, that in all his experience, he had nowhere seen the sanitary experiment so faithfully and earnestly carried out, or the beneficial results so well marked as at Cardiff. He regarded Cardiff, in its present condition, as a model worthy of imitation by other towns desirous of the benefits of sanitary supervision.

Mr. Edwin Chadwick considered Mr. Paine's paper as most valuable, affording as it did a test of what zeal and ability on the part of the Medical officer can effect. But he observed that under the present system we must not expect to see results like those of Mr. Paine in one case out of ten; for Medical officers were in general restrained from the exercise of free and independent action. On that account he was of opinion that Medical Officers of Health, and Union Medical Officers, to do their duty effectually, should not be at all dependent upon private practice. Medical officers were frequently opposed by owners of cottage and other property, in the right performance of their duty. Mr. Chadwick added, that he had been accused of parsimony in dealing with Medical officers; but he repelled the accusation; and had no hesitation in stating, that the heroism, the disinterestedness and zeal of the Medical Profession was an honour not only to that profession, but to the times in which we live.

Dr. Greenhow concurred in all that had been said of Mr. Paine's paper, because he was of opinion that its views and results were calculated to give a stimulus to sanitary progress. The establishment of sanitary measures, as an institution of the country, could only be effected by enlightening the people, and not only them, but the House of Commons, in the leading principles of sanitary science. As it cannot be expected that with the present remuneration, Medical men in practice in provincial and other towns in the country, will devote the necessary time to investigate the causes and statistics of disease, or to make topographical and other inquiries —it seemed to him necessary, indeed indispensable, that a staff of responsible officers, competent for all such duties, should be appointed by the Government.

After some remarks from Dr. Burdon Sanderson, to the effect that careful inquiry in the district of Paddington, of which he was Medical Officer of Health, had revealed great neglect of vaccination among children, and that he had in consequence caused many of those children to be carefully vaccinated, the thanks of the society were unanimously accorded to Mr. Paine, and the meeting adjourned.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, April 6th, 1859.

Dr. Rigby, President, in the Chair.

Twenty-nine new Fellows were elected.

Dr. Tanner exhibited an obstetric belt, made by Mrs. Boivin, which was cheap, simple in construction, and easily applied. He suggested that it might be useful also after paracentesis for ascites or ovarian dropsy.

Mr. Murray related a case of

EXOMPHALOS, IN WHICH THE GRAVID UTERUS FORMED THE HERNIAL MASS.

This case, which he believed to be the first on record, possessed features of great interest and importance. The patient was a woman, aged thirty, the mother of three children, and had been from infancy affected with a small umbilical hernia, which had always been easily reduced. When in the eighth month of gestation she found one morning, in rising suddenly from the recumbent position, that a large tumour had forced itself through the navel. This protrusion proved to be nothing less than two-thirds of the impregnated uterus, the fœtus being distinctly recognised by palpitation. There was no rupture of the linea alba. Reduction was at once effected by means of gentle and careful manipulation, and the organ was happily kept *in situ* until the end of gestation, when a live female child was born. Mr. Murray quoted two or three cases from Boivin and Burns, which were somewhat analogous, but differed from the present case, inasmuch as the central tendinous cord had in them always yielded or divided; and concluded by observing that the fact of the uterus being subjected to some amount of handling at this late period of gestation without producing labour, was interesting.

Dr. Druitt related a case of

CRANIOTOMY.

The patient, aged 32, a tall, healthy-looking Irishwoman, was in labour for the sixth time. Her foregoing labours had been very tedious; three produced living, and two dead children. When seen by Dr. Druitt, the liquor amnii had been discharged, and hard labour had continued for thirteen hours. The forceps had been applied and traction used at intervals during five hours. Ergot had been given. The forceps remained applied, and no force had any effect in dislodging the head, which was above the brim of the pelvis. Turning was performed by the author, chloroform having been administered; the body was expelled, but the head and one of the arms remained above the brim, and could not be brought down. The cord soon ceased to beat, and dangerous hæmorrhage now occurred. Nothing, therefore, was to be done but to terminate the labour by craniotomy. The interval between the pubis and sacrum was three inches; the head of the child as hard as a cocoa-nut. If this poor woman becomes pregnant again, the operation for the induction of premature labour should be performed.

In the discussion on Dr. Druitt's paper, Dr. Tanner, Dr. Tyler Smith, Dr. Routh, Dr. Barnes, Mr. Borham, Dr. Croft (late of Ceylon), Dr. Richards, and Dr. Elkington (of Birmingham), took part.

A paper by Robert Barnes, M.D. was read on

Some recent cases (fourteen) Illustrating the PHYSIOLOGY AND TREATMENT OF PLACENTA PRÆVIA.

The author sought to avail himself of the foundation of the Obstetrical Society of London to elicit the experience of its members as to the different principles of treatment of placenta prævia. He submitted fourteen cases which had come under his own care since the publication of his work on the subject; and appended two series of propositions—the one physiological, the other therapeutical—which appeared to be either proved or illustrated by those cases.

Among the physiological propositions were the following: That in many cases of placental presentation, there arrives a stage when the hæmorrhage is spontaneously arrested. That this physiological arrest is not owing to pressure upon the bared surface of the uterus by the bag of liquor amnii, or the child; nor to death of the child; nor to syncope; nor to total detachment of the placenta. That this physiological arrest of the hæmorrhage is observed when that part of the placenta which had been implanted within the cervical or lower zone of the uterus has been all detached, contraction of the uterus attending. That, this stage reached, there is no physiological or pathological reason why further detachment of placenta seated within the middle and fundal zones should occur until after the expulsion of the child, when—and not till then—the remainder of the placenta is cast off as in normal labour. That the position of the greater portion of the placenta to the posterior wall of the uterus in these cases, where it forms, by resting on the projecting promontory of the sacrum, a solid inclined plane, directed forwards, is a frequent cause of the transverse presentations which are apt to complicate placenta prævia. That in the great majority of cases where an edge of the placenta comes down to the os internum uteri, the umbilical cord springs from this edge, and thus is ready to fall through into the vagina, should the os not be occluded by the child's head.

Amongst the therapeutical propositions were the following:

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—That owing to the high vascularity and development of the lower segment of the uterus, resulting from this part being the seat of the placenta, uterine inflammation and puerperal fever are exceedingly likely to ensue from the pressure and contusion attending the passage of the child. That this danger is much increased by the forcible introduction of the hand for the purpose of turning and extracting the child before the os uteri has expanded. That in some cases, where it is observed that the placenta has been separated spontaneously from the lower segment of the uterus, the os being expanded to the size of a crown-piece, and the hæmorrhage having ceased, it is not necessary to interfere with a labour now become natural *quoad* placental attachment. That since the os internum uteri must expand to the diameter of the child's head, and since, during the dilatation, placenta adhering to the lower segment is liable to successive detachment, causing hæmorrhages, it is an indication to expedite this stage of the labour as much as possible. That in some cases the ordinary means of inducing contraction—such as rupturing the membranes, plugging the cervix, ergot or galvanism—will suffice to cause the rapid and safe expansion of the os. That the adhesion of placenta to the lower zone of the uterus impedes the regular progress of labour, and delays the equable expansion of the os uteri. That in those critical cases where forced delivery or the artificial total detachment of the placenta are dangerous or impracticable operations, the introduction of the index finger through the os, and the separation of the part of the placenta adhering to the cervical zone, is a safe and feasible operation.

Dr. Rigby would ask, was Levret's opinion as to the connexion between partial implantation of the placenta over the cervix and prolapsus of the funis borne out by Dr. Barnes' experience? He would make one remark on a point which had, he believed, escaped notice. In cases of placenta prævia there now and then occurred danger from slight but continuous hæmorrhage after delivery, in consequence of a small rent in the os, which at any other time would be of no consequence, but was of importance in these cases, owing to the extreme vascularity of the cervix.

Mr. Borham had found preternatural position of the child in five out of seven or eight cases of placenta prævia. He was at a loss to explain this. Was it connected with undue shortness of the cord?

Dr. Elkington believed no universal law could be laid down for treatment of these cases. When the placenta was partially implanted over the cervix, and the position of the child natural, he believed that rupture of the membranes and the use of ergot were sufficient. If the implantation was complete, the patient exhausted from loss of blood, etc., the proper treatment was to turn. His success had been greatest when turning had been performed early. He had always found the os easily dilatable when much hæmorrhage had occurred, even though only as large as half-a-crown. He could not consider that the patient was secure from further hæmorrhage after the placenta had been separated to a certain degree. He would be disposed to deliver as soon as possible.

Dr. Barnes, in reply, stated that in two of the cases of marginal presentation the cord was prolapsed. The cause of the preternatural position of the child in cases of placenta prævia was, as Levret long ago pointed out, the placenta prævia itself. He believed that in cross presentations generally, also, it would be found that the placenta was attached low down, and that this gave rise to the malposition of the child. He had found the os not dilatable in cases where much blood had been lost, although undoubtedly the opposite was the rule. He would submit that the "insecurity" to which Dr. Elkington had referred as hanging over a woman when the hæmorrhage had spontaneously ceased, and the consequent necessity for further proceedings, was a feeling having its seat only in the mind of the accoucheur. He hoped to convert Dr. Elkington to a belief in the physiological views enunciated in the paper.

Royal Niggardness.—"The Royal remuneration received by Dr. Beattie for his eight years' assiduous attendance on his late Majesty when Duke of Clarence, and on the Duchess, the late Queen Adelaide, does not require many figures to specify it—a cypher in the form of a circle will express it."—*Lady Blessington's Memoirs.*

WESTERN MEDICAL AND SURGICAL SOCIETY.

March 18, 1859.
Dr. Fuller, V.P. in the chair.

Mr. Pollock read a paper on

THE IMPORTANCE OF PAIN AS A SYMPTOM OF DISEASE.

He commenced by observing upon the practical interest of the question, and without taking into consideration the relation of pain to altered conditions of the nervous system, he wished to examine how far pain, combined or intermitting, might be considered to indicate either malignant growth, tubercular deposit, or other diseased action. A man complained of severe abdominal pain for months, which was treated as neuralgic, he became suddenly paraplegic, and a tumour was observed attached to the eighth rib and was evidently of cancerous origin; the pain ceased, but the lower extremities became œdematous. He died; and the disease of the bone proved malignant. A woman complained of severe pain, of sudden origin for six months before her death, and the only deviation from health that could be detected during life was a very slight enlargement of the posterior wall of the uterus, but it was considered as too trivial to account for the extreme pain. She died; and after death, on examination, a small encephaloid tubercle, about the size of a walnut, was found in the posterior wall of the uterus; it had lessened and communicated by several openings with the cavities of the uterus and peritoneum; no other viscera were affected. These two cases presented remarkable instances of excessive pain continued during a long period before the cause was apparent. Pain may be the tell-tale of other serious disease. Tubercle is seldom developed with pain as a concomitant symptom, though occasionally it is the forerunner. Several cases bearing this observation out were cited by the author, in all of which pain was present during life and tubercles found to be the cause of death. Lastly, he drew attention to the various forms of pain, included in the term "Tic-douloreux;" one of these conditions frequently depended on a diseased condition of arteries, and might be severe for some months previous to death without evidence of altered structure. He had often witnessed it in connexion with diseased bones of the face or decayed teeth; and he cited several cases to illustrate the importance which such complications involved, when long-continued or remitting pain affected any portion of the face or head. Pain should always be looked upon as an important and suspicious symptom when occurring without any assignable cause, and when continuing without any evidence of disease, when its locality is not very defined, and when its removal is not effected by Medical aid, and when the local examination of the part does not appear to add to its severity, and when the general constitution is not at first affected. In all cases, and in every condition, pain is an evil to which the patient submits with difficulty, and our utmost endeavours must be to mitigate or remove it.

Dr. Anstie exhibited a specimen of

MEDULLARY SARCOMA ABOUT THE KNEE-JOINT,

for which Mr. Holt had performed amputation of the limb. The growth seemed connected with the periosteum, and nowhere invaded the bone; the patella was pushed forwards and towards the right side, and a process of the tumour extended behind it into the joint, pushing the sinovial membrane before it. The tumour did not extend into the posterior aspect of the limb at all. The patient died from the effects of pleurisy some days after the operation, and masses of a deposit, similar to that seen in the tumour, were found in the pleura.

He also exhibited a specimen of

ANEURISM OF THE AORTA

occurring near its origin. It occurred in a patient in whom Mr. Holt had tied the subclavian artery twelve months previously for axillary aneurism. The patient died from dyspnœa, dependent upon extensively congested lungs.

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MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—At a meeting of the Court of Examiners Mr. Edmund Waller, of her Majesty's ship *Wellesley*, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College—his diploma bearing date, July 11, 1853.

The following gentlemen, extra Licentiates and Graduates of Medicine, were admitted on the 9th instant Licentiates of the Royal College of Physicians of London, under the bye-laws of February, 1859:—Residing in London: Drs. James Bird, Frederick Bird, Gream, J. Williams, W. Cholmeley, Mapleton, Maclachlan, Waite, Greenhalgh, Harman, Lankester, Wardell, Rogers, Jervis, C. L. Wall, Peregrine, Maclean, G. B. Halford, Hood, Routh, H. J. Sanderson, and Power. Residing in the country: Drs. Budd, Barnstaple; Slack, Leamington; Alfred Hall, Brighton; Tyack, Chichester; Johnson, Salop; Fleming, Birmingham; Bryan, Homsey; Sir James Bardsley, Manchester; Drs. Brookes, Cheltenham; Lyon, Lyndhurst; Stephenson, Belfast; Shapter, Exeter; Wilkinson, Manchester; Miller, Southsea; Noble, Manchester; Davey, Northwoods; Webb; Crowdy, Tunbridge Wells; Osborn, Southampton; Russell, Birmingham; Hitch, Sandywell-park; Webb, Kirtley; West, Daventry; Bradshaw, Reading; Smith, Cheltenham; Carter, Clifton; Davies, Hertford; Macreight, Wells; Bird, Cambray, Cheltenham; Moore, Hastings; Hall, Torquay; Dickinson, Liverpool; Hitchman, Mickleover; Washbourne, Gloucester; Newington, Ticehurst; Davies, Birmingham; Elliott, Carlisle; Blackmore, Bath; Sall, Canterbury; Wright, Wakefield.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, April 7, 1859:—

DANCROFT, JOSEPH, Stretford, near Manchester.
BELLRINGER, GEORGE HEXT, Penzance, Cornwall.
BETT, ROBERT LONGSTAFF, Howell, Lincolnshire.
BONE, WILLIAM, Calcutta.
FAWKNER, JOHN, Manchester.
GODRICH, HENRY, Brompton.
RAY, SIDNEY K. Milton, near Sittingbourne, Kent.
SCOTT, HENRY T. Henry's-place, Old Kent-road.
WATLING, CHARLES W. Tredington, Shipton-on-Stour.
WILLIAMS, WILLIAM, Kidwelly, Carmarthenshire.

The following gentlemen also on the same day passed their first examination:—

FREEMAN, WILLIAM, Maldon, Essex.
HUNTLEY, ROBERT ELLIOTT, Howden, Northumberland.
PAINE, WILLIAM, Lopsham.

DEATHS.

DUKE.—On the 4th inst. Walter Duke, of Hastings, aged 46.

DUNCAN.—On the 6th inst. at Calais, Henry Duncan, M.D.

HAIRBY.—On the 3rd inst. at Hundleby, Lincolnshire James Hairby, M.D. aged 62.

PERCIVALL.—On the 4th March, in the harbour of Rio Janeiro, of Yellow Fever, William Percivall, M.R.C.S., R.N., aged 24.

"It was once observed that the College of Physicians cut a very sorry figure by the side of its newly-painted neighbour, the Union Club. Oh! quoth a wag, the reason is obvious—they have painted theirs in distemper."—*Lady Blessington's Memoirs.*

ONE of the most distinguished Internes of La Charité has just published a little pamphlet which contains the "real truth" about Le Docteur Noir. Those who do not read it will scarcely credit the extent of human credulity to be found exemplified in it. M. Vries' remedy consists of aloes and nitrate of potass.—*Gaz. Hebd.*

The *Princess Charlotte*, Transport, amongst many other invalids, has just brought from China, Surgeon J. T. Pritchard, from Her Majesty's screw steam gunboat *Surprise*, wounded in the leg during the recent operations in China.

FIVE young Persians have arrived in Paris from Teheran—two of them to study Medicine, two to be educated in military schools, and the fifth, who is a nephew of Ferruch Khan, to be an outdoor pupil of one of the principal colleges.

LONDON IN 1801 AND IN 1858.—London now covers 78,029 acres—31,576 hectares—121 square miles—a square of 11 miles to the side. The population in this area amounted in the year 1801 to 958,863, and in the year 1851 to 2,362,236. The London of 1858 is equal to three Londons of 1801. The registered births in London amounted to 86,620, the deaths amounted to 63,882 in the 52 weeks of 1858; and the increase of people in this way was 24,738. By the calculation the increase from all causes was 52,690, or nearly 1000 a week, in the interval from the middle of the year 1857 to the middle of 1858. The registration of births, not being compulsory, is not complete in London; and a portion of the increase of 52,690 is thus accounted for. But in round numbers it may be stated that London increases at the rate of about 1000 people weekly, of whom about 500 are immigrants in excess of the native emigrants who bid adieu to the banks of the Thames.

ASYLUM FOR IDIOTS.—The twelfth annual dinner to commemorate the foundation of this benevolent institution took place on Tuesday evening at the London Tavern. The Right Hon. the Lord Mayor presided. The institution had been liberally supported; but the demands for relief were so great that its means were quite inadequate. The next election would take place on the 28th instant, when there would probably be 150 candidates proposed, and the directors regretted that not more than 20 could be elected; if it were not for the want of funds they could receive double the number. There were now 279 inmates, and the asylum building was large enough to accommodate 100 more, the old establishment at Essex-hall, Colchester, having now been incorporated with the institution at Earlswood. The experience of the last few years had completely set aside the doubts which were at first entertained as to whether it was possible to afford any relief to these unfortunate beings, and it was very gratifying to see the great improvement which had been effected in the condition of some of the patients. Upon the whole, the results of this institution had exceeded the most sanguine expectations of its founders. Mr. White, the Treasurer of the St. Bartholomew's Hospital, proposed the health of Alderman Sir G. Carroll, as a most munificent benefactor of this charity. The healths of the Rev. Dr. Andrew Reed and Dr. Conolly, the joint honorary Secretaries, were also proposed by Mr. Baggallay of St. Thomas's. The amount subscribed was £1240.

EPIDEMIOLOGICAL SOCIETY.—Officers and other members of Council of the Epidemiological Society of London, elected for the session 1859-60:—*President*—Benjamin Guy Babington, M.D. F.R.S. *Vice-Presidents*—Thomas Addison, M.D.; Thomas Alexander, C.B. Director General of the Army and Ordnance Medical Department; Sir B. C. Brodie, Bart. Pres. R.S.; Sir Wm. Burnett, K.C.B. K.C.H. F.R.S.; Rev. Thomas Dale, M.A. Canon Res. of St. Paul's; R. D. Grainger, Esq. F.R.S.; Sir Chas. Hastings, M.D. D.C.L.; Sir John Liddell, C.B. M.D. F.R.S. Director-General of the Medical Department of the Navy; John Nussey, Esq.; John Propert, Esq.; John Simon, Esq. F.R.S.; Sir Andrew Smith, M.D. F.R.S. K.C.B.; Thomas Southwood Smith, M.D.; Thomas Watson, M.D. *Treasurer*—Thomas Addison, M.D. *Vice-President. Honorary Secretary*—J. O. McWilliam, M.D. F.R.S. C.B. R.N. *Foreign and Colonial Secretaries*—Belgium: A. Sayer, M.D.; East Indies: James Bird, M.D.; C. Finch, M.D.; Egypt and Syria: William Camps, M.D.; France: Waller Lewis, M.B. F.G.S.; Germany and Russia: Hermann Weber, M.D.; W. E. Swaine, M.D. York; Portugal and the Brazils: J. O. McWilliam, M.D. F.R.S. C.B. R.N.; Sweden, Norway, Denmark, and Iceland: R. Gordon Latham, M.D. F.R.S.; West Indies and North America: G. Milroy, M.D. *Other Members of the Council*—C. L. Bradley, Esq.; A. Bryson, M.D. F.R.S. R.N.; W. D. Chowne, M.D.; Robert Cross, M.D.; Headlam

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Greenhow, M.D.; Colonel Hough; T. Hunt, F.R.C.S. Esq.; C. F. J. Lord, Esq.; J. F. Marson, Esq.; Chas. Murchison, M.D.; E. Murphy, M.D.; W. Odling, M.D.; B. W. Richardson, M.D.; E. C. Seaton, M.D.; Spencer Wells, F.R.C.S.; Dr. Nichol; Dr. Aldis; Professor Symonds.

MERCURY IN THE EARLY DAYS OF SYPHILIS.—During the ten years which followed the appearance of the *Neapolitan Disease*, Physicians, surprised by the new malady, and terrified at its ravages, were not a little disconcerted. They treated it with repugnance, with hesitation and incertitude. While they were thus elaborating in their cabinets new curative methods, wherein astrology played no small part, the charlatans of the day, as usual, little respectful of theories, and more occupied with attempts at curing the disease than desirous of respecting Galen, made use of mercury in ointments, and in lotions with unheard-of boldness. The disastrous effects which followed this abuse of the remedy naturally led Physicians to shrink from the employment of an agent which they had always been taught by Galen to consider as "*frigidum venenum.*" But in making use of bleedings, digestives, evacuants, alexipharmics, instead of it, their cures were still not brilliant. Sebastian Brant, who in 1496 thundered out diatribes against mercury; Vochs, who in 1507 called the partisans of mercurial friction assassins and murderers,—were not more happy in their cures than Torella, Aquilanus, Pinctor, and Montagdana. Patients, little satisfied with their Doctors, rushed to the empirics; and it was only by adopting, in a more or less modified form, the medicaments of the quacks, that the Doctor drew back to himself his faithless patients. Mercury was then used, under some certain degree of legislation; but it was long before its use became general; for enormities, such as the unfortunate Hutton has so eloquently described, were still committed with it; and besides, in 1519 rivals arose, which kept it in check for thirty years—guiacum and sarsaparilla.—*Gaz. Hebd.*

THE RIGHT TREATMENT OF QUACKS.—"There undoubtedly ought to be a declaratory act withdrawing expressly from the St. John Longs, and other quacks, the protection which the law is inclined to throw around the mistakes and miscarriages of the regularly educated practitioner."—*Coleridge's Table Talk.*

HONORARY FEES.—"I should be sorry to see the honorary character of the fees of barrister and Physicians done away with. Though it seems a shadowy distinction, I believe it to be beneficial in effect. It contributes to preserve the idea of a profession, of a class which belongs to the public—in the employment and remuneration of which no law interferes, but the citizen acts as he likes, *in foro conscientiæ.*"—*Ibid.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, April 9, 1859.

BIRTHS.

Births of Boys, 928; Girls, 914; Total, 1837.
Average of 10 corresponding weeks, 1849-58, 1555·6.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	621	580	1201
Average of the ten years 1849-58	591·1	559·6	1150·7
Average corrected to increased population..	..	..	1266
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus
West	376,427	2	4	7	..	6	2	5
North	490,396	2	2	11	4	17	2	6
Central ..	393,256	1	2	7	8	17	..	1
East	485,522	10	3	15	1	13	1	7
South	616,635	7	4	18	5	8	5	7
Total	2,362,236	22	15	58	13	61	10	26

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·831 in.
Mean temperature	56·3
Highest point of thermometer	79·0
Lowest point of thermometer	43·5
Mean dew-point temperature	47·2
General direction of wind	S.W.
Whole amount of rain in the week	0·10 in.
Amount of horizontal movement of air in the week	1155 miles.

TO CORRESPONDENTS.

Deltone.—St. Helen's-place, E.C.

York.—Dr. Symonds's Lectures on "Headache" appeared in the first volume of this journal for last year.

A Constant Reader.—The letter of Mr. C. Hawkins shall be reprinted. The copy has been mislaid, or it should have appeared this week.

Mr. W. Bell.—Under the Medical Act any one calling himself Surgeon who is not a member of a College of Surgeons, renders himself liable to the penalties imposed by this Act.

Mr. Dodridge.—No more dispensers are required in our Naval or Military Services.

Mr. Gilmour.—The subject has been noticed in this Journal very frequently, and it will not be neglected.

Mr. Witten's letter shall appear.

Mr. Locking.—We shall recur to the subject of the "Coroner's Court." It cannot exist much longer under its present constitution.

G. R. S.—Pure spirit and methylated spirit are the best fluids for preserving most preparations. Burnett's solution of chloride of zinc answers well for many—so does glycerine; but the vapour of chloroform is the cheapest. A drachm or two of chloroform at the bottom of a well-closed bottle diffuses sufficient vapour to preserve most things.

COMMUNICATIONS have been received from—

Professor SIMPSON; Dr. W. ADDISON; Mr. DONOVAN, Dublin; Dr. MAPLETON; Dr. GIBSON; Dr. A. SIMPSON; Dr. MCWILLIAM; Dr. LETHEBY; Dr. ROBINSON; Dr. GRAILY HEWITT; Mr. BRYANT; REGISTRAR-GENERAL, Scotland; Mr. PRICE; Mr. C. HUNTER; REGISTRAR-GENERAL; Mr. ERNEST HART; Dr. J. SMITH; Mr. WATERS, Liverpool; Dr. MAX ANDERL, Berlin; Mr. BRIDGES; Mr. MCDERMOTT; Mr. HASTINGS; Mr. JACOBSON; Mr. COLIN; Mr. HOGG; Mr. DONINGTON; Mr. FILHOUS; Mr. QUINTERY; Mr. STAUNTON; Mr. GILMOUR; Mr. WITTEN; Mr. NEWHOUSE.

APPOINTMENTS FOR THE WEEK.

April 16. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. J. P. Lacaita, Esq. "On Modern Italian Literature."

18. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8 p.m. J. Webster, M.D., F.R.S. "On the Influence of Weather on Disease and the Human Frame."

19. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

PATHOLOGICAL SOCIETY, 8 p.m. (Council at 7.)

20. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

GEOLOGICAL SOCIETY, 8 p.m.

ETHNOLOGICAL SOCIETY, 8½ p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Dr. Andrew Clark, Second Lettsomian Lecture on the Arrestment of Phthisis, "On Evidences derived from a study of Expectoration."

21. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

HARVEIAN SOCIETY OF LONDON, 8 p.m. (Council 7½.)

LINNÆAN SOCIETY, 8 p.m.

CHEMICAL SOCIETY, 8 p.m.

22. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m.

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Grosvenor Place School of Medicine.

The SUMMER SESSION will COMMENCE on MONDAY, May 3rd.

Midwifery—Mr. Bloxam and Dr. Priestley.
Materia Medica—Dr. Leared.
Operative Surgery—Mr. Spencer Wells.
Practical Chemistry—Dr. Thudichum.
Forensic Medicine—Dr. Francis Webb.
Botany—Mr. Bainbridge.
Military Surgery—Mr. Blenkins.
Comparative Anatomy—Mr. Hulme.

PRACTICAL ANATOMY.

During the Summer, Mr. Pittard, the teacher of Practical Anatomy, will conduct a Course of Demonstrations for Gentlemen preparing for the examining Boards. The Demonstrations will be conducted daily from 9 a.m. till noon. Fee to the Course, £5 5s

DISTRIBUTION OF PRIZES.

The Prizes of the School for the past session, will be presented on May 3rd, at 3 p.m. Ladies will be admitted to witness the distribution of Prizes. The Lecturers, Students, and Friends of the School, will afterwards dine together at ½ past 6 p.m.

For prospectuses of the School, apply to the Honorary Secretary, or to the various Lecturers.

B. W. RICHARDSON, M.D. Hon. Sec.

12, Hinde-street, W. April 12, 1859.

London Hospital Medical College.—

The SUMMER SESSION commences MAY 2nd.

St. Mary's Hospital Medical School.

The SUMMER SESSION will COMMENCE on MONDAY, MAY 2nd.

LECTURES.

Clinical Medicine—Dr. Alderson, F.R.S.
Clinical Surgery—Mr. Ure.
Midwifery—Dr. Tyler Smith.
Practical Chemistry—Dr. Albert J. Bernays.
Botany—Mr. Robert Bentley, F.L.S.
Materia Medica—Dr. Sieveking.
Medical Jurisprudence—Dr. Burdon Sanderson.
Military Surgery, &c.—Dr. James Bird.
Ophthalmic Surgery—Mr. White Cooper.
Aural Surgery—Mr. Toynbee.
Dental Surgery—Mr. Sercombe.
Comparative Anatomy and Zoology—Dr. Grailly Hewitt.
Natural Philosophy—Mr. G. R. Smalley, B.A.

The Hospital contains 150 beds. It is a distinctive characteristic of St. Mary's Hospital that the following Medical Appointments are annually conferred upon the pupils free of every expense. The advantages of five of these appointments far exceed in money-value as many Scholarships of Fifty Pounds each. There are Four Resident Medical Officers, who board (free of all expense) in the Hospital; three of whom are appointed for twelve months, and one (the Obstetric Officer) for six months; four non-resident Medical Officers; a Medical and Surgical Registrar; all of whom are appointed by the Weekly Board of Governors, on the recommendation of the Medical Committee. Clinical Clerks and Dressers are selected from the best qualified Students. All the above offices are awarded, after competition, among the qualified Perpetual Pupils of the Hospital.

Further information may be obtained on application to

SPENCER SMITH, Dean of the School.

St. Mary's Hospital, April 6, 1859.

Bristol Medical School.—The Summer

SESSION will commence on MONDAY, May 2nd, when an Introductory Address will be delivered and Prizes distributed by Dr. BURDER.

LECTURES.

Midwifery—Mr. H. Swayne.
Botany and Vegetable Physiology—Mr. T. E. Clark.
Forensic Medicine—Mr. W. M. Clarke.
Materia Medica and Therapeutics—Dr. Burder.
Practical Chemistry—Mr. Herapath.

Practical instruction and cases are provided for the Students in the Midwifery Class. Students attending the Class on Botany accompany the Lecturer on herborising excursions.

HENRY EDWARD FRIPP, M.D. Hon. Sec.

Old Park, April 12th, 1859.

Practical Instruction in Surgical

OPERATIONS.—During the Summer term, Mr. MARSHALL, F.R.S., Assistant-Surgeon in the Hospital, will give to a Series of Classes, each consisting of four Students, LESSONS in the performance of the various operations of SURGERY. Each Student will perform under the superintendence of the Teacher, the smaller as well as the greater operations. Fee, including expenses—For Matriculated Students of the College Class of Practical Anatomy, £5 5s.; for others, £7 7s. Lessons daily, from Seven to Nine in the Morning, commencing at the beginning of May. Further particulars may be obtained in the Office of the College.

ALEX. W. WILLIAMSON, F.R.S., Dean of the Faculty of Medicine.
CHAS. C. ATKINSON, Secretary to the Council.

University College, London, April 12, 1859.

University College, London. —

PRACTICAL PHYSIOLOGY AND HISTOLOGY.—By GEORGE HARLEY, M.D. F.C.S. This Course will consist of a series of Microscopic Demonstrations of the Textures and Fluids of the Body, and of Demonstrations in Experimental Physiology. The Student will be practically instructed in the various methods employed in Microscopical and Physiological Investigation. The Demonstrations will begin on MONDAY, MAY 2, at 3 o'clock, and be continued daily at the same hour (except Saturdays) during the Summer Term. Fee, £2.

ALEX. W. WILLIAMSON, F.R.S., Dean of the Faculty of Medicine.
CHAS. C. ATKINSON, Secretary to the Council.

April 12, 1859.

Guy's. — The Summer Session

COMMENCES on MONDAY, the 2nd of MAY.—Gentlemen desirous of becoming Students must produce satisfactory testimony as to their education and conduct. They are required to pay £40 for the first year, £40 for the second year, and £10 for every succeeding year of attendance. One payment of £100 entitles a student to a Perpetual Ticket. Clinical Clerks, Dressers, Ward Clerks, Dressers' Reporters, Obstetric Residents, and Dressers in the Eye Wards are selected according to merit from those students who have attended a Second Year. A Resident House Surgeon is appointed every six months from those students who have obtained the College Diploma.

Demonstrations on Cutaneous Diseases—Dr. Addison and Dr. Gull.
Medical Jurisprudence—Dr. Taylor.
Materia Medica—Dr. Habershon.
Midwifery—Dr. Oldham.
Ophthalmic Surgery—Mr. France.
Pathology—Dr. Wilks.
Comparative Anatomy—Dr. Pavey.
Botany—Mr. Johnson.
Practical Chemistry—Dr. Odling.
Manipulative and Operative Surgery—Mr. Bryant.
Clinical Medicine—Dr. Habershon, Dr. Wilks, and Dr. Pavy.
Clinical Surgery—Mr. Poland, Mr. Cooper Forster, and Mr. Bryant.

Mr. Stocker, Apothecary to Guy's Hospital, will enter students, and give any further information required.

Guy's Hospital, April 14, 1859.

The Middlesex Hospital School of

MEDICINE.

The SUMMER SESSION will commence on MONDAY, MAY 2nd.

Midwifery—Dr. Frere	at	8	o'clock a.m.
Materia Medica—Dr. Thompson		9	,,
Botany—Professor Bentley		10½	,,
Practical Chemistry—Mr. Taylor and Mr. Hirsch ..		11½	,,
Medical Jurisprudence—Dr. Goodfellow and Mr. Henry		3	,, p.m.
Histology and Minute Anatomy—Dr. W. W. Webb		3	,,
Comparative Anatomy—Mr. Flower		4	,,
Hospital Attendance and Clinical Lectures		1	,,

Arrangements have been completed under which three RESIDENT CLINICAL ASSISTANTS will be annually appointed from those Students who have received their education at the School. The Clinical Assistants will be boarded in the Hospital free of all expense.

TWO HOUSE SURGEONS are annually appointed. Fee, £21. They are boarded in the Hospital free of all expense.

ALL General Students are expected to perform the duties of CLINICAL CLERKS and DRESSERS in turn.

In addition to which the following Prizes will be awarded:—

In place of Class Prizes, Two Prizes of equivalent value will be given in each Winter and in each Summer Session of the two first years, to those Students who have most distinguished themselves at these examinations in all the subjects of study embraced in the Session.

In the Third Session the HOSPITAL PRIZE of the value of Twenty Guineas will be awarded to the Student who shall present the best Clinical Reports in Medicine and Surgery, and TWO PRIZES of Ten Guineas each to those who shall present the next best reports in Medicine and in Surgery respectively.

CLAYTON PRIZE.—An Annual Prize of the value of Three Guineas, given by Oscar Clayton, Esq., will be awarded for proficiency in Comparative Anatomy.

Written Periodical Class Examinations will be held in the course of each Session, and must be attended by all general Students.

The Hospital contains 310 beds, and upwards of 18,000 out-patients are treated annually.

Fee for the entire period of Hospital attendance required by the College of Surgeons and Apothecaries' Company (viz. Eighteen Months of Medical and Three Years of Surgical Practice), £30. This payment includes the Fees of the Apothecary and Secretary.

General Fee for attendance on the Hospital Practice and Lectures required by the College of Surgeons and Apothecaries' Company, £81. This sum may be paid by instalments of £35 at the beginning of the First Session, £35 at the beginning of the Second Session, and £11 at the beginning of the Third Session. For every additional Session, £5.

This fee admits the Students to the Practical Chemistry course, and to all other Lectures delivered in the School except Comparative Anatomy.

For further particulars, Prospectuses, &c. apply to the Dean; or to Mr. De Morgan, the Treasurer; or to Dr. Corfe, the Resident Medical Officer, at the Hospital. S. J. GOODFELLOW, F.R.C.P., Dean.

Queen's College, Birmingham. —

FACULTY OF MEDICINE.—The SUMMER SESSION will open MONDAY, MAY 2, 1859.

Materia Medica—Professors Alexander Fleming, M.D. and G. B. Knowles, F.R.C.S. and L.S.
Midwifery—Professor Samuel Berry, F.R.C.S.
Botany—Professor G. B. Knowles, F.R.C.S. and L.S.
Forensic Medicine—Professor George Vernon Blunt.
Practical Chemistry—Professor Bond, M.B., B.A., F.C.S.
Histology and Experimental Physiology—Professor Augustus Waller, M.D., F.R.S.
Comparative Anatomy and Zoology—Professor R. C. Jordan, M.D.
Medical Tutor—T. J. Walker, M.B. (Lond.) University Medical Scholar.

The Junior Department in Medicine is open to Students about the age of 16, and its studies are specially devoted to preparation for the Preliminary Examinations at the various Universities, the College of Surgeons and Apothecaries' Hall, and to the acquirement of a knowledge of the Elements of Anatomy, Chemistry, Materia Medica, &c.

Students of the College may attend the practice of either the Queen's or General Hospitals.

The Faculties of Theology, Arts, Engineering, Agriculture, and Law will also resume at the same period.

For further information and Prospectuses, apply to the Rev. the Warden; or to Dr. Bond, Honorary Secretary to the Medical Faculty, Queen's College.

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XII.—On Surgical Fever.

Gentlemen,—Two weeks ago I directed your attention to the subject of complete contraction of the vagina as a cause of retention of the menstrual secretion, and of its accumulation in the cavity of the uterus. I did so in relation to a case of that kind at the time in the Hospital; and I revert to the subject to-day for the purpose of acquainting you with the further hapless history of the patient, and with the view of calling your attention to some of the other lessons taught us by her melancholy fate.

From the account of the case which I formerly gave you, you are already aware that we had opened up the adhesions in the vaginal canal to some extent with the finger, and that this apparently simple procedure had been followed by some slight but distinct febrile symptoms. These symptoms, however, subsided after a day or two, and when they had finally and fully disappeared, we proceeded to relieve the uterus of its long-accumulating contents, by making a small opening into the dilated uterus at its most dependent and most yielding point with a tenotomy knife. I told you that puncturing of the uterus through the vagina, in such cases, was an operation by no means free from danger, but by having recourse to it in this instance, we gave to a young and interesting female her only chance of relief from a diseased condition, which was surely, though slowly, tending to her destruction. I punctured the uterus through the roof of the vagina, and there escaped about twelve ounces of the dark tarry viscid fluid, of which I showed you a specimen two days subsequently. The patient remained well for thirty-six or forty hours afterwards, but then a rigor occurred, and fever set in with all its fatal consequences. The pulse rose and became very rapid, the abdomen became tympanitic and very tender to the touch, an anxious expression overspread the patient's countenance, an icteric tint became developed over all the body, and, in spite of our utmost care, she sank, and died on the fifth day from the time of the operation.

On making a post-mortem examination, the uterus, which I here show you, was found to be enlarged and about the size of a uterus in the third or fourth week after parturition; its internal surface dark and sloughy, and its walls thickened and in a state of fatty degeneration. There was a great collection of pus and inflammatory exudations all around it, and in the cavity of the abdomen as well, gluing together the different viscera, and covering the surface of the liver, more especially, with a regular layer of coagulable lymph. The left Fallopian tube was curiously twisted back upon itself, and its fimbriated extremity was folded inwards, and glued like a cap on the fundus of the uterus in the remarkable manner which you can still see in the preparation. On being cut into, this Fallopian tube was found to be filled and distended with a quantity of dark tarry-looking fluid, precisely resembling that which had been found in the uterus. The artificial opening into the uterus was found to have been made in the cervix, immediately in front of the os uteri, which was quite occluded; and the canal of the cervix was also obliterated to some extent. No secondary or metastatic changes were found in any distant organs or viscera.

Another fatal case has occurred in our ward during the last week. The patient was an elderly woman whom some of you had an opportunity of seeing me tap for dropsy of the ovary two weeks ago. According to all appearance the patient ought to have got on quite well, for there was only this one bad feature about the operation, that we could not get the cyst completely emptied in consequence of the canula getting always obstructed towards the end by means of flakes of a substance which looked like decolorised coagula of old blood, but which were in reality, for the most part, composed of the débris of the septa between the different cysts; and which cysts had amalgamated to form the one large cavity into which the trocar and canula were thrust. The fluid that escaped was dark in colour and very viscid, and contained a considerable admixture of blood corpuscles. The patient did well for two or three days, but then she began to have shiverings and vomiting, with quickened pulse and tenderness of the abdomen. These febrile phenomena lasted for a few days, and then began gradually to subside. A day or two later, however, the abdomen began to swell, and become tympanitic, evidently from the development of gas within the cavity of the cyst; and then the fatal fever and inflammation returned, marked principally by vomiting and acceleration of the pulse, and attended apparently by no degree of pain or local tenderness whatever. Finally, she died, as most patients carried off by severe peritonitis and ovaritis do die, of a form of slow fainting or sinking, which no kind and no quantity of tonics and stimulants served in any marked degree to restrain or arrest.

At the autopsy, we found the ovarian tumour to be adherent to the walls of the abdomen in all its extent; so that Dr. Haldane, in cutting through the abdominal parietes, opened into the sac at once. Yet it was not so firmly adherent but that it could readily be separated with the fingers, and might probably have been removed had the operation of ovariotomy been here attempted during life, without encountering any risk of hæmorrhage. Only at one point the sac was joined to the mesentery by an old adhesion, which contained one or two bloodvessels; but even from these no formidable bleeding could have occurred. I do not myself venture to touch this preparation, in demonstrating it to you now, because I firmly believe that if I did so, my fingers might become impregnated with a poison which, when applied by chance to some puerperal patient, would almost certainly have the effect of inducing in that patient an attack of puerperal fever. For, as I shall endeavour to prove to you, when in another department of our course I come to treat of that disease, surgical and puerperal fever are identical in nature and intercommunicable. On the interior of this large cyst you see a number of smaller cysts projecting into the cavity, and towards the base of the tumour there is likewise an agglomeration of cysts of every possible size, from this secondary one of the bigness of a child's head, downwards. Altogether it gives you a very good idea of the appearance usually seen in such tumours, and you can see from this how one large cyst is sometimes formed from the dissolution and fusion of a vast number of smaller ones. There was a large quantity of purulent fluid inside the cyst, as well as some noxious gas; and you can still see on the interior large flakes of lymphy deposit. There was no remarkable degree of peritonitis, and no morbid change of recent date in any of the abdominal or thoracic viscera. Most of the lymphatic glands in the abdomen had been destroyed by some morbid and probably tubercular change of ancient date, and were represented in most cases by cysts containing only a cheesy or putty-like mass.

These two cases present you with very striking examples of operations, apparently of the most safe and simple nature, failing and ending fatally; and I need, therefore, to make no apology for occupying your time to-day with the discussion of the question, What do patients die of after undergoing surgical operations either in the course of general or obstetric Surgery?

Causes of Death after Surgical Operations and Injuries.

In entering upon this discussion I would take leave, first of all, to observe, that the inquiry as to what patients die of after surgical operations, is a question which has not hitherto attracted that degree of attention from Surgeons themselves which its paramount importance imperatively demands. In vindication of the members of my own department of the Profession, I would remind you that there is not a text-book on Midwifery in which there is not one lengthy chapter devoted to the consideration of puerperal fever, the common cause of death in obstetrical patients; and there are besides many monographs and bulky treatises in which it is discussed fully and in all its bearings. On the other hand, there is hardly a large work on Surgery in which you will find a word stated as to the cause of the mortality of patients who have been subjected to Surgical operations. We have one large standard German work on Surgery translated into English, which is

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very complete and exhaustive on most surgical topics; but on looking at it this morning to see what the author or translator had to say about the causes of deaths after operations, I found not a word on the subject; and in one of the most recent and perhaps the best English work on Surgery—a bulky tome of some thousand or more pages in length—this all-important question is dismissed in the short space of one half page. In other text-books and systems of Surgery we have not even so much as this half-page. Faithful to their designation and their original vocation, Chirurgeons have, with some great and brilliant exceptions, gone on trying to improve the merely manual part of their profession—what some have spoken of as the cutlery and carpentry of Surgery only, without attending sufficiently to some of its most important pathological relations; and especially without showing any anxiety to inquire as to the pathological effects of their operative procedures upon the bodies of their patients. Indeed, some Surgeons seem to lose all interest in their patients from the time that they are carried off the operating-table, and eschew rather than otherwise their treatment, if they are attacked with surgical fever. Our books and manuals devoted to Operative Surgery elaborately describe various and sometimes many modes and methods, by which almost every individual operation may be performed, and they learnedly discuss the site, length, depth, shape, form, etc. of the incisions required, while they seem all agreed to leave unheeded and uninvestigated the fact that patients die in startling numbers after every operation, and after each and every form and variety of incision, of whatever length and depth, and however and wherever made. This notorious neglect on the part of our surgical brethren is all the more provoking, because they are, forsooth, continually boasting that Surgery is that department of the Profession which has attained the highest state of advancement and perfection, forgetting, all the while, that it is only the mere handicraft part of it that has been brought to this boasted degree of development. Irritated by this arrogant assumption, Dr. James Gregory, formerly Professor of the Practice of Physic in this University, and a man who spared neither friend nor foe in the caustic utterance of his satirical sentences, once wrote as follows. To understand, however, Dr. Gregory's observations, let me premise, that in his time, two eminent surgical writers practised in Edinburgh, each of them the author of large treatises on Surgery, viz. Mr. Benjamin Bell and Mr. John Bell; and between them there existed the rivalry of opinion and doctrine so common among cotemporaneous Surgeons. "Within my memory," writes Dr. Gregory, "a new mode of cutting off legs was introduced (or an old one revived, I am uncertain which), and strongly recommend by an eminent Surgeon, Mr. Alanson. It was called the flap operation, or cutting with flaps. I remember to have heard some disputes about it; for as there were flappers, of course there must have been anti-flappers; and as the dispute began little more than twenty years ago, far from being ended as yet, it can scarce be arrived at full maturity and violence. Mr. Benjamin Bell must be either a flapper or an anti-flapper: and I humbly conjecture (for I do not know the fact) that if he is a flapper, Mr. John Bell will be a determined anti-flapper; but that if Benjamin is an anti-flapper, John will be a most strenuous flapper. But flap or no flap, he certainly may take his choice of several ways of cutting off a leg." Nearly thirty years have come and gone since these words were penned, and still Surgeons continue, I believe, to wrangle as idly and bitterly as before, about how a limb may be best lopped off, and still very strangely forget to ask themselves why it is that so many of their patients die after every possible form and fashion of dismemberment, and how this mortality may possibly be met and diminished.

That surgical operations taken as a whole, and particularly the more severe forms of these operations, are frequently followed by the deaths of the patients, who are subjected to them, is easily proved by the statistical tables published by some of our large hospitals. I have brought with me two of these sets of tables, the only two on which I could lay my hands this morning. In the official "Report of Guy's Hospital," for the year 1856, there is a table of the consequences of 329 operations of all kinds, from which we find that of these 329 patients, 43 died, or one in every seven and a-half. In the "Report" of our own Infirmary, for the year 1842-43, drawn up by Dr. Peacock, the results of 150 operations of every kind are tabulated, and this table shows a mortality of one in every five. In the "Report" for 1849-50, drawn up by Mr. McDougal, the proportion of deaths is greatly less, amounting only to one in every ten and a-half. This is to be explained partly by the circumstance that there is included in this table the results of a large proportion of slight and comparatively safe operations, such as that for fistula in ano; but the lessened amount of mortality in the later period, is, doubtless, also in part due to the circumstance that during that time all the patients, almost without exception, were first brought into a state of anæsthesia by means of chloroform. If now you look to the result of some of the larger operations, you will find the amount of mortality to be much greater. This is shown, for example, in the following table, the materials for which I collected and published some ten years ago:—

TABLE OF THE MORTALITY OF AMPUTATION OF THE THIGH.

Name of Hospital and Reporter.	Number of Cases.	Number of Deaths.	Percentage of Deaths.
Parisian Hospitals—Malgaigne ..	201	126	62 in 100
Edinburgh Hospital—Peacock ..	43	21	49 in 100
General Collection—Phillips	987	435	44 in 100
Glasgow Hospital—Lawrie.....	127	46	36 in 100
British Hospitals—Simpson	284	107	38 in 100

Thus you see that in Paris, where amputation of the thigh was performed, no doubt, in the most approved and artistic manner, and with all the aids of the most perfect handicraftism, more than one-half of the patients subjected to that operation died; while in other Hospitals patients died after the same operation in a less, but still a very high proportion, the general result being, that nearly 1 in every 2 patients operated on died. And from other operations you have a corresponding high degree of mortality, as shown by this

TABLE OF THE MORTALITY OF LIGATURE OF ARTERIES AND HERNIOTOMY.

Operation.	Reporter.	Number of Cases.	Number of Deaths.	Percentage of Deaths.
Ligature of arteries	Phillips.	171	57	33 in 100
,, ,, ...	Inman.	199	66	34 in 100
,, of subclavian artery	,,	40	18	45 in 100
Herniotomy	,,	545	260	47 in 100
,, ...	Cooper.	77	36	45 in 100

These tables will suffice to show you that the mortality after the severer kinds of surgical operations is something frightful and enormous. At the same time, confessedly, the chances of a fatal issue after even the slightest operations are by no means few. And the question comes to be, what do these patients die of?

First of all, let us inquire, do they die of purely surgical complications? In a few cases they do, but not in many. In Guy's Hospital "Reports" for 1843 Dr. Chevers has published an "Inquiry into the Causes of Death after Injuries and Surgical Operations," which is one of the best memoirs on the subject we yet possess, and written by a physician, not a surgeon. In this memoir Dr. Chevers gives an account of the post-mortem appearances found in the bodies of one hundred and fifty-three patients, many of whom "had undergone severe operations or suffered from extensive accidental injuries," while "others had been the subjects of wounds or contusions of an apparently very trivial kind." Of these 153 patients only 19, or one in every eight, died of tetanus, sloughing, hæmorrhage, suppuration, and other immediate and purely surgical complications.

Secondly, if thus only so very small a proportion, therefore, of surgical patients die of fatal surgical complications, what do the great mass of them die of? They perish showing symptoms of acute fever during life, and showing on examination after death, in various internal organs, the products of acute and recent inflammation. They die of surgical fever, a disease consisting of a combination of co-existing acute fever, and acute internal inflammations, just as puerperal patients die of puerperal fever, a similar compound

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disease, consisting exactly like surgical fever of co-existing acute fever, and acute internal inflammations. Of Dr. Chevers's 153 surgical patients, 134 died of surgical fever, and presented after death recent acute inflammatory effusions and lesions in various internal organs. The relative frequency with which different internal organs and parts of the body were found attacked with acute inflammation in these 134 cases, is shown in a condensed form in the following table:—

INFLAMMATORY LESIONS IN 134 CASES OF SURGICAL FEVER. (FROM CHEVERS).

Peritonitis was observed in	52 cases.
Enteritis (excluding cases of Hernia)	9 ,,
Pneumonia and its results	47 ,,
Pleuritis	35 ,,
Bronchitis, Laryngitis, and Diphtheritis	4 ,,
Pericarditis	14 ,,
Arteritis and Aortitis	4 ,,
Phlebitis	3 ,,
Meningitis	27 ,,
Cerebritis	9 ,,
Cystitis	8 ,,
Pus in muscles or joints	3 ,,
Inflammation of Tunica Vaginalis	1 ,,

When in Vienna last summer, my nephew, Dr. Alexander Simpson, obtained access to the pathological records of the large General Hospital there, where the autopsies are made under the supervision of Professor Rokitansky, and drew up for me from these records some statistical tables to show the relative frequency with which the various organs and parts of the body become the seat of secondary inflammatory changes in the cases of patients dying of surgical and of puerperal fever respectively. Allow me to call your attention now to this

TABLE, SHOWING THE RELATIVE FREQUENCY WITH WHICH DIFFERENT ORGANS AND PARTS OF THE BODY WERE FOUND TO HAVE UNDERGONE RECENT INFLAMMATORY CHANGES IN 100 CASES OF SURGICAL FEVER.

The lungs and pleura in	69 cases.
Veins	53 ,,
Seat of the operation or injury	40 ,,
Cellular tissue and muscles	28 ,,
Peritoneum	16 ,,
Brain and its membranes	16 ,,
Bones and joints	15 ,,
Spleen	10 ,,
Kidneys	9 ,,
Stomach and Bowels	7 ,,
Bladder	6 ,,
Liver	5 ,,
Pericardium	4 ,,
Lymphatics	3 ,,
Arteries	2 ,,
Vagina	2 ,,
Interior of uterus	1 ,,
Heart substance	1 ,,
Parotid gland	1 ,,
Ear	1 ,,

The patients in whom inflammatory lesions of these various internal organs and parts were discovered after death, had been subjected to operations and injuries of all parts of the body, and of all degrees of severity, from amputation of the thigh, down to the operation for phymosis, and the simplest, most superficial wounds.

Consider now that table of the organs and tissues most commonly affected by inflammation in cases of surgical fever, with this

TABLE SHOWING THE RELATIVE FREQUENCY WITH WHICH DIFFERENT ORGANS AND PARTS OF THE BODY WERE FOUND TO HAVE UNDERGONE RECENT INFLAMMATORY CHANGES IN 500 CASES OF PUERPERAL FEVER.

Seat of the Inflammatory Lesion.	No. of Cases.	Percentage of Cases.
Interior of uterus	372	74·4
Veins of uterus	349	69·8
Peritoneum	321	64·2
Lungs and pleura	202	40·4
Lymphatics	129	25·8
Ovaries	78	15·6
Cellular tissues and muscles	46	9·2
Veins other than uterine	40	8·0
Brain and its membranes	23	4·6
Spleen	21	4·2
Vagina and pudenda	19	3·8
Bones and joints	18	3·6
Kidneys	17	3·4
Stomach and bowels	13	2·6
Pericardium	12	2·4
Mamma	7	1·4
Fallopian tubes	5	1·
Bladder	4	0·8
Parotid gland	3	0·6
Heart substance	3	0·6
Endocardium	2	0·4
Iris	1	0·2
Tonsil	1	0·2
Larynx and trachea	1	0·2

A comparison of these two tables will serve to show you how far we are justified in speaking of surgical and puerperal fever as analogous in their nature; and the difference in the frequency with which different internal organs and parts are apt to become the seat of the acute inflammatory effusions and changes in the two sets of cases, is owing mainly, if not, indeed, altogether, to the difference in the seat of the primary lesion; for the identity between the two diseases becomes more striking, if we compare the latter of these two tables with such a one as this:—

TABLE SHOWING THE RELATIVE FREQUENCY WITH WHICH DIFFERENT ORGANS WERE FOUND TO HAVE UNDERGONE RECENT INFLAMMATORY CHANGES IN 19 CASES OF SURGICAL FEVER RESULTING FROM OPERATIONS OR INJURIES OF THE PELVIC ORGANS (INCLUDING THREE CASES OF HERNIOTOMY).

Seat of the Inflammatory Lesion.	No. of Cases.	Percentage of Cases.
Peritoneum	12	63·1
Lungs and pleura	12	63·1
Seat of wound	5	26·3
Cellular tissue around kidneys	5	26·3
Cellular tissue elsewhere	4	21·
Intestinal Canal	3	15·8
Bladder	3	15·8
Liver	3	15·8
Veins	2	10·5
Spleen	2	10·5
Vagina	1	5·3
Uterus	1	5·3
Bronchi	1	5·3
Parotid gland	1	5·3

The proportion in which different internal organs are the seats of acute inflammatory action and deposits, is very much the same in this table as in patients dying of puerperal fever, apparently, because, I beg to repeat, the primary lesion or wound in the surgical cases included in this table was, as in the puerperal patient, in the pelvic viscera or neighbouring parts. But we must hasten on to discuss another question, viz.—

WHAT IS THE NATURE OF THE MALADY WHICH ACCOMPANIES OR GIVES RISE TO THESE SECONDARY LESIONS?

We have seen that every patient who is placed upon an operating table runs no small risk of death, and that, when the operation is severe, the patient is in as great, or indeed greater danger than a soldier entering one of the bloodiest and most fatal battle-fields. We have seen also that while a few of these patients die of the immediate surgical consequences and complications of the operation itself, the vast majority of them are carried off by a febro-inflammatory malady resulting, indeed, from the operation, but proving fatal from the morbid changes which it produces in different and sometimes distant parts of the body. In this surgical fever, as in puerperal fever, you have a constitutional fever accompanied by the development of local acute inflammatory disease, confined often to organs and parts lying in the vicinity of the site of the primary injury, but in many cases diffused over other more remote organs and textures. This fever may be of three kinds, or rather, it manifests itself in three different kinds of cases.

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1. *Fever from Local Inflammation.*—Fever may be a symptomatic result, first of all, of a very intense degree of inflammation set up in the seat of the operation or injury; but in such cases it rarely leads to a fatal issue. For unless the patient be very much reduced in strength, or altogether in a very bad habit of body, the inflammation excited in any injured part can but seldom be of such a high degree of intensity as to prove fatal of itself. This may also occur in such exceptional cases as you have an instance of in the second of the patients whose history I have given you, and who died in consequence of the inflammation set up in an evacuated ovarian cyst. There the inflammation was spread over all the interior of an enormous cavity, and proved fatal, just as inflammations of such an extensive surface as that of the peritoneum do, viz. by gradual depression of the action of the heart.

2. *Fever with Inflammation extending to neighbouring parts.*—Fever in surgical patients is much more frequently found to arise from, or at least, to be associated with inflammation not confined merely to the seat of the injury, but spreading thence to other parts and organs, either from continuity of texture or contiguity of position. In almost every instance of this kind, the nearest lymphatic glands are more or less hyperæmic and hypertrophied, for the morbific agent seems in them to have a tendency to spread along the lymphatic system of vessels, and to excite in them a high degree of inflammation.

3. *Fever with disseminated centres of Inflammation.*—In a third and by far the most extensive class of cases of surgical fever, the inflammatory lesions and manifestations are not confined to the seat of the injury, or to the textures in its vicinity, but are found situated in different and distant organs and parts of the body. Of all internal organs the lungs are those which are the most liable to become the seat of those secondary or metastatic inflammations; and when a careful examination of such cases is made there is almost always to be detected some morbid condition of the veins in the neighbourhood of the original wound.

Now in the case of patients dying of fever consequent on surgical operations or injuries, you will find, as I have already stated, that very few indeed die of the fever attendant on inflammation confined to the wounded part; and that in the vast majority of cases, the fever is found to have been complicated by the occurrence of inflammatory changes in other parts,—sometimes near the seat of the injury, but sometimes more remote; and it is of this latter class of cases that I wish at present more particularly to speak under the designation of Surgical Fever. How is it, then, that surgical patients are so apt to die of this form of fever? In olden times, Surgeons would have been content to believe that the fever resulted from inflammation set up in the site of the wound, or from sympathetic inflammations, as they were called, in other parts. But this idea has been given up since it was found that there was no proportionate degree of intensity between the amount of fever and the amount of inflammation at the site of the surgical wound. A very high degree of inflammation may arise, for instance, in the stump of an amputated limb, and pass on to suppuration and ulceration, while the patient presents but few or no symptoms of surgical fever: and on the other hand, fever may set in and prove fatal in cases where the wound appears to be the seat of no higher degree of inflammation than is necessary to produce adhesion of the opposed raw surfaces. There is not of necessity, either in surgical or in puerperal fever, any relation of intensity between the local lesion and the constitutional malady, and there is no Surgeon or Pathologist, so far as I know, who now seeks to find in the former the only cause of the latter; for all are rather inclined to the belief that they are both effects of one common cause, that cause being some toxic or diseased condition of the circulating fluids. In small-pox, measles, dothenenteritis, and some other natural fevers, if I may be allowed to call them so, where likewise a constitutional fever and local inflammations are found associated together, we no longer believe that these, viz. the general fever and the local inflammations, stand to each other simply in the relation of cause and effect. Doubtless the fever may be aggravated by the severity of the local lesions, but they are both in the first instance excited and engendered by some morbid material circulating in the blood, they are both due in each particular case to some peculiar form of toxæmia. They do not stand to each other in the relation of cause and effect, but are both the effects of one common cause—the special toxæmic state of the blood. And in surgical patients, too, the blood may become poisoned and perverted in its nature: and it now remains for us to inquire by what means the blood becomes altered, or what are the changes which it undergoes, and which excite in the patient such a fatal fever and so many local lesions. But I must postpone the consideration of this part of the subject until we meet here again.

ORIGINAL COMMUNICATIONS.

NAVY MEDICAL REPORTS.

TWO CASES OF

INJURY BY THE ACCIDENTAL EXPLOSION OF CANNON.

By J. GALLAGHER, M.D.
Surgeon to H.M.S. *Conqueror*.

Should you think the following, as illustrative of a class of cases occasionally occurring on board men-of-war, worthy a place in the columns of your journal, will you kindly give them insertion.

On the 22nd October ult. while the ship was off the Island of Candia, and the ship's company was being exercised in firing concentrated broadsides, C. N., aged 21, able seaman, while employed loading a main-deck gun a second time, and ramming the cartridge and shot home, cartridge exploded, blowing off the left hand and fore-arm, and severely lacerating and scorching the soft parts about elbow. Front of neck, face, forehead, and eyes were much burned and scorched, and grains of powder were imbedded in the skin; there was much swelling of eyelids, and chemosis of conjunctivæ preventing the pupils from being seen. He suffered little from shock, and there was little or no hæmorrhage from stump. He had a glass of wine, and in about half-an-hour after he was put under the influence of chloroform, and the arm was taken off in the middle third of humerus by the circular operation; only one artery, the brachial, required ligature, and there was little loss of blood. Pieces of wet lint were applied over the face of the stump, and it was left for some hours before closing to see if any other vessel would require ligature on more reaction taking place. Five hours after the stump was examined there had only been slight oozing of blood, and no vessel required ligature; the clots were washed away, and sides of wound brought together with three sutures, and formed a very good stump. Strips of adhesive plaster were applied between the sutures, and pieces of wet lint were crossed over face of stump and kept in place by a few turns of a roller lightly applied. Dossils of wet lint were applied over eyes, and all the scorched parts were covered with lint spread with ung. cetacei. He had an anodyne at bedtime, and slept well after.

On our arrival in this harbour, on the evening of the 28th, he was sent to the Naval Hospital, and the following note of his case shows his state:—

Going on favourably; strips of plaster, which were first applied, removed to-day; stump looks healthy, and is healing by first intention except at outer and inner angles, which are granulating. Sutures not disturbed, although there is no tension of soft parts; fresh strips of plaster were applied.

Swelling of eyelids subsiding, but there is still considerable chemosis of right eye, and cornea is opaque and flattened from escape of aqueous humour; left eye looks better, and cornea is not so opaque; he can distinguish individuals when close to with this eye.

Vesications on forehead, face, and front of neck, still discharging; pulse quiet and regular, 82; appetite good, and has no fever.

The eyes are washed out with a syringe, gently introduced between the eyelids twice a-day to remove the discharge and shreds of sloughy conjunctiva, and a small piece of ung. cetacei is introduced under eyelids to prevent adhesion of lid to eyeball. The burned parts are dressed with ung. cetacei. He takes an anodyne at bedtime; and is allowed a mutton chop for his dinner.

W. C. aged 25, able seaman, while assisting C. N. in load-

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ing the gun, was injured at the same time, right ring and little fingers being torn off and bones comminuted: the soft parts were much lacerated and charred; there was also a severe lacerated wound of muscles in palm of hand, and the whole of the forearm to the elbow was severely burned, particularly on its inner side, and grains of powder were imbedded in the skin.

He suffered much from pain and shock, the pulse was weak and small, and he was covered with cold sweat. He had three ounces of wine with half a drachm of tincture of opium; the wine was repeated in an hour, and in about an hour and a-half after the accident he was put under the influence of chloroform, and the ring and little fingers were removed in the middle of their metacarpal bones, the lacerated and charred soft parts were cut away, and flaps formed from the soft parts on palmar surface and back of hand; as much of the powder as could be removed without difficulty was pricked out of the skin, and the whole of the burned parts were dressed with lint spread with ung. cetacei. The stump was not dressed for four hours to see if any vessel would require ligature. It was then closed with three sutures, strips of plaster were applied between, and a roller loosely applied over hand and arm; the limb was then put on an inclined plane, and constantly kept wet with cold water.

Some febrile disturbance followed for the first three or four days, the discharge from the burned parts was copious and offensive, requiring the dressings to be changed twice a-day. After this he went on well, the greater part of the wound made in the operation healed by the first intention, and the discharge from the burned parts was less in quantity and more healthy; the skin was soft and cool, the pulse quiet and appetite good, when he was sent to the Naval Hospital on the 28th inst.

R. L. aged 36, gunner's mate, was captain of the gun, and serving the vent when the accident occurred to the two preceding cases. As the tip of thumb was firmly pressed over the vent, the ungual phalanx was blown off and palm of hand slightly scorched; the lacerated soft parts were cut away so as to form flaps to cover end of bone at first joint; no vessel required ligature.

Considerable febrile disturbance followed in this case, partly from constitutional irritability and partly from mental distress, as he thought some blame was attached to him at first for not stopping the vent properly, and thereby causing the accident, but the loss of the tip of the thumb was a very good proof of it being firmly pressed over the vent, and doubtless the accident was caused by a portion of burning cartridge remaining in the gun after first discharge, and not removed by worming and sponging; however, he has gone on favourably since, although the wound has not healed by first intention. Thanks to the advantages of chloroform, which was judiciously given by Mr. Eames, Assistant Surgeon, the operations were performed without noise or struggle, and were finished before the exercise of the ship was over, and before it was generally known that such an accident had occurred.

The cases are still under the attentive care of the deputy Inspector at the Naval Hospital, and are now nearly well.

C. N.'s stump is healed. Vision of right eye is lost, but the inflammation of left is almost gone, and he can see tolerably well with it; his general health is good, and he is walking about.

In W. C. the wound over metacarpal bone is healed, that in palm of hand is nearly so; and he promises to have not only a useful, but not an unsightly hand.

SOME OF THE CAUSES
WHICH HAVE OCCASIONALLY RENDERED
EXCISION OF THE KNEE-JOINT MORE OR LESS UNSUCCESSFUL.

By P. C. PRICE, Esq.
Surgeon to the Great Northern Hospital, the Metropolitan Institution for Scrofulous Children, at Margate, etc.

(Concluded from page 387.)

DYSENTERY proved fatal to a lady 30 years of age, a patient of Mr. Jones, of Jersey, on the 13th day.

Suppression of urine was the chief complication which rendered the operation fatal, on the 13th day, in a man aged 21 years, under the care of Mr. Fergusson.

A woman, a patient in Mr. Fergusson's wards, suffering acutely from disease of the left knee-joint, although her lungs were detected to be in a very precarious state, urged removal of the diseased articulation. Excision was performed, and she progressed well for some days, but on the 18th day was carried off by an attack of acute phthisis.

An adult patient, under my own care, at the Great Northern Hospital, succumbed to a very severe attack of pleuro-pneumonia on the 31st day (a). A man, Mr. Walton informs me, under his care in St. Mary's Hospital, progressed satisfactorily for some time after the operation, when a sudden attack of peritonitis soon destroyed life.

Erysipelas, after considerable union had taken place between the divided bones, and the operation had promised to turn out satisfactorily, destroyed the patient, a man under the care of Mr. Henry Thompson, in University College Hospital, at the sixth week.

Mr. Windsor, of the Salford Hospital, lost a patient 18 years of age, five months after excision of the joint. Amputation was required four months after the previous operation, from which the patient sank. Secondary hæmorrhage proved troublesome after removal of the articulation, and some exfoliation took place (b). Mr. Bickersteth, of Liverpool, has, I believe, lost two cases; but from what causes I have been unable to ascertain.

On reviewing these thirty-two unsuccessful results of the operations, various considerations are suggested. Pyæmia, it is seen, proved fatal in one-fourth of the cases, and was the most frequent cause of death. In comparing this result with the statistics lately brought forward in a most able paper, lately read before the Royal Medico-Chirurgical Society by Mr. Bryant—"The Causes of Death after Amputations"—it appears that pyæmia was the principal cause of fatality, and proved so in 300 cases of amputation of both the upper and lower extremities, in 43 per cent. of all fatal cases, and in 5·4 per cent. of all pathological amputations; and when fatal, as a rule caused death within fourteen days of the operation.

It must also be borne in recollection that five out of the eight cases occurred in one London hospital. Exhaustion and irritation proved fatal in nearly the same proportion; but in more than one instance the patient was in an enfeebled condition prior to the operation. Shock, which is so frequent a cause of untoward results in amputation, is by no means a common sequel to excision of this special joint; and though four patients sank from its severity, still, as already observed, it was materially heightened in two cases by serious complications.

The general absence of severe shock following the operation is a feature worthy of great consideration. Mr. Humphrey, who has resorted to this proceeding on sixteen occasions, distinctly calls attention to these facts (c). Mr. Jones, of Jersey, also informs me that his experience in fifteen cases leads him to the same conclusion; while my own researches allow me to corroborate the correctness of these opinions. The other causes which carried off the remaining eight patients were totally beyond the control of the Surgeon, and such that are liable to occur after any operation of magnitude. In 160 cases, therefore, it is seen that 32 operations were attended with a fatal result—exactly 1 case in every 5. This result tallies with that obtained by Mr. Butcher, two years since, in half the number of cases.

Mr. Teale, in his excellent memoir "On Amputation by Rectangular Flaps," states—that in 169 amputations of the thigh for disease in the London hospitals during three years—1854 to 1857—there occurred 38 deaths, or 1 death in 4½ cases; and in 134 amputations of the thigh for disease in Provincial hospitals during the same period there resulted 33 deaths, or about 1 death in every 4 cases.

Comparing the results of excision of the knee-joint with those of amputation for disease, the percentage of successful cases is certainly in favour of the former operation. When, in addition, the numerous advantages obtained to the patient are duly weighed, few Surgeons will presume to deny the vast superiority of the former proceeding over the latter.

(a) *Lancet*, January 9, 1858.
(b) *Medical Times and Gazette*, November 29, 1856.
(c) Med. Chirurg. Trans.

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Mr. Bryant, however, from the statistics drawn entirely from Guy's Hospital, is enabled to place the satisfactory results following amputation of the thigh at about the same percentage as I have obtained for excision of the joint. He states that 1 case in 5·5 was about the proportion of fatal terminations in pathological "amputations." "For chronic disease" of the articulation amputation was more favourable, the mortality standing at about 1 in every 7 cases.

Excision of the joint may prove totally unsuccessful without causing death.

In the 160 cases I have mentioned, it was found requisite to resort to amputation of the thigh on eighteen occasions, but happily this unpleasant requirement was attended with only one fatal termination. The causes which led to the necessity of such a measure were the following:—

1. The occurrence of non, or insufficient union, associated with abscesses of the soft parts, with necrosis of the ends of the bones.

2. The existence of abscesses more or less acute, accompanied with hectic, night-sweats, diarrhœa, etc.

3. Erysipelas, and other specific affections, as measles, etc.

4. Inappropriate management of the limb during treatment.

With regard to the occurrence of the first of these causes. The condition may result from an erroneous selection of the cases for operation. I think I have sufficiently proved this fact in various essays contributed to these columns. That form of disease recognised as diffuse strumous infiltration of the spongy tissue of the extremities of the bones, and leading to destruction of the articulation, experience has amply shown should never be submitted to excision. Union of an osseous, or even serviceable fibrous character, will seldom or never occur, and the limb will, in all probability, be riddled with sinuses and demand removal by amputation. A case illustrating such a result has occurred to Professor Keith (d), and a similar one to myself.

In the eighteen instances in which amputation was needed it became necessary to resort to it on eleven occasions, owing to the unfavourable conditions which the local parts had assumed, and to the constitutional disturbance which ensued. The earliest date at which it was needed was on the ninth day, in one of Professor Pirrie's cases; and the most distant period to which it was postponed, as far as I am aware, was in one of my own patients, when, lingering in hope that I might retain the child a useful limb, I delayed the operation for two years and three months.

In four cases amputation was demanded on account of erysipelas and general derangement, but the patients made excellent recoveries. In three instances, from incompetent management of the limb, it was found impossible to keep the parts in apposition, and the use of the amputating knife became imperative. On one occasion it was resorted to on the forty-second day after removal of the joint (e).

In the second example after the lapse of six weeks (f), and in the remaining case at the end of the sixth week. In this instance the unfortunate termination of removing the articulation appears to have been much influenced by sloughing, which extensively destroyed the soft parts, although "it was extremely difficult to retain the ends of the bones in proper relation to each other, and the end of the tibia was drawn backwards behind that of the femur" (g).

It is well worthy of remark that out of the eighteen cases which underwent amputation of the thigh, only one terminated fatally.

I have purposely omitted one case which I was unwilling to admit among the statistics of the operation. The patient was a middle-aged man, suffering from a diseased condition of his right knee-joint, which to all appearance was well suited to excision. During the steps of the operation the operator, Mr. Fergusson, deemed the disease involving the tibia too extensive to be removed in such a way as to ensure a warrantable hope of success, and accordingly changed his determination, and amputated the limb by cutting the flap from the calf of the leg. The patient died from pyæmia after the lapse of a few days.

The necessity for amputation in so large a proportion of cases submitted to excision of the joint, would naturally, at first sight, engender a feeling unfavourable to the operation; but on a more mature consideration, it will readily appear that further experience, and a knowledge of the causes of failure will enable the surgeon to avoid various shoals and mistakes into which, unfortunately, his predecessors have fallen. A careful selection of cases suitable to the performance of the operation, and a clearer appreciation of the value of correct management of the limb, are points of the highest importance. Mr. Butcher, in the able memoirs to which I have already alluded, earnestly insists upon the first of these requirements; while I have the satisfaction of knowing that the observations I offered with regard to the after-treatment of the limb (h), have been carried out with advantage by many surgeons.

On looking into the early history of excision, from 1762 to 1830, I find, that with few exceptions, the greatest difficulty was experienced in endeavouring to keep the ends of the tibia and femur in apposition; and that a large proportion of deaths, or partial failures were the immediate consequence. Professor Roux encountered this difficulty (i) in the only case which he undertook; while Professor Syme, in two instances in which he resorted to the operation, found in one that it was only "after several unsuccessful attempts that he succeeded, at the end of several days, in reducing the displaced extremities of the bones" (k); and in the other, "in order to prevent displacement of the bones, which all our efforts had been insufficient to effect completely," two inches more of the femur had to be removed nearly one month after the operation (l). From an acquaintance with these facts it will readily be conceived why these, and other distinguished Surgeons failed to appreciate the real value of the operation, and how an improved method of management has led to the success anticipated by its first propounder—Henry Park.

Excision of this special joint has oftentimes been followed with merely partial success; for though the disease or deformity may have been removed, the patient has found his limb more or less useless as a means of progression.

The chief causes of only this partial success have been found to result from,

1. Imperfect union of the divided ends of the tibia and femur arising from a peculiar diathesis pervading the constitution.

2. From the non-maintenance at rest—or inappropriate treatment—of the part immediately concerned in the operation.

3. From taking away too great an amount of bony structure.

4. From the occurrence, or persistence of abscesses in the soft tissues only, or complicated with disease of bone.

I have already alluded to the vast importance of a judicious selection of cases, and the incorrectness of adopting a surgical proceeding in instances which experience has bountifully proved to be ill suited to this kind of treatment.

When a great amount of disease is situated in the cancellous structure of the bone, I believe, as a general rule, the uniting medium will be primarily fibrous and flexible, although it may subsequently become further consolidated by the production of bone. On referring to the history of each individual case submitted to the operation, I found that, in by far the larger proportion, the character of the uniting medium was at first flexible, although it frequently became firmer, and sometimes apparently osseous: notwithstanding the cut extremities of the bones are more often knit together by fibrous substance, still bony anchylosis is a common sequel of excision. It has, however, been supposed by some that an osseous union is imperative before the limb can become useful. Such is the conclusion of theory and not of experience. In more than one instance I have witnessed a most admirable limb retained in which by no means a limited amount of motion existed. Mr. Fergusson, Dr. Cotton, of Lynn, Mr. Tubbs, of Wisbeach, etc. have each a case illustrative of this fact.

In those instances in which the limb hung as a flail, little or no consolidation had taken place between the tibia and femur. In one instance in which I amputated, in the case already referred to, the ends of the bone had undergone very considerable absorption and alteration in form, and were bound together by bands of fibrous tissue, stretching, not

(d) *Medical Times*, August 1, 1857. (e) *Lancet*, 1856, vol. ii. p. 305.
(f) *Medical Times*, 1857, vol. ii. p. 579. (g) *Lancet*, 1856, vol. ii. p. 306.

(h) *Lancet*, January 24, 1857.

(i) Dictionnaire des Sciences Médicales. Par une Société des Médecins et de Chirurgiens. Paris, 1820.

(k) Treatise on the Excision of Diseased Joints, p. 137. By James Syme. Edinburgh. 1831.

(l) Ibid. p. 139.

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between the cut osseous surfaces, but from the circumference of the shafts.

The character of the union is not unlikely to be materially affected by inappropriate mechanical after-treatment of the limb. I have more than once been a witness of this fact. Analogy also demonstrates its apparent correctness. In excision of the elbow-joint the Surgeon's endeavour is to procure a false joint, and to enable him to prevent the occurrence of bony junction, passive motion is employed directly all active inflammation has subsided. If strict apposition of the parts be maintained, osseous union, in a majority of instances, provided there exist no special cause to contra-indicate its formation, will be the result.

Arrest in development of the limb after excision is, I believe, in a very great measure dependent upon the amount of bone which is taken away, and the age of the patient at the time the operation is performed. I have before alluded to this fact, and Mr. Humphrey also lays considerable stress upon the importance of taking these causes into consideration. Should the epiphyses of the bones be removed entirely, there can exist but slight doubt that arrest of further development will take place. I am aware of one or two instances in which a want of due attention to this feature has led to an expression of dissatisfaction of the result of the operation. In both adults and children, when only a small portion of the articular bones have been removed, there has been observed but slight difference in growth after a certain amount of utility has been gained.

In children more than in adults the persistence of abscesses in the soft tissues only, or complicated with slight disease of bone, is a common occurrence after removal of the joint. In scrofulous cases such disturbance has been frequently noticed. It may, however, be kept up by the existence of remaining portions of diseased synovial membrane, or small portions of dead bone. Whatever may be the cause, judicious treatment and patience will generally find a remedy; and experience has already shown that even a very long existence of such a condition is but a comparatively slight drawback to the immediate good effects expected from the operation. I know of several cases, in which nature having exhibited a tardiness in throwing off diseased portions of bone, sinuses have remained open for many months, and although ultimately healing, have been prone to recur. One case, in particular, under the care of Mr. Christopher Heath, well illustrates these remarks.

There are other causes which have formed temporary drawbacks to the operation, but I have mentioned, I think, the more prominent. Swelling of the lower limb and ankle is, however, not an unfrequent disagreeable symptom after removal of the joint. In children especially I have noticed this tendency. In all probability it obtains owing to some consolidation, or blocking up of venous canals by the inflammatory changes which have arisen from diseased or reparative action. Judicious management generally remedies the condition; but I mention it particularly, as I am aware its occurrence is sometimes looked upon in a far too serious light.

These somewhat scattered observations have been strung together in the hope that they might afford some additional information regarding a highly useful surgical proceeding; for I conceive it is only by a thorough investigation of the many features pertaining to the operation, that a just appreciation of its value can be formed.

7, Green-street, Grosvenor-square.

ON

THE EVIDENCES OF RAPE ON INFANTS.

WITH REMARKS ON THE CASE OF AMOS GREENWOOD.

By W. B. KESTEVEN, F.R.C.S.

(Continued from page 363.)

In the case of Mary Johnson, the symptoms and lesions deposed by the Medical witnesses were so indefinite and confused that it is not easy to understand exactly what really was seen. The circumstantial evidence, however, is precisely of that amount that justifies the verdict against the prisoner, inasmuch as it could lead to no other conclusion than that at which the jury, who had the facts before them, arrived, under the direction of Mr. Justice Wightman. This was the opinion of those members of the Bar who were present in Court during the trial.

Tested by the rules laid down by all medico-legal authorities, for guidance in such cases, the conclusion is equally unavoidable. These rules are:—

1st. The accused should be proved to have been, at the time of the alleged act, himself the subject of venereal disease.

It was explicitly sworn that on examination Amos Greenwood was found to have syphilitic sores and warts on his penis.

2ndly. That the date of the symptoms in the child be from the third or fourth day.

This was indisputably proved to have been the case with Mary Johnson, and the course of the affection coincided with that known as the result of disease.

3rdly. That it be proved that no disease of the kind previously existed in the child.

There is no pretence of the existence of anything of the kind in this case.

4thly. That cohabitation with another individual shall not have occurred.

In this case there was not a suspicion of previous connexion. The fact, and the date of the cohabitation, or attempted connexion, by Amos Greenwood are in evidence. In this respect this case is placed in entirely a different category from those of infantile leucorrhœa, or noma, where the evidence of intercourse has only been extorted from the child by interrogatories or threats.

Mr. Wilde's view, that such cases are instances of noma would lead, if pushed only a very little further, to the inference that it is not possible directly to infect a female infant with syphilis, or induce its consequences. To such an inference, however, Mr. Wilde would doubtless demur. The occurrence, though not frequently, has been met with. In the latest continental work on Medical Jurisprudence we find examples of the kind. (Urethralblenorrhöen aus vers chiedenen Ursprungsstadien als folgen der Nothzucht. "Practisches Hanbuch der Gerichtlichen Medicin;" von J. L. Casper. Berlin. 1858.

The question has been raised whether it be *possible* for rape to be *completed* upon an infant by an adult man; the fact of vaginal penetration being taken to constitute the completion of the crime. Dr. Taylor states, from judicial decisions—"It is now an admitted principle that a sufficient degree of penetration to constitute rape in law, may take place without necessarily rupturing the hymen; but there must be Medical evidence to show that, in a special case, there was actual penetration—the degree of penetration being immaterial. . . . Penetration to the vulva is sufficient." —("Medical Jurisp." 6th edit. p. 694.)

Diversity of opinion, therefore, as to the possibilities of penetration under the circumstances is, in a legal point of view, unimportant. It is, however, physiologically, so far as the question of violence is involved, a point deserving of consideration, and, if possible, of determination. There can be no doubt that the actual penetration must be attended with severe laceration, as well as with contusion of the genitals. If the marks of violence be wanting within a few days, it may safely be asserted that complete penetration cannot have been effected. Their absence, however, two or three days afterwards would not disprove rape by vulval penetration, although the proof could not then rest upon Medical evidence.

Dr. Chevers' cases have proved the possibility of "complete penetration" upon female infants. On one trial the Civil Surgeon deposed to rupture of the hymen, and injury to the vagina; but was of opinion that rape had only been attempted, not completed. It is a principle of English law, and Dr. Chevers adds, it has been maintained also in India, that proof of penetration of the vulva without rupture of the hymen, is sufficient to establish the charge of rape.

"It is," observes Dr. Chevers, "merely frivolous to argue, as a point of law even, that *complete vaginal penetration* is impossible in any infant however young, when it is certain from numerous recorded instances, that such penetration has been effected in children of all ages. The law in India gives the age at two years less than in England, *e. g.* eight and ten" (a); but practically, Dr. Chevers states, the rule carried out in the Courts is that consent of a female *under puberty* cannot be received as mitigation of the crime.

Although Mr. W. Dorin, one of the judges of the Nizamut, was of opinion that the English rule with regard to consent

(a) Chevers' Med. Jurisp. for India, p. 465.

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should not be adopted in India in consequence of the supposed early maturity of females in India, there does not exist any ground for the opinion. Dr. Roberton, of Manchester, has shown by statistics and inquiries pushed in almost every part of the world, that climate alone does not produce premature maturity. It is to the moral condition of the people that such precocity is to be traced—and Dr. Roberton found as frequent instances of precocious sexual development among the inhabitants of cold countries, and the children engaged in Manchester factories, as he did in tropical climates. Dr. Chevers confirms this view. "Menstruation at 10 years," he states, "is very uncommon, it probably does not occur in more than one or two instances out of a hundred females. It is perhaps equally rare for it to be delayed beyond the thirteenth year." This, it will be observed, is near the standard arrived at by the investigation of Dr. Roberton, viz. fourteen years. The moral causes assigned by Dr. Roberton for precocity of sexual development are in full force in India, where marriages and betrothals are made at ages that are never heard of in England, even at infantile ages. It is true that cohabitation does not always take place on marriage at these early ages, but the children are removed to their husbands' homes, where they assume the wife's position, and await only a little further bodily development for the consummation. Where this is delayed by reason of the distance of the husband's residence, menstruation, instead of appearing prematurely, is delayed to the usual age of 13 (b). Dr. Chevers gives the case of a child whose body he had examined, stated to be 12 years old; her appearance was that of a child of 11 or 12. There were no signs of puberty, and yet this child had lived with her husband for nearly a year! The uterus was that of a child, The vagina was considerably developed.

Dr. Chevers also mentions the case of a girl, 12 years of age, who died undelivered, in labour of her first child.

"It is certain," observes Dr. Chevers, "that some married girls, of 9 years and upwards, live with their husbands. It may be considered that this arrangement takes place with the consent of these unhappy children—indeed we have some very strong evidences to the contrary; still, while such a custom exists in the country, the rule, although not less strictly enforced in the cases of unmarried children, should be, and indeed is somewhat more cautiously dispensed in the case of those who are known to have lived in their husbands' houses—whatever their ages may be" (c).

Dr. Chevers furnishes instances of a girl, of 9 years, and of one 10 or 12 years old, who cohabited with their husbands.

Of sixty-six trials for rape from the printed reports (Nizamut Adawlut Reports, North-west provinces, June, 1853, p. 767), it appears that in thirty, or nearly one-half, the females were under the age of 12. Of extreme youth, one was 4 years of age, two were 6 years, one between 6 and 7, five 7 years, two between 7 and 8, one 8, three of 9 years, twelve 10 years and under.

"In a case tried at Cullack, the Medical officer deposed that the sufferer, a child aged about 9 years, 'had lost all traces of virginity.' In another case, of a girl of 9, the Civil Surgeon of Agra deposed that he saw the child on the morning of November 28, on the fourth day after the occurrence, and perceived no signs of violence whatever, which he considered must have remained visible if the injuries described by the two women had existed on the 25th. He, however, said that the girl was not a virgin; and that, if she had on any previous occasion had connexion with a man, marks of violence would not have remained. It was admitted that she had once visited her husband's house. There we have also the opinion of an experienced Surgeon, of the possibility of the act in a girl of 9."—*Op. cit.* p. 472.

"In a large proportion of the cases of the younger children, it was clearly proved that rather severe injury has been received. It is mentioned in several that the vagina was lacerated. In a case where a girl of 12 was raped, the Civil Surgeon deposed that there was a rupture of the lower part of the vagina to the extent of half an inch. In another case, a poor infant of 6 years, but apparently much younger, was found by the Medical officer to have suffered rupture of the hymen and laceration of the perinæum and vagina. In one instance only does the violence of the assault appear to have proved fatal, in a girl of 10, who made a declaration that she had been violated by two persons. The Medical particulars of this case are not given" (d).

Dr. Chevers mentions another case of a girl of 8 or 9, violated by a man of 25; but as the Medical history is imperfect it may be passed over.

Mr. Wilde has referred to a case which was seen by Dr. Taylor (e), in which a child, aged 5 years, was violated by a boy some years older; the perinæum was lacerated to fully one-half of its extent; the girl screamed, and interrupted the act. For some time after the act there was profuse bleeding.

Dr. Chevers relates the case of a boy, only 10 years of age, who was convicted of rape on a girl 3 years of age (f).

The same author also gave the instance of "a monster who was found guilty, at Bareilly, of rape upon an infant not more than 3 or 4 years of age, and still suckled by her mother" (g).

The symptoms observed in the case of Mary Johnson, it has already been stated, differed in many points from those of the cases recorded by Wood. A comparison of the two will bear out the remarks made in this respect in a previous communication. For this reason, and because Mr. Wood's paper is the only published complete account of Noma Pudendi—which, moreover, is not accessible to the Profession except in the pages of the *Medico-Chirurgical Transactions*—I have thought that the republication of the same would render considerable service to Medical jurisprudence.

With the permission of the Council of the Royal Medico-Chirurgical Society, the paper is now again laid before the Profession in the pages of the *Medical Times and Gazette*, and will, consequently, be more widely circulated.

HISTORY OF A VERY FATAL AFFECTION OF THE PUDENDUM OF FEMALE CHILDREN (h).

By Kinder Wood, Esq.

The disease to which I wish to call the attention of the Society, has attracted so little the notice of Medical authors, and is so extremely fatal, that I trust no apology is necessary for throwing together such remarks upon it as have occurred from time to time in the course of my practice.

Of this affection I have seen twelve cases, all occurring in patients between 1 and 6 years of age; of these only two recovered, and they were the only cases in which my attendance was required early in the disease. My notes of these two cases have enabled me to describe the earlier appearances of the disease. The great rapidity with which it proceeds to an extent which the tender constitution of infants and children are unable to support; the insidious manner of its first appearance; the similarity in its commencement to some ordinary affections of the parts; its novelty (for I have always seen patients more surprised than alarmed); all these circumstances contribute to that period being passed over when alone Medical means can be serviceable.

The commencement of this affection is attended with chilliness succeeded by heat, slight pain in the head, dulness, nausea, loss of appetite and thirst; the tongue has a clay-coloured deposit, the bowels are torpid, and the patient is languid, inert and listless. These symptoms precede the affection of the pudendum about three days. The patients first call the attention of parents more particularly to the seat of the disease by complaints of pain in voiding urine, or when too young, this is observed by the cries and struggles of the child during the act of emptying the bladder. When the genital organs are examined, one or both labia are found inflamed and enlarged; the inflammation is of a dark tint, and soon extends internally over the clitoris, nymphæ and hymen; the pain in voiding the urine may induce a supposition that the inflammation extends into the urethra; and a thin secretion, which at this period may be observed, coming from these parts, renders it not improbable that the lower part of the vagina may be affected.

From the period of the formation of the inflammation so rapid is the progress to ulceration, that scarcely twenty-four hours elapse before a number of small vesications, forming within the labia as well as externally, burst and form so many open surfaces which, quickly spreading into each other

(b) Chevers, p. 464.

(c) Med. Jurisp. for India, p. 466.

(d) Chevers, op. cit. p. 468.

(e) Medical Jurisprudence, 6th edit. p. 697.

(f) Medical Jurisprudence for India, p. 463.

(g) Op. cit. p. 468. (h) From vol. vii. of the *Med. Chir. Transaction*

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form large ulcers; this was the progress in one case; in the other the skin opened without any previous vesication. The thin discharge which the inner membrane secretes, is now mixed with the secretions from the ulcerations, and is dark coloured, peculiarly offensive and copious, irritating the adjacent parts, and contributing to extend the disease along the perineum to the anus, and to the inner part of the top of the thigh, contiguous to the labia. I have also seen the inflammation spread over the mons Veneris, and be succeeded by deep ulceration progressively extending as long as life continued.

The pulse is quick and irritable after the inflammation commences; and as the ulceration extends, the face becomes of a peculiar pallid hue, the skin having a very singular whiteness, which I have never seen absent after the ulceration has formed. As the bowels are slow at this period, the opening remedies uniformly bring away dark, slimy, and offensive stools; and in two or three cases I have seen aphtha spread extensively around the anus, and over the perineum, and most extensively in a case which I shall have occasion to detail.

The ulcerations in this affection are not of an equal depth or appearance, but various in this respect, as well as in the state of the bottom, which in some places is foul as well as deep, in others superficial and sprinkled with small red granulations.

It may be easily conceived that in such a state of the organs of generation, the pain upon moving the pelvis is excruciating, and hence the patients when sufficiently old to consult their own ease, constantly lie upon the back with the knees bent and thrown open: this circumstance of pain being produced upon the least motion greatly aids the tendency to inaction in the bowels. There is a most important symptom arising from the extreme pain and tenderness of these organs, viz.—a retention of urine, attended with its usual concomitants, tenderness and swelling of the abdomen; and this is so common as to require a vigilant attention, and a vigorous exertion of parental authority to induce the patient to resort to a voluntary effort.

It has not appeared to me that this disease required any particular time to finish its course, this depending upon the vigour of the patient's constitution, and the original violence of the attack. From the time that the ulcerative action is completely established, the enlarged labia diminish, and the redness disappears, the ulcer successively extending over parts which had been inflamed. The character of the disease at this time is that of a deep, foul, and spreading ulcer, upon parts weakened by a peculiar inflammation, and a constitution injured and weakened by previous febrile symptoms. The external organs of generation are now progressively destroyed; the peculiar pallor of the countenance increases; the pulse becomes quick and weak; the appetite fails; the bowels become loose, the skin of the thighs hangs loose and flabby, as in murasmus; the discharge from the parts increases and becomes more and more offensive, till the patient is worn out and expires.

But if this disease is early seen and checked by the proper applications and remedies, the ulcerations clean and heal, but never without leaving the constitution debilitated and injured. After the sores are healed, there continues a copious yellow mucous discharge from the vagina and external organs, which hinders the patient from recovering strength, and keeps up a tendency to the recurrence of the disease, which I have twice seen, and which in one case proved fatal.

(To be continued.)

THE PARIS FACULTY OF MEDICINE.—The following are the courses of lectures for the summer session, commenced April 1:—Pharmacy, M. L'Orfila *agregé;* Midwifery and Diseases of Children, M. Pajot for M. Moreau; Medical Pathology, M. Becquerel for M. Duméril; Surgical Pathology, M. Gosselin; Hygiene, M. Bouchardat; Medical Natural History, M. Moquin Tandou; Pathological Anatomy, M. Cruveilhier; Therapeutics and Materia Medica, M. Grisolle; Legal Medicine, M. Tardieu for M. Adelon. All these lectures are delivered three times a-week. Besides these, Clinical Lectures are delivered daily; on Medicine, by MM. Bouillaud, Piorry, Gueneau de Mussy for Kortau and Trousseau; on Surgery, by Jobert, Laugier, Velpeau and Nélaton; and on Midwifery by Paul Dubois.

THE LONDON
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ST. THOMAS'S HOSPITAL.

DEATH FROM THE PASSAGE OF VOMITED MATTERS INTO THE WINDPIPE.

(Case under the care of Dr. BRISTOWE.)

THE following case illustrates some of the ill-effects of drunkenness, and shows the impropriety of leaving persons in this condition wholly uncared for.

J. W. a labourer, 32 years of age, was brought to the Hospital by the police at seven o'clock in the morning. He had some little time previously been taken to the station-house in a state of complete and helpless intoxication; had remained there a few hours without having much attention bestowed on him; and, at the end of that time, his condition then exciting some alarm, he was brought to the Hospital.

On admission he was found to be still somewhat comatose; but his face was livid, his breathing laborious and wheezing, his pulse almost imperceptible and rapid, his skin moist. He presented, in fact, most of the features which characterise the last stage of bronchitis. He died in the course of a few hours.

Autopsy.—Body in good condition, but anasarcous. The superficial veins of the brain were more loaded with blood than usual, and the substance of the organ was somewhat congested. Pericardium and heart healthy; the cavities of the latter were dilated and filled with soft black coagula; pleura free from adhesions; lungs large, much inflated, but not emphysematous; they were crepitant throughout, and a little congested; but there was no œdema. On squeezing the sectional surface of any part of either organ, all the cut bronchial tubes yielded tenacious cylinders of a dirty yellowish hue; and on tracing the tubes it was found that all of them, from the largest trunks to the minutest ramifications, were filled almost completely by a material in some places softer, in some more tenacious, but everywhere, in all essential particulars, resembling that squeezed from the cut orifices. The mucous membrane of the tubes was deeply congested throughout, and in some instances it appeared as though small extravasations of blood occupied the submucous tissue. The mucous lining of the larynx and trachea was likewise intensely congested; but it was not thickened, and there was no exudation on the surface. Under the microscope the material occupying the bronchial tubes was found to present a large quantity of free oil, cells of potato, and innumerable fragments of muscular fibre, together with a good deal of stuff of which the nature was not clear, the whole being intermixed with ciliary epithelium, and some imperfect forms of cells belonging to the mucus which cemented, as it were, the various substances into the form of tenacious cylinders. Peritoneum healthy; liver of a uniform reddish brown hue, congested, but healthy; spleen of usual size, pale, flabby, and wrinkled; pancreas, kidneys, and supra-renal capsules healthy. The mucous membrane of the cardiac end of the stomach was somewhat congested and softened; but that of the rest of the organ and of the intestines was healthy, presenting, however, a more than ordinary quantity of mucus adhering to it. Aorta healthy.

It is evident from the results of the examination, that the man while in his drunken state had been continually vomiting, or rather regurgitating the contents of his stomach; and that, owing to his unconscious and perhaps partially paralysed condition, had drawn these continually through the larynx and thence into the bronchial tubes, which had gradually become choked up. It is clear, too, that the irritation of the foreign matter had excited in the latter intense congestion and copious effusion of mucus; and that from the combined effects of the abundant accumulation of vomited material, of congestion and of effusion, the patient had been suffocated, and had developed those symptoms which had simulated bronchitis. From the complete way in which even the smallest bronchial tubes were filled; from the history, imperfect though it be; and from other circumstances, it is obvious that the process had been a gradual one; and one cannot help regretting, therefore, that he had not before been placed under competent supervision, and that such precautionary measures and such treatment as would have suggested themselves to any Medical practitioner, had not been put in force at an early period.

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OPHTHALMIC HOSPITAL.

IRIDECTOMY FOR THE TREATMENT OF GLAUCOMA.

(Cases under the care of Dr. DIXON.)

THE excision of a portion of the iris in cases of glaucoma attended with pain and increased tension of the globe, as first recommended by Graefe, still holds its place in English practice. We saw the other day, among Mr. Dixon's out-patients at the Ophthalmic Hospital, a man in whom its benefits had been signally illustrated. The poor fellow had but one eye, having lost the other by spontaneous inflammation, the exact nature of which could not be ascertained, thirteen years ago. He was now about fifty-six years old, and had retained perfect sight in the right eye until the day before his application to Mr. Dixon. The inflammation had set in suddenly one evening, he had had a very restless night, and the eye had rapidly assumed a condition typically illustrative of acute glaucoma. The sight was so much impaired that he could not see to read the largest type, the tension of the globe was greatly increased, the iris was pushed forwards, and the congestion was considerable. It was with some difficulty that the optic entrance could be distinguished, but it was ascertained to be somewhat cupped. Although much alarmed at this sudden development in his only remaining eye, of symptoms so closely similar to those from which he had lost the other, the man refused at first to accept Mr. Dixon's recommendation of an immediate operation.

On the day following, however, he again applied, having passed an almost sleepless night, and the symptoms being in every respect aggravated. He was now anxious that the operation should be done. At the time of its performance the whole attack had not lasted forty-eight hours. A considerable portion of the upper and outer portion of the iris was excised.

When we saw the man the other day, it was a fortnight after the operation, and he had been ten days out of the Hospital. The wound was quite healed, and the eye in every respect quiet. He could, with the spectacles he had long used, see to read minion type, and believed that his vision was nearly as good as it had been prior to the attack. The relief to pain afforded by the operation had been immediate, and hitherto permanent. No internal treatment had been adopted.

The unusually good result obtained in this case was no doubt due to the very early performance of the operation. An old man from the country came under notice the same day, in whom it had been done three months after the commencement of the attack. He had been sent up with a written statement from his Medical attendant that the attack had been acute, and had been vigorously met by active measures. Bleeding from the arm, and by leeches, and the use of mercury to salivation, had been resorted to. Indeed, the treatment had been in every respect that most likely to obtain the desired result, were such result to be had by medication. In spite of it, however, the disease had run its onward course, and the man was all but blind. It was deemed best, although with but little hope, to give him the chance afforded by the operation, and iridectomy was at once performed in both eyes. In respect to relief of pain, the result had been satisfactory, but the sight had been but little improved. We put the question to the man, who was very intelligent, whether, knowing what he now did of the pain attending the operation itself and the results obtained from it, he would advise any one else in a similar condition to have it done, and his reply was a ready affirmative. It had, he said, wholly removed the aching pain; and, although it had not restored his sight, he considered that it had conferred a decided benefit upon him.

ACUTE SYPHILITIC IRITIS IN AN INFANT.

(Under the care of Mr. HULKE.)

The occurrence of iritis in infancy as a result of hereditary syphilis is acknowledged to be rare. Mr. Lawrence, who was the first to observe it in such association, recorded only a single instance, and Mr. Hutchinson, in a paper in the Ophthalmic Reports, was able to collect from all sources but sixteen examples, about half of which had occurred under his own observation. The average age of the patient in the sixteen cases just referred to was five months and a-half. As a general rule it may be laid down, that iritis in infancy occurs almost solely in such infants as are born within a short period of the original disease in the contaminating parent. It is a secondary, not a tertiary symptom, and keeps its rank in infants as well as in adults. The circumstance that its outset is often attended by but very slight external signs, makes it very important that the eyes of syphilitic infants should be frequently examined by the Medical attendant. Otherwise, since there is neither the congestion nor the pain which attends iritis in the adult, and as infants often keep their eyes closed, it may not infrequently escape observation until irreparable damage has occurred. The effusion of lymph into the pupil is usually very free. The subjoined example of the disease is now attending the Ophthalmic Hospital under Mr. Hulke's care.

C. W., an infant aged eight months, was admitted on March 1, its right pupil being closed by red organised lymph. It was a puny child, with a large hydrocephalic head. The peculiar "snuffles" was well marked, and its mother stated that there had been a rash out on its nates and thighs, which was now well. It was an eight-months' infant, but notwithstanding was, when first born, healthy looking—of good size. When three weeks old it began to fail, and to suffer from snuffles, and, soon afterwards, blotches broke out. The eye was not noticed to have anything the matter with it until two weeks ago, and it had never been much blood-shot, nor had there seemed to be much pain attendant on the attack. At present, the colour of the affected iris was green, the healthy one being blue; there were no masses of lymph, excepting in the pupil itself, which was quite closed thereby. The lymph was very red. There was, when carefully looked for, a faint sclerotic zone of redness. The cornea was quite clear.

On being questioned, the mother, who was herself quite healthy, excepting being pallid and liable to leucorrhœa, stated, in March, 1856, she had a miscarriage, and, about the same time, suffered from sores on the genitals, which her Medical man said were due "to disease from her husband." She had since had several bad sore-throats, but no rash. Her husband, an engine-driver, was, she said, a fine healthy-looking man, but she knew that he had lately suffered from a bad sore-throat. The patient was their first living child.

Mercurial inunction was of course ordered; but we should fear there is but little hope that the lymph will ever be wholly absorbed, the disease having advanced too far for such a consummation.

According to Mr. Hutchinson's statistics, a majority of the infants affected with syphilitic iritis are females, out of fourteen four only being boys, and ten girls. The present instance supports this conclusion, but it would be premature to speculate on the cause of the preponderance.

AN unprecedented range of Temperature took place in the first week of this month. On April 1, at Highfield Observatory, the temperature fell to 21·8 deg. in the air, and to 20 deg. in the grass. On April 7 it rose to 78·0 deg. in the shade, giving a range of 56·2 deg. in a week.

THE MOORUK.—It will be remembered that Captain Duthie, of the *British Merchant*, took home last voyage, in charge of Dr. Plomley, a passenger, a Mooruk, which arrived in excellent health, and was at once placed in the Zoological Society's Gardens at Regent's-park, being the first living specimen of this valuable and unique bird ever landed in Europe alive, and considered by the first ornithologists of Europe as one of the most interesting birds discovered for years. Captain Duthie has again, with praiseworthy liberality, taken charge of a pair, male and female, to be sent by Dr. Bennett, as a present to the Zoological Society of London, which was advertised to sail from Sydney on February 12 for London. We hope he will succeed in landing this valuable pair of birds safe in England, for, should he be so fortunate, there can be little doubt the society will be able to rear these birds in their gardens, and, as the *Sydney Herald* patriotically observes, "make them equally denizens of Britain in the old, as Britain in the new world, and the rare and unique bird of an almost unknown island of new Britain will become a familiar inhabitant of the island of old Britain."—*Australian and New Zealand Gazette.*

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NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 330.—Walpole and Dr. Hunter.

"I had the satisfaction (Sept. 1776) of having Dr. Hunter, Queen's man, midwife, and favourite, say to me:—'How the poor Scotch will be abused! I think General Conway must go to America, and make peace.'"—*Walpole's Journal.*

No. 331.—Hermaphroditism—the Chevalier Deon.

"It was proved to the satisfaction of the jury, on a trial before the Lord Chief Justice Mansfield, between Morande and the famous Chevalier Deon, that the latter was of the female sex."—*Walpole's Journal.* Dr. Doran hereon remarks:—"The case was between Hayes, a surgeon, and Jacques, an underwriter; and it was tried to settle a wager, Jacques having bound himself on receiving a premium, to pay Hayes a certain sum, whenever the fact was established that Deon was a woman. Morande was a witness, and gave such testimony that no human being could doubt the fact of Deon belonging to the female sex; only that Morande was altogether unworthy of credit. But two French Medical men gave equally conclusive evidence (if they could be believed); and the jury (before whom Deon himself did not appear) returned a verdict for the plaintiff, with seven hundred and two pounds damages. Very large bets were depending on the result of this absurd trial."

No. 332.—Sudden Whitening of the Hair.

The very extraordinary instance of sudden change of colour in the hair, related by Mr. Barry, Staff-Surgeon, in your journal of the 9th April last, as well as another instance previously recorded there, seem to leave no room for doubt as to the truth of the phenomenon. I am, however, induced once again, through your columns, to ask a question in reference to it. It is, I think, tolerably clear that this sudden change of colour cannot be other than the results of some chemical agency upon the colouring matter of the hair, as hinted in Todd and Bowman's Physiology:—"It seems most probable that this phenomenon results from the secretion at the bulb of some fluid—perhaps an acid, as Vanquelin supposes—which percolates the tissue of the hair, and chemically destroys the colouring matter." Can any of your chemical readers give us any solution of the fact by explaining the nature of the decolorising agent, and the nature of the colouring matter acted on? Sig.

No. 333.—The Cæsarean Operation.

"I think there are only two things to justify a surgeon in performing the Cæsarean operation: first, that he should possess infallible knowledge of his art; and secondly, that he should be infallibly certain that he is infallible."—*Coleridge's Table Talk.*

No. 334.—The best Physician.

"In the treatment of nervous cases," says Coleridge, "he is the best Physician who is the most ingenious inspirer of hope."

No. 335.—Enthusiasts and Quacks.

"I pity real enthusiasts, but I would shave their heads and take away some blood. I delight that you would not see the enthusiastic exorcist. If such abominable impostors were not rather a subject of indignation, I could smile at the rivalship between them and the animal magnetisers, who are inveighling fools into their different pales. And, alas! while Folly has a shilling left, there will be enthusiasts and quack doctors."—*H. Walpole's Letters.*

No. 336.—Louthenbourg the Quack.

"Louthenbourg, the painter, is turned an inspired Physician, and has three thousand patients. His sovereign panacea is barley-water. I believe it is as efficacious as mesmerism."—*H. Walpole's Letters.*

Académie de Médicine.—In the Section for Pathological Anatomy, M. Denouvilliers has been chosen by 43 out 74 votes. M. Menière obtained 16, M. Roger 11, and M. Barthez 3 votes.

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Medical Times & Gazette.

SATURDAY, APRIL 23.

GRATUITOUS MEDICAL SERVICES.

We have already, and on a late occasion, referred to the suicidal folly adopted by so many of our Profession—we may say, so universally adopted by our Profession—in their gifts of gratuitous advice to the sick. We have shown how it has demoralised the whole system of our Medical ethics, how it tends to ruin us as a body, to produce the severest competition between man and man, and to lower us all in the estimation of the public. The matter is of such grave importance that we return to it again, hoping and believing that some light will at length shine forth to guide and lead us out of this position of folly and darkness. We have stigmatised, as one of the most fruitful sources of the evil, the system of outdoor Medical aid, as it is so generally administered at our public Medical charities. Any one who can obtain letters of recommendation to a hospital or dispensary, receives relief; and it is notorious that numbers do obtain such letters who are not entitled to relief; so that to this extent the Profession is actually robbed of their actual rights by such charities. The Medical officers of these public institutions not only receive no pay for their duties, but in the performance of those duties they actually abstract indirectly from the pockets of the Medical practitioners, who live in the neighbourhood of the charity attended by them, their due earnings; and this they do by administering relief to those who are not deserving objects of the charity. No one but those who are intimately acquainted with the working of our large Medical charities, can have any idea of the extent to which these charities are abused in this way. The patient, it is true, must obtain a letter of recommendation; but who ever troubles his head as to whether the recipient of it is or is not a fit object of charity? And how is the doctor to judge? and how can he be expected to be continually battling against such abuses? Besides which, it is evidently not to his interest to be too particular in this respect. And then again, there is another sort of charity which has lately sprung up, and which parades its excellences to the world, as being different from other charities in this particular, viz. that its portals are free and open to all, that every one may enter freely without let or hindrance, and freely obtain relief. A new one of this species, lately established, we observed a few weeks ago trumpeting itself in the corners of the papers, as having cured its 60,000 out-patients during the year! Herein lay its merits, that no one was questioned, but all instantly administered to! Can *charitable* demoralisation go beyond this?

We cannot, in one sense, but be glad that the abuse has thus, as it would seem, reached its culmination; for it is from the exaltation of abuses that good reforms do frequently arise. We lately had an opportunity of seeing demonstrated the mischief inflicted on our Profession by this indiscriminating charity, as it is falsely called. In one of our metropolitan

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hospitals, the out-door patients had been allowed, through neglectful management, to receive relief in a most indiscriminate manner. This system was suddenly arrested, and at once the number of the members of an adjoining Provident Society increased most rapidly. The patients, so long as the doors of the hospital were open without impediment to their entrance, flocked there; but when the ordinary check was established, then numbers of them found out that they could afford to pay so much per week for Medical aid!

The remedy for this enormous evil, practised by the Profession on itself, is we firmly believe to be sought only in the adopting and carrying out of the principles of Medical charity so honestly, so consistently, and so determinedly supported by Dr. William Ogle in his letters to this Journal, and in various pamphlets. His system is founded, as we read it, on this principle: That for the pauper the State must provide, the pauper being one who is utterly unable to provide for himself either food or Medical aid; but that Charity should step in and aid and assist the labourer, the mechanic, the small tradesman, the clerk, the dressmaker, and even the governess, and the half-pay officer, and, in fine, all respectable people of limited means. He desires that all above the line of pauperism should be enabled to retain and maintain their self-respect; and, in fact, that they should have opened to them the means and opportunity of securing efficient Medical aid in time of sickness. The present of Medical charity inculcates and teaches the poorer classes the grossest imprudence and loss of self-respect. Dr. Ogle's provident plan leads them, *in time of health*, to look forward to and provide for, as far as may be, out of their own resources, the inevitable hour of sickness. Every pauper treated at a Hospital or a Dispensary encourages parish neglect; so long as parochial authorities can have their work partially performed by charities, so long as they can fall back upon Hospitals and Dispensaries for assistance, parochial duty will be inefficiently performed. The notoriously shameful treatment of the paupers at the present moment, is in part to be ascribed to these abuses of charity. Half the work of the Poor-Law Doctor is done by Hospitals and Dispensaries.

Dr. Wm. Ogle's theory is founded in sense and justice. He affirms, that every individual above the rank of a pauper can afford, when in health, to pay *something* for Medical relief; let him then, he says, pay that something, whether it be more or less, and according to his means, and when he is sick, he shall have his *own* Doctor to attend him. He says, and most truly, why should not a system of relief be established which will enable a poor person to obtain superior Medical aid for a fee proportioned to the condition of the person? Why should a Physician refuse to take from him what he is honestly able to pay, and tell him, "If he can pay no more than that," he must come to him at the Hospital? Thereby, he is only injuring his Profession and degrading the object of his charity. Dr. Ogle has already described the machinery by which he would carry out his system; and we do not think that there is any fault to find with it. But how are we to set this machinery in operation? As we have before said, the very men who should be our associates in carrying out this grand system, are those who by their very position are made antagonistic to us. How will he hope to obtain the consent of our Hospitals, to the lopping off their out-door departments; and how will he prevail upon Dispensaries to shut up? How will he move these Acherons? He has with an unsparing hand shown up the abuses of our system; but how will he put a stop to them?

For ourselves we see no hopes in any relief, adequate to the enormity of the abuse, being obtained until a monster movement is made on the part of the Profession itself; and until individual members of it are contented to exhibit a certain amount of abnegation and sacrifice. In the meantime we refer to this subject, and prominently to Dr. Wm. Ogle's labours in regard to it, thoroughly convinced that the direction which he points out is the only one in which a true issue can be found; and we do so because by keeping the subject alive in the minds of our brethren, we may hope to assist in bringing about the end of this *régime* of Medical abuses, a consummation most devoutly to be wished for. We trust Dr. Wm. Ogle will continue his earnest efforts; indeed, we are convinced that his personal convictions on this subject are too strongly founded to allow him to wax cool in the cause. The cause which he maintains has our most earnest good wishes for its success.

We would, before concluding, call attention to the plan we believe very generally adopted in Scotland, and of late years to some extent in the country. We imagine that its more general adoption would assist in furthering the views of Dr. Ogle. We refer to an arrangement made between the Physician or Surgeon, and his patient, whereby the latter (and his family, if he have any,) is attended during illness at a given sum per annum. An arrangement of the kind here referred to would enable persons of the lower ranks in life to obtain advice during their illness of a superior kind to that which they ordinarily obtain in their hour of need, and probably at a cheaper cost to themselves, than what happens under the present system of things.

THE WEEK.

We last week called the attention of the Profession to certain resolutions which have lately been advertised in the Medical Journals as adopted by the Royal College of Physicians of Edinburgh. We pointed out the nature of these resolutions, and expressed our opinion that the final adoption of them would bring indelible disgrace on the Edinburgh College of Physicians, and lower its status and dignity in the eyes of the Medical world. We also adverted to the fact that those resolutions affected seriously the interests of the College of Physicians of London; so that while Edinburgh was thus dragging itself downwards, it was also doing iniquity towards London. But it is well understood, as anyone would *à priori* be ready to expect from a College which numbers among its Fellows men of such renown and honour, that the aforesaid resolutions have not been adopted with unanimity—on the contrary, men of that College have not themselves hesitated to stigmatise such things, so done in the bosom of their College, as disgraceful; and they have strenuously opposed them. But their opposition has been, hitherto, in vain. On two occasions the resolutions have been carried; and it now remains to be seen the result of the third trial. As the terms here made use of by us are not gentle as applied to a Royal College, we will again repeat for the benefit of those of our readers who may not yet have learnt the whole of this history, what the College offered, per advertisement, to do for the furtherance of Medical science, and for the elevation and dignity of the Profession. The College offered—1st. To take under its wide and generous wings every Medical man who has a licence from any *existing licensing board;* and 2ndly, in a positive frenzy of liberality, it invited every gentleman who has *been in actual practice for fifteen years* to come and partake of its bounty; *i.e.* it invited gentlemen with no other qualifications whatever than such as are possessed by Morrison, Coffin, or Holloway. In the meantime, and before the last touch has been given to this licentiousness of licensing, we are glad to be able to say that the College of Physicians of London has thought fit to enter its caveat and protest against these proceedings. The College has, in fact, forwarded to Edinburgh a strong protest and remonstrance on the subject—one unanimously adopted by the President and the College. It could not stand calmly by and see such an injury perpetrated upon itself, without a word of caution, and it has done

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right well. It has, in our opinion, in no way derogated from its own position of dignity in thus endeavouring to admonish the supporters of those resolutions, and to strengthen the hands of those who have so fervently opposed them in the body of the Edinburgh College. If the London College had remained indignantly silent on this occasion, it would, perhaps, have been hereafter told that it thus passively gave its assent to these proceedings, and had no right or just cause to complain when Holloway and Morrison's heirs-at-law came and demanded admission through their portals in Pall Mall; and told also, that it had no right to complain, when men who had been convicted of unfitness for the honour of passing those doors, by the London College itself, also came, and, in the name of the new coming charter, and with the Edinburgh ticket-of-leave in their hats, demanded admission. We truly trust there may yet be time for the Edinburgh College to retrace its fatal steps. It is, indeed, a sad sign of progress downwards, and a poor product of the good this Medical Bill has brought us. Of this, however, the Edinburgh College may be thoroughly well assured—that it will not so readily as it seems to think drag down its London Fellows to the level it is thus desirous of attaining. The glory of all this "art of sinking," and the emoluments, will be all its own. We firmly believe that the London College will rather renounce its proposed new charter, than permit itself to be thus unwillingly affianced to a College which can boast a licensing programme like that advertised by the Edinburgh College. Adopt such a programme indeed, and we venture to prophesy that every Physician who thinks the licence of a College should be an honour to hold, will thrust into the fire the document which he obtained from the Edinburgh College under better auspices. He will free himself from the burthen of so doubtful a certificate.—At the moment of going to press we are happy to find that one of the objectionable regulations has been already rescinded, as our readers may see by referring to the letter of a Fellow of the College, which will be found on our last page.

Since our last report on the state of feeling at the Admiralty as to Naval Medical officers, a happy change has come over affairs. The prospect of a general election has induced Sir John Pakington to remove one element of unpopularity, and to secure the favour of Medical voters. In reply to a question of Mr. Grogan, in the House of Commons, he said, "That the preliminary steps had been taken for acceding to the prayer of the memorialists, and all that was now required was the consent of the Treasury. A Privy Council would probably be held on Saturday, when an order of Council would be issued placing the Medical officers of the Navy in a position of fair and proper equality with the Medical officers of the Army. It was possible the order in Council might not be issued so soon as Saturday, but, if not, it would undoubtedly be issued at the next following Council." Should the order be issued on Saturday, the Ministry will go to the country with some strong claims to the support of the Medical Profession. They have given us the Medical Act, the Army Warrant; and have certainly been much more *squeezable* than their predecessors.

We referred some time ago to the want of proper Medical superintendence over the health of the men in our Navy. The autocratic captain assumes the entire command of all matters affecting his ship and his crew, and too often refuses to listen to, or neglects to consult, his Medical officer in hygienic affairs. In proof of what we thus write, we find a striking example in the last statistical Report of the Health of the Royal Navy. It shows clearly how much the health of the crew is in the hands of their commanders, and how capriciously commanders act in respect to the manner in which they employ their crews. Speaking of diseases of the respiratory organs in men on the Home Station, Dr. Bryson says in his report:—

"More than a third of these complaints occurred between the first day of January and the last of March; but it is remarkable that while some ships' companies suffered, there were others employed in the same, or at all events, in similar duties, and exposed in the same localities, and to the same kind of weather, which entirely escaped. For example, in the *Royal William*, the *Hawke*, *Formidable*, and *Blenheim*, there did not occur during the above period a single case of inflammation of the lungs and pleura, while in others they amounted in some instances to eight, and even to fifteen or sixteen. This fact alone shows how much it is in the power of commanding officers, and of the individuals themselves, composing a ship's company, to control and even prevent the occurrence of a large amount of serious, and often in the end fatal disease."

Again; can it be supposed that our Profession exerts its rightful influence in the Navy, or is turned to its most useful and effective purposes—the prevention of disease—when we read of the following state of things, the offspring of the most abominable and ignorant Red-tapeism?—

"Generally speaking, the comparative frequency of inflammatory affections of the lungs in the Home Force is to be ascribed to the exposure of the men to cold and wet, which it is difficult to avoid when there is a necessity for employing them on dock-yard duties and in boats, *and to their being quartered in cold, damp, windy hulks during the winter months, where they have few opportunities for drying their clothes.*"

REFORM AT THE JARDIN DES PLANTES.

[The following account of the present condition of this celebrated institution, furnished to the *Union Médicale* by M. Latour, may be perused with advantage. While it contains some hints which our own authorities will do well also not to disregard, it will convey a rebuke to those with whom it is so much the custom to cry up the excellence of the French Scientific Institutions at the expense of our own.]

The celebrated establishment, known under the name of the "Jardin des Plantes and Muséum d'Histoire Naturelle," is on more than one account interesting to the Medical Profession. Its foundation was due to Guy de la Brosse, Physician in ordinary to Louis XIII., a skilful and erudite practitioner, notwithstanding the diatribes of Guy Patin, whose ire he excited by his patronage of antimony and his incredulity in the virtues of venesection. In 1626 he obtained the King's letters patent for the foundation of a garden for the culture of medicinal plants, and was appointed the first Intendant thereof. For more than a century the Intendance of the establishment continued one of the official duties of the first Physician of the King: and for a long period anatomy has been taught at the Jardin. There, also, the first public demonstrations of surgical operations were made by the celebrated Dionis. At all times names illustrious in Medicine have figured among the Professors; and at the present day some of the most distinguished of these bear the title of Doctor.

The *Jardin des Plantes* presents a remarkable example, in France, of a constitution having remained entirely intact for sixty-three years, it being governed at this day by that conferred upon it in 1793. Nevertheless, this constitution was about the worst possible—a pure oligarchy—the one most antagonistical to progress, the most attached to the interests of caste and of family, and the most careless of those of the public at large. By it all the officers of the museum (fifteen in number) bear the title of Professors and enjoy the same rights, the former post of Intendant being suppressed. The Professors themselves name a Director, who is changed every year. Any vacancy among the Professors is filled up from a double list of candidates furnished by their own body and by the *Académie des Sciences:* and as the assembly of Professors almost all are members of the Academy, they naturally exercise a great preponderance on the lists presented. The Professors exert an absolute control over the establishment, choosing or dismissing all employés, electing

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assistant-Professors, appointing to foreign scientific missions, making purchases and exchanges, managing the funds of the institution, and exercising a disciplinary power which may even be extended to the dismissal, under certain circumstances, of members of their own body. The possessions of the establishment are estimated at least at 100 million francs, and its annual income amounts to about half a million francs.

It need scarcely be said that some abuses have been created by such a constitution; and certain attempts have been made to modify it. Under the Consulate, Lucien Bonaparte, then Minister of the Interior, obtained from the First Consul the creation of a Director-General of the Museum, leaving to the Professors only the duties of teaching and the care of the collections confided to them. This decree, in spite of the vehement protests of the Professors, and of the refusal of De Jussieu, then one of the Professors, to accept the post of Director-General, was about to be carried into execution, when Chaptal succeeded Lucien as Minister of the Interior, and the Professors gained the day. Under the Restoration, and in the reign of Louis Philippe, several of the Ministers of Public Instruction sought to more or less extensively modify the organisation of the Museum, but always found an amount of resistance which proved insurmountable. In 1849 the National Assembly having determined upon a reform of the establishment, the Minister of Public Instruction named a commission of inquiry, composed of Geoffroy St. Hilaire and ten other members, and a very able report was made in 1850, in which the whole subject was reviewed in a masterly and impartial manner. Nothing practical, however, came from it; and although various individuals have stigmatised the apathy of the Professors and the condition of the collections, and none more severely than Prince Charles Bonaparte, yet nothing had been done, when M. Roulland, the present Minister of Public Instruction, issued another commission of inquiry in May, 1858, the report of which has not yet been made public. The Minister, on appointing this commission, stated that however desirable it was to confide the scientific direction of the museum to the hands of men who had been rendered illustrious by their learning and their labours, it had become impossible to continue an administrative system which left the financial and material management of the Institution in the hands of a body of savants devoted to study and teaching. The whole subject was therefore directed to be inquired into, in order to ascertain what innovations and ameliorations are desirable, and how direct responsibility in the management of the Institution can be best established.

The Report of the Commission of 1850, and the testimony of independent observers long since, have shown the necessity of reformation, it being acknowledged that since the death of Cuvier, the Museum has fallen into confusion and comparative decay, becoming more and more inferior to analogous institutions in London, Berlin, and Vienna—not in regard, indeed, to the riches of the collections, which are unsurpassed, but to their methodical distribution, and the facilities for study. It is evidently something radically wrong in the system itself, when such men as the present professor-administrators, among whom we find the honoured names of Serres, Brongniart, Chevreul, Cordier, Flourens, Becquerel, Geoffroy St. Hilaire, etc., men whose high intelligence and devotion to science are known to all, are found incompetent to prevent or arrest the decadence of this great national institution.

If it is thought desirable that the Museum should constitute an asylum and retreat for a certain number of illustrious scientific men, who, lodged at the expense of the State, are there provided with all the appliances for their special pursuits—where each professor, independently of the rest, has full power to choose and arrange the collections appertaining to his specialty, to dispose of the means of studying, the arrangement of the lectures, and the direction of the labours of naturalists placed under his orders—rendering a national institution, in fact, the patrimony of a few families and their protegés, to the discouragement of meritorious and devoted labourers in science—if all this is desired, the present organisation is admirable. But regarding the subject from a more general and a more elevated point of view, while wishing to make every recognition of services rendered and positions acquired, it is desired to render the past faults and present imperfections instrumental to future improvement, and to raise this great conservatory of Natural History into a school of high instruction. The collections must be rendered really accessible to the workers in science; order and co-ordination must be introduced, and the rich spoils of naturalist-travellers must no longer be thrust away in holes and corners. The natural sciences must be taught upon a more methodical plan, each professor confining himself to the branch for eminence in which he was selected, while more justice should be done to the young and rising naturalists who assist in the establishment; so as to render the pursuit of natural science a career and not a mere refuge. The Museum, in fact, must be rendered an object of public, rather than as at present, of private utility.

The teaching at the Museum has lost its brilliant *éclat*, and yet it was within its walls the revelation was made of the philosophic bond which unites the natural sciences with the study of human destiny. Thanks to the immortal labours of Buffon, Cuvier, and Geoffroy St. Hilaire, natural history, ceasing to be a science of mere curiosity and dry classification, has led to the most attractive researches that can occupy the intellectual activity of man. It is the eternal honour of the Museum to have directed the human mind into this channel: it was in the Museum that a new science, Palæontology, was created in all its entirety; and in the Museum the confused and scattered ideas on anthropology were formularised into a body of doctrine. It is the glory of France to have instituted this magnificent and comprehensive teaching of Natural History; and it is one of her most imperious duties to watch that it always attain the height of its objects and its destiny.

Several of the courses of lectures have but few auditors; and if from these were abstracted persons with leisure, who attend as a mere means of passing the time, it would cause a feeling of painful surprise to observe how limited is the number of true students, of those who desire to follow the Professor through all the developments of the branch of natural science he has undertaken to interpret, and who aspire to deserve the name of *naturalists*. What is the cause of this state of things? Not the science itself, for it is full of attractions, responding to one of the most instructive of human desires—the penetration of the secrets of Nature. It is not inefficiency on the part of the Professors. All acknowledge their incontestable superiority and their profound knowledge. The true source of the evil is found in the fact before adverted to, that the study of natural history leads to nothing. The Museum being a mere assemblage of Professors, and not a school, the pursuit of the science is rewarded by the attainment of no lucrative profession. It will be the duty of the Government to organise such a school of Naturalists and to raise such a profession; and in place of the humble places so badly paid which the Museum now confers on young men who sacrifice their youth and their labour to functions devoid of issue, hierarchy, or advancement, resources for the present and guarantees for the future must be provided. This must be the vital and culminating point of any new organisation.

The collections of the Museum form together so imposing and rich a spectacle that the first idea is one of admiration and gratitude towards the professor-administrators who since the time of Buffon have co-operated in augmenting them; and the question arises, why should an organisation be sought to be modified which has given rise to such results? Unfortunately the objection loses its value when the dazzling effect produced by these treasures is succeeded by cool analysis and rigid investigation. The opinion of all competent persons is that in respect to methodical arrangement these collections are very defective. Although the inconvenient character of portions of the building may explain some of the imperfections, it is no less true, that through the absence of a superior direction, the abandoning each collection solely to the Professor charged with that department of science, the want of general and systematised classification, the bad arrangement of the objects, and their defective or erroneous labelling, these vast collections of objects in all departments of natural science do not render the services they might, and are well nigh inaccessible for the purposes of serious study. The Museum seems indeed to have been disposed less for public utility than for the private gratifications of the Professors: each collection betraying rather the tastes, aptitudes, and preferences of the Professor who has charge of it, than representing the intention of constituting a part of a general plan of Natural History study.

The gallery of comparative anatomy does not deserve the name, consisting of a series of old, small, ill-built rooms, in

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which a good osteological collection is spoiling day by day through the damp. The osteology is, in fact, the only portion of comparative anatomy represented, a few models indicating some of the other systems. Histology is not representing by a single preparation, M. Serres' fine anthropological collection, the proper place of which is here, is deposited in a building inaccessible to the public. No want of space or inconvenience of the building ought to excuse the utter absence of method in the arrangement of the articles that are here, but all is one mass of confusion. So in the zoological collection, with the exception of the reptiles arranged and labelled by MM. Dumeril and Bibron, and the birds, which are also well arranged, all is mingled together without plan or object. The palæontological collection, created by Cuvier, is one of the most precious treasures of the Museum: but the exigencies of science demand its augmentation. The comparison between living and extinct species is now only very exceptionably possible at the Museum: and the great error has been committed of breaking up a portion of the collection, and distributing it among the other departments.

In all the collections, rare and precious specimens are found which have undergone great injury, and this often from the frequent transport they are subject to, even beyond the precincts of the museum, for the purpose of demonstration. Several of the professors being also professors at the Sorbonne, they have not hesitated to borrow the specimens from an establishment exclusively under their own control. The library, consisting of nearly 50,000 volumes, does not yet possess a general catalogue. It contains also precious MSS., a rich collection of geographical and geological maps, and 15,500 original drawings, 5500 of which form the valuable collection known as the "museum vellums." In this library, as indeed in all the libraries of Paris, the lending of books has been carried to abuse. The laboratory of comparative anatomy is a place no professor or his assistants should be condemned to work in, destitute as it is of a supply of water and of air, while its floor and walls are reeking with a revolting stench. Yet in this wretched place did M. Gratiolet pursue, during eighteen months, his splendid researches on the brain of the mammalia—a heroic devotion which, however, led to the production of a severe scorbutic affection, and prevented his obtaining the post of anatomical professor. The gardens, nurseries, and greenhouses, are almost useless to the public, as a permission is required to gain admission; and the botanical garden is open only on certain days and at certain hours. The Society for the Prevention of Cruelty to Animals may find much to reform in the menagerie; and the close captivity in which the animals are kept causes an excessive mortality.

REVIEWS.

Animal Physiology. By William B. Carpenter, M.D. A new edition, thoroughly revised, and partly rewritten. London: 1859. Pp. 604. Small 8vo.

Outlines of Physiology. By John Hughes Bennett, M.D. Pp. 247. Small 8vo. Edinburgh: 1859.

Elaborate works embracing the facts and teachings of the whole range of Physiology are not now wanting to show that this science has made great progress of late years; but works of such a kind as those mentioned at the head of this notice, are now most of all required for the purposes of education. The study of the science of Physiology is not yet sufficiently extensive in our general educational establishments; nor by any means commensurate with the advance of the science itself, and its paramount importance to the wellbeing of society. Formerly the study of Physiology was only thought essential to students of Medicine, and the short period of four years generally allotted to the whole range of a Medical curriculum, left little time for even a sufficient acquisition of physiological knowledge, culled from the larger volumes on Physiology which the student was obliged rather to wade through than to read and study. Now, however, with these and many excellent elementary treatises on the subject, there ought to be no excuse for any deficiency in such knowledge, and the science of Physiology ought to form a part of the regular course of instruction in every public Educational Institution with which this country is now so abundantly furnished. The student of Medicine, with such a preliminary education, would then be able to prosecute with much greater benefit the further study of the science into its higher spheres under the direction of learned Professors of Physiology. It is gratifying to know that considerable progress has been made of late years in this direction; and the value of the study of Physiology has at last been publicly recognised and duly appreciated as a branch of general education in this country. The University of London has the honour of this liberal innovation; having been the first to introduce Animal Physiology into the programme of study to which all candidates for its degree of Bachelor of Arts are required to conform. The Universities of Oxford and Cambridge have since admitted it as one of the subjects which candidates may select for their Bachelor of Arts' examination, and in which they may obtain honours; and our active Government Inspectors of Schools are using their utmost endeavours to introduce this science as a regular branch of instruction in those schools which come under the notice of the Government Council for Education. Natural science, and especially a knowledge of the facts and doctrines of Physiological science, is second in importance to no kind of study as a most efficient agent in the culture and discipline of the mind. As an educational means the science of Physiology may be made to call forth a more varied and wholesome exercise of the mental powers than almost any other taken singly; and we do not doubt but that the experience of intelligent instructors will endorse these opinions, and so lead to the still more general introduction of the study of Physiology into popular education.

"It can only be by the general diffusion of sound information on this subject," says Dr. Carpenter, "that the public mind can be led to understand the difference between rational Medicine and that of empiricism, which now presents itself under so many different forms, that it can appreciate the true value of measures of Sanitary Reform, the efficiency of which must depend upon the amount of support they receive from an intelligent public opinion, and that it can be preserved from those epidemic delusions whose prevalence from time to time is not less injurious to the minds of which they lay hold, than is that of epidemic diseases to the bodies of those who suffer from them."

Dr. Carpenter's volume is published as one of Bohn's Scientific Library. It commences with a well-written, short, but eloquent and telling introduction, illustrating the causes which have hitherto led to a neglect of the study of Physiology. The main reasons are then urged for acquiring a knowledge of the subject, and which appeal to our reason through our love of life and health, by a statement of those facts which demonstrate the practical importance of the study. He further indicates the mode in which this study should be pursued, and concludes with important observations upon the value of the science with reference to the culture and discipline of the mind itself.

The facts and doctrines of Physiology are then fully set forth and expounded in fifteen chapters, under the following heads:—

I. The vital operations of animals, and the instruments by which they are performed; with a consideration of the chemical constitution of the animal body, and the structure of the primary tissues.

II. A general view is given of the animal kingdom.

III. The nature and source of animal food is fully explained.

IV. The functions of digestion and absorption are considered in all their bearings.

V. The blood, and its circulation, constitutes a most interesting chapter; so also,

VI. The nature of the changes constituting respiration, and structure and actions of the respiratory apparatus.

VII. This chapter treats of excretion and secretion—the purposes and nature of the processes, and the characters of the particular secretions.

VIII. This is a most important chapter, and gives a general review of the nutritive operations, the formation of the tissues, and the repair of injuries.

IX. The evolution of Light, Heat, and Electricity by animals is here considered.

X. This chapter contains a clear and concise account of the functions of the nervous system.

XI. Treats of Sensation and of the Organs of the Senses.

XII. Treats of Animal Motion and its Instruments.

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XIII. Considers the Production of Sounds, and the Functions of Voice and Speech.

XIV. Is a Disquisition on Instinct and Intelligence, with some interesting examples of the manifestations of intelligence.

XV. And lastly—The Function of Reproduction completes this most interesting little volume, demonstrating with its clenching evidence that Unity of Plan which is visible throughout the whole animal kingdom.

Dr. Bennett's book contrasts, to its disadvantage, with the outline we have given of Dr. Carpenter's work. Dr. Bennett, however, distinctly claims for his book, in his preface, the merit of its being a comprehensive outline of Physiological Science, embracing the functions of the ultimate tissues and organs of the body in health and disease. But his Outlines of Physiology are, in our opinion, of the most meagre description. The treatise savours much of the article on Physiology contributed by Dr. Bennett to the new edition of the "Encyclopædia Britannica." Dr. Bennett, however, does not say anything about this in his preface. To make up for the absence of physiological facts and doctrines, he finds it necessary to drag into his book a dissertation on Pathology, under the heading of "Pathological Physiology." Dr. Bennett's reputation is well known as mainly founded upon what he has done for Medicine in the science of Pathology. In the practical development of Pathology we concede to him the merit of having done much: upon what he has done, his reputation may securely rest; and perhaps also for these reasons he may hope to be excused for dragging a pet subject by the head and shoulders into his Outlines of Physiology. His reasons for so doing appear to be of the most illogical description. He acknowledges that as other branches of knowledge become better defined, the meaning attached to "Physiology" is every day more and more restricted; yet his very meagre outline is ambitious enough so to enlarge the sphere of Physiology as to make this now restricted and well-defined science embrace almost the whole range of what was wont to be called the "institutions" or the "theory of Medicine." He makes one of the parts include the whole; and there is no reason why Physiology, according to Dr. Bennett, might not as well have embraced therapeutics as pathology. Judging from these outlines before us, Dr. Bennett is going backwards rather than forwards, as a teacher of Physiology. It has been long clearly understood, and the truth of this statement commends itself to every intelligent mind, that the teaching of those facts and doctrines of the various *healthy* functions of the body, illustrated when necessary by experiment, will give sufficient employment to the undivided attention of the teacher, even supposing Physiology to be stationary, which it is not, without his dragging other and now distinct branches of science into his sphere of instruction.

Dr. Carpenter's little book is clearly and pleasantly written in the true spirit of philosophy; and we hope it will be most extensively used as a preliminary text-book in our public schools and colleges.

Third Report of the Clinical Hospital, Manchester. By James Whitehead, M.D. Pp. 117. London: 1859.

This Report contains a very able summary of clinical experience in the diseases of children, the Hospital being especially designed for this class of patients. The number of cases on which this Report is founded amounts to 2584, and the facts deduced from the physical examination of the cases, together with their treatment, are calculated to throw much light upon many points of infantile pathology. Dr. Whitehead deserves great credit for the careful manner in which the numerous facts observed in the practice of the Hospital are tabulated and classified, as well as for the sound views of treatment which he adopts and inculcates.

On Medicine and Medical Education; three Lectures, with Notes and an Appendix. By W. T. Gairdner, M.D. Pp. 130. Edinburgh: 1858.

These Lectures, and the Notes which accompany them, contain a great number of observations well worthy of being considered by all who are engaged in Medical education. The views of Dr. Gairdner are characterised by high principle, sound sense, and practical knowledge. Among other matters, the necessity of sessional examinations in the Medical schools is strongly insisted upon, and the neglect of preliminary education as a necessary element in the Medical curriculum is strongly censured. In a very interesting note to one of the lectures an amusing and instructive sketch is drawn of three of the most notorious system-builders in the medical world, namely, Paracelsus, Brown, of Edinburgh (the founder of the Brunonian system), and Hahnemann, who are shown to have possessed many qualities in common, and whose theories of Medicine are equally arrogant and equally worthless.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE ANÆSTHESIA OF HYSTERICAL PATIENTS.

By M. BRIQUET.

(Concluded from page 399.)

4. *Anæsthesia of the Muscles.* — Although this has not attracted much attention, it was noticed long since, and the *convulsionnaires* of St. Médard presented an example of its prevalence on a large scale. It especially affects the muscles of the limbs. Owing to the patients making no complaint as long as debility is not present, it is somewhat difficult to determine its relative frequency. M. Briquet has observed anæsthesia affecting all the four extremities in 5 instances; all the left side of the body in 42; all the right side in 13; both the lower limbs in 10; the left lower limb only in 7; the right lower only in 3; both upper limbs in 2; the left upper limb in 3; the right upper limb in 2; and the different muscles of the thorax in 10. He has never met with it affecting one muscle alone, a greater or less number of the muscles of locomotion simultaneously suffering. Anæsthesia of the muscles is a very common accompaniment of that of the skin, and it appears only consecutively to this. It may come on gradually and preceded by numbness, tingling, or trembling of the muscles; while in other cases there is no precursory symptom whatever, whether the anæsthesia comes on slowly, or takes place suddenly after an hysterical paroxysm. In patients affected by it, we may thrust pins deep into the substance of the muscles affected, without the slightest pain being produced. If the patient's eyes be bandaged, we may impart rude shocks or extensive movements to the parts affected, or even in some cases to the entire body, without her being aware that any motion had taken place. The electric current may traverse the anæsthised muscles without any sensation being excited, although they remain contractile, both under the influence of the will and of the electric current. This loss of sensibility gives rise to a certain amount of disturbance in the movements of the limbs, which are performed with indecision. The patients can scarcely use their hands unless under the guidance of the eye, become clumsy, and easily break what they take hold of. Walking is performed with irregularity, and even moving the limbs in bed is attended with a kind of titubation.

In the most advanced degree of the anæsthesia, a very singular phenomenon is observed, which gives rise to the supposition that the sensibility of the muscles is affected still more deeply than in the preceding categories. The patient now not only loses all sensibility in the part, and all feeling of muscular activity, but she is unable to move it by any voluntary effort whatever if her eyes be not directed towards it. Thus, if the eyes be closed or averted from, *e. g.* the arm, while in a state of movement, all movement is instantly arrested, although the patient is astonished to find it had not continued. If the patient try to flex the extended arm or hand, or the reverse, it becomes impossible; and if she be told to loosen her grasp of a body held tight in her hand, and she supposes that she has done so and expects to hear it fall, the body nevertheless continues grasped as firmly as ever; and so on with all other movements of the anæsthised limbs. Still, the patient is not paralytic; for as soon as her eyes are directed to the part the power of voluntary moving this, which had ceased, is restored. If by the aid of Faradisation we re-establish the sensibility of the skin of the limbs, which

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we can do in a few minutes, the disturbance of voluntary motion continues just the same as long as the eyes are averted; but if, while leaving the skin still insensible, the Faradisation be so directed as to act upon the muscles alone, the patient recovers all her power over the contractility of the muscles, and that whether she employ her eyes or not. After a few days, however, either under the influence of the continuance of the disease, or on the occurrence of new attacks, the anæsthesia of the muscles again reappears. According to the observations of M. Duchenne, these patients during the day can walk only in a reeling, uncertain manner, as they cannot direct the eye to all the parts brought into action at once; and when night comes, and all is dark, all power of movement ceases, and they remain as if paralysed, to recover the power of moving in the morning. This alternation has been mistaken for the intermission of disease, and has been attempted to be treated by quinine. The aggravated form of muscular anæsthesia to which these observations apply is, however, of very rare occurrence; it is also very obstinate, many oscillations in its progress taking place prior to its disappearance.

5. Anæsthesia of the Bones.—In certain hysterical patients we may execute very extensive and violent movements of the limbs, so that great shocks are communicated to the osseous surfaces of the articulations. The patients, provided the eyes be closed, are not only unconscious of the shock, but even of any movement having been performed. We may forcibly strike the middle of the humerus, or the tibia, with the edge of the hand, and yet no sensation will be perceived. This form of anæsthesia is only an extension of that affecting the more superficial parts, and is never found existing independently of this.

Treatment.—General treatment by means of anodynes and anti-spasmodics is rarely of any avail, however perseveringly employed; while, on the other hand, so efficient is local treatment, that it will succeed in at least eight out of ten cases, and that whether the original hysteria has ceased or not. In anæsthesia of the *skin*, topical narcotics are found to be quite useless, and stimulating applications are alone of avail. Of these may be named, frictions with ammonia and oil, tincture of lytta, oil of mustard, or croton oil, repeated sinapisms, blisters, and, lastly and chiefly, Faradisation. When the anæsthesia is limited to small portions of the surface, sinapisms or blisters may be employed; but when the insensibility occupies one side of the body, stimulating frictions, especially croton oil, are to be preferred. But although these topical applications will restore the sensibility, they have the inconvenience of acting upon the tissue of the skin, and either leaving disagreeable traces behind, or giving rise to erysipelatous, suppurating or indurated phlogoses. The most certain, expeditious, and simple means of treating anæsthesia of the skin is by *Faradisation* (a). In one or two *séances* of fifteen minutes each, the anæsthesia will be almost certainly removed, whatever its extent may be. The pain which this gives rise to is here of no consequence, for as soon as this begins to be felt the anæsthesia is dissipated. To affect the skin, the moistened sponge being applied to a certain part of the insensible surface, the electric brush is then passed over the various parts of this surface until the current is felt. First there is produced redness, then heat, and tingling, and, lastly, pain. Five or six minutes usually suffice for this, two or three *séances* being required when the whole of one side of the body is affected. Generally, when the sensibility is re-established in the Faradised part, it becomes so also for some distance around this: and in some cases Faradising the upper extremity has sufficed to restore sensibility to the lower one also. M. Briquet has never met with a case in which Faradisation has failed; and he has seen it as successful when the insensibility has been of a year's duration, as when it has only existed for a short period. Still the relief only becomes definitive when the acute hysteria is itself relieved; otherwise it is only temporary.

The anæsthesia of the *eyes* is very tenacious; Faradisation is our sole means of treating it, and to this it yields only after repeated *séances*. The best way of proceeding is to substitute a sponge for the metallic brush, and to pass it around different parts of the margin of the orbit, one of the sponges being applied to the upper and the other to the lower edge of this. The reason of the difficulty with which a cure is obtained is, that there is no means of directly Faradising the retinal expansion of the optic nerve, surrounded as it is by a fibrous envelope which isolates it from the superficial parts. The anæsthesia of the *ear*, on the contrary, is very easy of dissipation, a few seconds sometimes sufficing to relieve a deafness of long duration. M. Briquet has not met with a single case in which more than two *séances* of some minutes' duration have been required To act upon this organ M. Duchenne fills the meatus with tepid water, and passes into it a metallic stalk which terminates one of the induction wires, applying at the same time the moistened sponge terminating the other wire to the back of the neck, not far from the ear. Three or four interruptions of the current produce the necessary excitement—a sharp pain in the ear being felt at each interruption, accompanied by the perception of a very acrid taste in the mouth. A simpler mode has also succeeded whenever the pavilion of the ear is anæsthised. This consists in placing the moistened sponge behind the ear, and applying the electric brush to various parts of the pavilion and the concha of the ear. Anæsthesia of the *pituitary* and *buccal membranes* is treated in a similar manner, the metallic excitor being applied to the most accessible part of the membrane, while the moistened sponge is placed at a little distance off. A few interruptions of the current usually suffice for the cure. The treatment of anæsthesia of the *muscles* is the most simple of all. A current must traverse them; and to effect this each of the wires is terminated by a moistened sponge, one of which is placed at a little distance from the other. By repeating the contact every instant shocks are sent into the deepest parts. The operation should continue for several minutes, and at each interruption there is a contraction of the neighbouring muscles and a sharp pain. Several *séances* are required to attain a positive result; but in the majority of cases complete success attends the treatment.—*Union Méd.* 1858, Nos. 87, 88, 92, 95, 100, and 101.

(a) Induction—electricity, so called by Duchenne in compliment to Professor Faraday.

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, April 18, 1859.

THE Englishman on visiting for the first time the Parisian Hospitals, cannot fail to be struck with the extraordinary diversity of means employed by the different Physicians and Surgeons in the treatment and management of diseases presenting apparently not the slightest difference in their symptoms and features. At every step, as he wanders from ward to ward, he is forcibly impressed with this truth, if it has not already dawned upon his mind, that the healing art is far from being entitled to be called an exact science. Indeed, so marked is the diversity of treatment in certain diseases, where no doubt can be entertained regarding their identity, that the belief is almost forced on him that, instead of "Medicine" being called a science, it would be more appropriately designated were it called a game of hazard, out of which each doctor is endeavouring to make the most. One Physician pretends that rheumatism, for example, can only be effectually and speedily cured by means of belladonna and quinine; and he administers the one or the other in almost every case. A second has faith chiefly in guiacum. A third has implicit reliance on colchicum and opium, while turpentine forms the sheet-anchor of a fourth. Take, again, hysteria and the various morbid states therewith connected. In one ward, "Faradisation" is the order of the day: and in every case of this Protean malady, the electric fluid is made to pass from one extremity of the patient to the other, until every muscle and nerve vibrate under its influence, Transport the same cases across the passage to the neighbouring *salle*, there, galvanism is never once dreamed of; the hot iron is in immediate requisition, and, in a few hours from their entering, the smoke of the scorched skins of patients may be seen ascending in clouds to the ceiling of the apartment. Each system of treatment has, no doubt, in the estimation of its follower, a virtue above all the others; and cures, if not promoted, are, at least, observed to take place under all of them.

Of late, in the wards of M. Briquet, at the "Hôpital La Charité," we have observed with some interest the effects of galvanism in the treatment of disease, and have been so

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favourably impressed with a sense of its value in certain cases, that, in lieu of anything better, we purpose making a few remarks on the subject. The employment of electricity as a therapeutic agent in the treatment of disease, which not many years ago was regarded in the light of empiricism, and confined principally to charlatans and would-be miracle-workers, is now recognised by this able Physician, as well as by several other leading members of the Profession in this metropolis. In almost every Hospital are to be found one or two individuals whose duty it is to receive the instructions of the Physicians as to what particular muscle, series of muscles or nerves, are to be subjected to its influence; and at the termination of the visit, these parties are to be seen at work as regularly as is the cupper or ordinary dresser. This revival of galvanism is probably owing, in a great measure, to the high degree of perfection which has been attained to in its application. Among the individuals who have contributed mainly to the accomplishment of this end, we may mention M. Duchenne of Boulogne, whose name has been so often and so prominently before the public of late, and whose views and practice have become so widely adopted. The method which M. Duchenne employs, he styles Faradisation, from the name of the well-known discoverer of this peculiar source of electricity, known to the scientific world as "electricity by induction." According to this method, the electric fluid can be directed to different parts of the system, even to internal organs, without in the slightest degree interfering with the integrity of the skin. By the peculiar management and manipulation of the extremities of the electric poles, that is to say, by attaching to them sponges, or metallic brushes, in a dry or in a moist state, the electric current can be confined to the skin, producing thereon simply a tickling sensation, or a keen burning sensation, according to the will of the operator. Again, by a modification of the apparatus, the skin can be traversed, without its being in the least degree excited, and the electric action can be concentrated in a muscle, or bundle of muscular fibres, or in a nerve, or series of nerves, as may be desired.

A great number of carefully conducted experiments, which M. Duchenne has made known to the world in a scientific form, have enabled him to arrive at these highly important results. Thus, for example, he found that if the skin and the extremities of the poles applied to it were all perfectly free from moisture, and the epidermis thick, as is often the case in individuals whose trade or profession exposes them to the contact of the air, the two electric currents proceeding from the apparatus produce their peculiar action on the surface of the epidermis, without penetrating the skin proper. Again, if at the two points of the skin to which the extremities of the poles are applied, the one extremity be moistened, while the other is applied in a dry state, the individual subjected to the experiment will complain of a superficial sensation evidently cutaneous. It happens thus: the two currents, namely, the positive and the negative, produce their peculiar effect at the point to which the dry pole is applied, but only after having traversed the entire thickness of the skin through the medium of the moistened pole. Lastly, if the skin and the extremities of the poles are all rendered very moist, neither sparks nor crepitation, nor burning sensation, is observed; but, on the contrary, phenomena of contractility or of sensibility, of various kinds, are engendered, according as it is a muscle, a bundle of muscular fibres, or a nerve or plexus of nerves, which happens to be acted on. M. Briquet, to whom we have already alluded, is, perhaps, one of the most zealous partizans of this form of electrisation, and he employs it in a great variety of diseases affecting the muscular and nervous systems. From the marked success which we have observed to follow its application in his hands, in the different forms of hysteria, rheumatic pains of a chronic kind, in certain kinds of paralysis, and in some of the forms of chorea, we are induced to think that Faradisation is fairly entitled to more consideration, as a therapeutical agent, than is generally accorded to it. A few weeks ago, a woman of about 27 years of age, suffering from suspended menstruation, of several years' standing, was admitted into the ward of M. Briquet. She was affected with anæsthesia of a considerable portion of the skin of the back, on the left side of the spine, complicated with complete aphonia: she expressed her feelings in a whisper which was scarcely audible. Naturally, she was much alarmed at the loss of her voice, and thought that if it were but restored, all would be well. The promise, on the part of the physician, that this most desirable result would most certainly be brought about, if she would but submit to Faradisation, was received with a marked manifestation of joy, mingled, nevertheless, with a certain amount of doubt. To obtain the relief she so ardently desired, she was prepared to submit to any amount of inconvenience and pain, and, accordingly, the apparatus of Morin and Legendre, which is that commonly used by M. Briquet, was immediately prepared, and the operation proceeded with. The electric currents were directed to the muscles and nerves of the larynx, and in the course of a very few minutes, the voice was completely restored. The same treatment, applied to the portion of the skin affected with diminished sensibility, aided by the internal use of the valerianite of iron, have already brought about a marked amelioration in every respect, and she is now advancing rapidly towards recovery.

We have also seen, in the service of the same physician, one or two cases in which rheumatic pains of a violent character and of long standing, in the deep-seated muscles of the back, disappear, as if by enchantment, after one single Faradisation. In a paper recently published by M. Briquet, he alludes to two kinds of muscular rheumatism affecting the head, and which, from their extreme frequency, are well entitled to special attention. The first is a kind of "migraine," to which some writers have given the name of "Irisalgie." It chiefly affects persons of sedentary habits, on their going into the open air, or on their exposing themselves to the rays of the sun. 1st. The light causes a painful sensation in their eyes, and, in order to screen, as it were, these organs from the excessive brilliancy, they knit their brows, half close their eyes, and contract the orbiculares palpebrarum, and the anterior portion of the occipito-frontalis muscle. A feeling of uneasiness succeeds this permanent contraction, which is soon followed by pain in those muscles. The pain goes on increasing, and becomes intolerable, more especially above the eyes and in the forehead. By-and-by it extends to both sides of the head, or, in some cases, it affects the one side only, and that one by preference, on the eye of which the light has been most felt. The slightest pressure on the above-named muscles causes great pain. Sometimes this is so great as to occasion vomiting and necessitate confinement to bed. All this suffering, M. Briquet affirms, can be relieved in a few minutes by the Faradisation of the affected muscles. The application is as follows:—A sponge is attached to each of the wires of the apparatus, and the electric current is made to pass through the muscles for four or five minutes consecutively. In those cases where the migraine is but slight, this operation, which is almost painless, is sufficient. If, however, the affection be very severe, the skin must be Faradised for about two minutes by means of a sponge attached to the end of one wire and a metallic brush to the other, and instant relief will most assuredly follow. Thus much for the treatment. In order to prevent a recurrence of the affection, the patient must put on green or blue spectacles before going out, so that the light may be softened; he must also be careful not to contract the muscles which surround the orbit. In the course of half an hour, the eyes will have become accustomed to the light, and the spectacles may be dispensed with. The second kind of muscular rheumatism to which M. Briquet refers, affects also the head. It is very common, and, like the former, is considered (although erroneously) by some, as migraine.

The persons most subject to it are those of a lymphatic temperament. On first getting up in the morning, they experience a heaviness in the head, and the movements of the neck are attended with pain; there is also extreme sensibility of the temples, forehead, and regions behind the ears.

This feeling of uneasiness has a bad effect on the spirits, giving rise to sadness, irritability, and indisposition to physical or intellectual exertion. Although it generally disappears in part, or entirely, after the morning ablutions, still, in many cases, it remains the entire day; indeed there are some individuals who are never free from this affection, and who, in consequence, fall into a melancholic and hypochondriacal state. This state of suffering, depending entirely on simple rheumatism of the muscles of the neck (the pain of the head being but sympathetic), may, like the former kind, be relieved instantaneously by Faradisation of the affected muscles, and should this fail to bring relief, Faradisation of the skin must be had recourse to. In every case the electrisation must be continued till the pain disappear. This kind of rheumatism, M. Briquet asserts, is engendered by the false position of the head on the pillow during the night, and he recommends that

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on going to bed those who are liable to this affection should so arrange their pillow that it may support the neck, and that the head, instead of being bent forward on the chest, be thrown back; by so doing, the splenius, complexus, and trapezius muscles, will no longer be kept on the stretch, and in the morning the head will be free from pain.

A trial is about to come on before one of the tribunals of the Seine. Two of the British practitioners resident here figure as principals, and one or two others in the capacity of witnesses. That the parties chiefly concerned are men of some notoriety may be inferred from the fact that while the plaintiff rejoices in a knighthood, the defendant sports in his button-hole the famous red ribbon which now so frequently meets the eye in the streets of Paris. Although in possession of a copy of the letter containing the supposed libel on which the action is founded, we do not feel at liberty to enter into details at present, but shall do so as soon as the tribunal shall have pronounced its decision. The trial is fixed for the 27th Current.

GENERAL CORRESPONDENCE.

VENEREAL DISEASE IN THE ARMY.

[To the Editor of the Medical Times and Gazette.]

SIR,—The truth of the old proverb about "prevention and cure," seems at length beginning to force itself upon our social and administrative reformers, both in civil and military life. Truly glad am I to see the names of such professional celebrities as Acton and Martin, Robinson and Rennie, enrolled in the ranks of prophylactic philosophy, and condescending to point out the natural every-day causes of the most prevailing disease in the army, with the disinterested purpose of enforcing the obvious and simple precautions against them—which need only to be pointed out to insure their ready and general adoption. I allude especially to Mr. Acton's recently published suggestions for the prevention, or at least, the diminution of venereal disease among our soldiers, by providing for them in their barracks greater facilities for "local ablution," and enforcing the frequent and habitual use of cold water as the best promoter of cleanliness of person, and consequently of health.

His proposal that "local ablution" should be instituted on particular occasions, of the conceivable kind (as Mr. Carlyle would say), though excellent, is I fear utterly impracticable by any military agency; but as respects the general use of baths and lavatories, I am surprised to find it affirmed that "these simple and certain means, which common sense suggests, have hitherto been unaccountably and unjustifiably neglected in the British army." My own connexion with the home army has been too recent and limited to enable me to meet this allegation; but I can assure Mr. Acton that such is not the case in Her Majesty's Indian forces. On the contrary, whenever troops are cantoned in India the greatest attention is always paid to the water supply, and the cleanliness of the men. Large tanks (ponds) in the open air are provided whenever access to clear running water is not facile, in which the men are daily made to bathe throughout the year; and besides this every company is furnished with a number of *Bheesties* (or water-carriers), who supply the barrack bath-rooms most abundantly with water.

To these, in truth, the men resort almost too often, tempted thereto by the heat of the weather and the clammy state of the skin, after any exertion: many a fever and dysentery are caught in this way. The difficulty is to keep them away from the water.

In the Native army, it may scarcely be necessary to say, that the daily bath is a religious duty most sacredly fulfilled by the men, and one with which a Sepoy would less willingly dispense than with his dinner; and "local ablution" on all occasions is most imperative.

An amusing description is given by Dr. —— in his book, of the men of a Hindoo regiment turning out at dawn of day in their slippers and *pyjamahs* to visit the fields at the back of their lines, each man armed with his small brass *lotah* (or water-gogglet) in his right hand, in order to enable him to perform the indispensable ablution of his posteriors with the left hand, after dropping his morning offering on the altar of Cloacina; while a troop of hungry village pariahs (dogs) stand watchfully behind him baying deep-mouthed warning to all intruders. No Sepoy would dare to dress for morning parade without such ablution and preparation.

But is it really the case that there exist in our barracks generally few or no bathing conveniences and lavatories for the men? I can scarcely, Sir, believe it, even on the testimonies quoted by Mr. Acton, from the Commissioners' Report. The reply of a non-commissioned officer that, "if a soldier were seen washing locally in any public utensil or basin he would be complained of," may be perfectly consistent with the existence of suitable bathing apparatus in the barrack; for, though it would indeed be highly improper for a diseased or dirty man to bathe or wash in the same tub and the same water which others are using, there is nothing to prevent his using such a public utensil as a mug, with spout and handle, and even chain, near the common pump or well, from which he may pour out water on his dirty "anteriors and posteriors" if he pleases, squatting by the side of the gutter.

It may possibly be some old-fashioned "Indian prejudice" in favour of the limpid element, which originally led to the establishment of just such a range of lavatories as Mr. Acton suggests, at the large dépôt with which I am connected.

There is a wide well-paved roofed shed, some 220 feet long, and open on one side into a court protected by a high wall; all along the inner side wall runs a wooden trough, about a foot and a-half from the floor; the wall is pierced by taps at short intervals, furnishing hot and cold water, and a number of metal basins hang ready for use underneath the trough in which the men can wash their feet or any other part. A few light wooden screens were erected a few months ago at one end of the shed, enclosing access each to one pair of taps, where greater privacy may be obtained by any one of the ingenuous or modest youths who join the dépôt as raw recruits. Every man in the barracks is made to attend there daily with his own soap and towel, and to perform his corporeal ablutions under the eye of a sergeant's guard, specially told off for the duty every day. The whole business is carried out in a very strict and military way; and any individual who at the next Medical inspection is found to be at all negligent in respect of "local" cleanliness is reported and punished. I assure you it is from no scarcity of water privilege that venereal disease prevails, I am sorry to say, very largely; constituting one-half of all the cases admitted into Hospital. Nevertheless that is no reason why cleanliness should not be enforced as the duty next to godliness in the army as elsewhere.

I am, &c.

A DEPÔT STAFF-SURGEON.

HOSPITAL APPOINTMENTS AND GRATUITOUS SERVICES.

LETTER FROM MR. GAMGEE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have deferred the conclusion of the remarks on Hospital appointments, which you honoured with publicity a few weeks since, in consequence of an announcement that the law relating to such appointments was about to undergo a change in the twin institutions in which I hold office.

The Governors' meeting for such legislative change will have taken place before this letter appears. I am, therefore, now at liberty to address myself to the consideration of the general question on its real merits, without incurring the risk of seeming desirous to disturb pending deliberations.

With a view to clear expression, I am about to state a series of propositions which may, I trust, be admitted fair by all—untrue by none.

1. The best interests of mankind require that the Physicians and Surgeons to institutions, which are simultaneously houses of mercy and academies of learning, should be men possessing in the highest attainable degree, moral character and scientific attainments. By science, I mean theory and practice. Morality, I hold to be something more than respectability.

2. The system of canvassing for a scientific appointment—a large and heterogeneous body of subscribers, particularly with the right of proxy to old ladies—is incompatible with an impartial award according to merit.

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3. The right of governors to vote at the appointments in question, just after paying their subscription, is tantamount to a sale of the most important offices in a hospital, for the benefit of its exchequer; with this evil in addition to the recognised evil of selling Church livings at the hammer, that the hospital sale is not overt, but under a mask. All hypocrisies are mischievous.

4. The history of Medicine, past and contemporary, proving that many of its most worthy disciples are men of small means, it is cruel and impolitic, when they have almost, perhaps totally, exhausted their resources in a long preliminary career, to compel them to compete for the reward of their talents and labours against the influence of money and patronage, often personified in a man of barely average mental attributes and inferior education.

5. The system of indirect purchase is also injurious to the able men who, by its instrumentality, do succeed to place. The independence of men usually suffers when they tread other than the high road to merit. Few men develope all their energies when spared the necessity.

6. The public, *ergo* the governing bodies of hospitals and the Profession, have all to gain by open competition. Of all the stimuli to action, none so healthy to the individual and to the community as the stimulus of competition.

7. The fact that advowsons and queen's commissions are still sold—that some of the most illustrious statesmen have entered Parliament through the most rotten boroughs—that many distinguished men hold offices in hospitals where jobbery reigns supreme, supplies no argument against reform. Those who point to the real glories of Old Bartholomew's, of the Moorfields' Ophthalmic, in defence of patronage and purse, have no better leg to stand on than had the *quondam* directors of Leadenhall-street, or the ultra-martinet members of the Chelsea Board.

8. Now that protection is admitted to be incompatible with the full development of a nation's commerce, how can protection, viz. a system of exclusiveness, be consistent with the full development of a nation's intellect?

9. The system of honorary, viz. unpaid hospital offices, is contrary to the scriptural dogma that "the labourer is worthy of his hire;" and no less contrary to every established canon of economical science. Why is it, that in this particular, our Profession should be an exception to every other profession; our nation an exception to every other?

Engineers and traders of all kinds, to say nothing of lawyers and divines, assert their position in the world by parliamentary representatives. I fear, as a body, we shall do little until some one condescends to seek the privilege of addressing Mr. Speaker, and through him proving to the world, that among us are men alive to the real wants of their race, versed in international law, and endowed with the innate powers which distinguish Nature's nobles. The world has lost faith in pill-boxes. At advertising we can never excel our rivals, Holloway and Co.; we must aim at better game.

The entire constitution of the Medical Profession requires revision.

I am, &c.

J. Samson Gamgee, Surgeon to the Queen's Hospital, Professor of Clinical Surgery in the Queen's College.

Birmingham, April 17.

PUERPERAL CONVULSIONS SUCCESSFULLY TREATED BY CROTON OIL SUPPOSITORIES.

Letter from Mr. Overton.

[To the Editor of the Medical Times and Gazette.]

Sir,—Puerperal convulsions are usually so alarmingly dangerous, and cause so much anxiety, both to relatives and friends, ay, and to the Medical attendant, at the same time that they are often so rebellious to all treatment, that I trust you will deem the two following cases, extracted from my note-book, worthy of insertion in your columns.

Case 1.—Mrs. R., aged 24, married about two years. A miscarriage took place six months after marriage, when she suffered considerably from nervous excitement, which, however, soon yielded to appropriate treatment. She was again pregnant in September, 1858, and enjoyed good health till February, 1859, when I received a summons to visit her immediately. I found her suffering from general anasarca, with excruciating pain in the head, restlessness, vomiting and febrile symptoms. Upon the whole, I did not like the appearance of those symptoms. I prescribed saline aperients with alteratives, etc., cold applications to the head. The symptoms did not yield to this treatment: constipation gave some trouble.

March 15.—I was again sent for in great haste; the husband stating that his wife was in a fit, and all feared she was dying. I was soon with her, and found her suffering from epileptiform puerperal convulsions, frothy blood issuing from her mouth, and there were clonic spasms present. I at once abstracted blood from the arm, to about thirty ounces, put six to eight grains of calomel on her tongue, administered an enema of senna, etc., and applied a blister to the nape of the neck. These, combined with cold applications, produced little or no other effect than that of mitigating the acute pain in the head, between the convulsive paroxysms, which paroxysms became frequent. The patient having had no relief from the bowels, I deemed it advisable to mix six drops of croton oil with lard, in the form of a suppository, and so use it. This produced tenesmus, with a sense of smarting burning heat in the lower bowel; but relief followed, and a copious watery evacuation almost immediately ensued. The patient had no more convulsions. Upon examination I found no signs of on-coming labour, nor did the slightest chance of producing it, present itself.

16th.—On my visit this morning, I found Mrs. R. calm, and free from convulsive symptoms; the anasarca had disappeared; micturition normal; bowels relieved (largely) four times; os uteri in the same state as before.

17th.—I found her dressed, and sitting by the fire in a lower room.

24th.—I was again sent for; and this time I found her in labour, the os uteri fully dilated, and the head presenting. Fearing a recurrence of the convulsions, I turned the child, and delivered her of a still-born putrid child.

25th.—I found her quiet and comfortable, she had passed a good night, and from that period she went on well without one unfavourable symptom.

Case 2.—*Puerperal Convulsions—Recovery—Subsequent Death from swallowing a Row of Front False Teeth.*—February 18.—Anna F. aged 22, a country servant—primipara—unmarried—six months advanced in pregnancy. The man, to whom she was engaged to be married, left the neighbourhood, and married another woman. This event produced great despondency, and on her way home to see her mother, she was seized with convulsions about every ten minutes. At this time, she lost four front teeth, fixed on a silver plate—they could not be found. She had swallowed them.

I was sent for, and found her suffering from puerperal convulsions. She was six months advanced in pregnancy. Blood issued from her mouth; the tongue bitten severely; tonic spasms; head cool; pulse small and compressible; micturition scanty; bowels not open. Upon examination, I found the os uteri high up in the pelvis contracted. I introduced the catheter, and some urine came away. I then administered an enema of castor-oil and ol. terebinth, and put 10 grs. of calomel on her tongue. I waited two hours; but no amendment was perceptible. I now ordered 8 drops of croton oil to be rubbed into some cerate, and so passed into the rectum. In a few minutes, she complained of great tenesmus and smarting pain in the bowels. Twelve large watery evacuations followed. No more convulsions. I enjoined perfect quiet, and left her.

19th.—Found her better in every respect. No return of convulsions—she complained only of some soreness in the throat; but there was no dyspnœa.

20th.—I was sent for in the night; natural labour was going rapidly on; a large quantity of liq. amnii was discharged, and in a short time she gave birth to a dead child.

21st.—A good night; no pain in the head; lochia natural; urine had been passed; pulse good; tongue moist, but injured during the convulsions. All went on remarkably well till the 10th day, when she was sitting up in the bed, drinking a cup of tea, and talking cheerfully with her mother, she suddenly called for a basin—vomited a large quantity of blood, sank back on her pillow, and expired.

The cause of death was evidently from the false teeth, or some portion of the metallic fastening having penetrated some large vessel. No post-mortem inspection could be obtained.

I am, &c. R. B. Overton, M.R.C.S. &c.

Grimstone, Lynn, Norfolk.

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REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 12, 1859.

F. C. SKEY, Esq. President, in the Chair.

A paper by THOMAS NUNNELEY, Esq., F.R.C.S., was read, giving an account of

THREE CASES OF ANEURISM OF, OR WITHIN, THE ORBIT,

TREATED BY LIGATURE OF THE COMMON CAROTID ARTERY; WITH OBSERVATIONS.

After mentioning the rarity of the affection, the author alluded to those few cases which have been recorded, of which four have been brought before this Society, and are published in its *Transactions*. Two of those cases were not only the earliest, but among the most interesting that have been related, and for a great number of years they stood alone. They are those of Mr. Travers, in the 2nd vol., and of Mr. Dalrymple in the 6th vol. Many years afterwards, Mr. Brest reported a case of his own, and also mentioned another, treated by Mr. Scott, in the 22nd vol. Two cases occurred in Paris in 1839; one to Velpeau, and another to Jobert. Mr. H. Walton has published a case of an infant, in which he operated; and three instances have occurred in America, where Dr. Van Buren operated in a case of traumatic aneurism in the orbit, in a young man, who had also symptoms of fracture of the base of the skull; and Drs. V. Mott and T. R. Wood have each tied the carotid for the cure of integumentary nævus extending into the orbit. There are also three other cases, of doubtful nature, mentioned by Dupuytren, Schmidt, and Frère, one of which, however, if not more, is quite as likely to have been malignant disease as aneurism. As three cases have lately come under the author's observation, in all of which the common carotid artery has been tied, he has thought them not unworthy of being brought under the notice of the Society. Since Mr. Travers first declared the disease to be aneurism by anastomosis, it has commonly been so regarded; but from this opinion the author dissents, for the reasons given at the conclusion of the paper. The first case occurred in a healthy man, aged 31 years. The early history and origin of the complaint were at first very obscure, made purposely so by the patient to conceal the true cause of it—a hard blow upon the left eye in a drunken midnight fight. At first there was some protrusion of the ball, congestion of the conjunctiva, and dulness of vision, but no pulsation. It was suspected that a chronic abscess or serous cyst might be forming deep in the orbit. The eyelids gradually became much congested, swollen, and lobulated, as though about to burst. A minute puncture, followed by considerable effusion, clearly showed the distension to be caused by blood. Subsequently aneurismal thrill and pulsation were detected. As pressure on the carotid at once arrested these, and allowed the protrusion and vascularity of the eyeball to subside, the artery was tied, with the effect of immediately removing some, and materially diminishing all, the symptoms. The brain was unaffected on tightening the ligature. The patient progressed most favourably until the twenty-fourth day after the operation, when, without any assignable cause, the symptoms somewhat returned, but were soon checked by venesection and purgation. In a month he had returned to his work, the ligature being still fast on the artery. After continuing at it for the space of three weeks, suddenly, without, as he then said, any known cause, during the night, the injection, protrusion, and pulsation in the eye returned to such a degree as to render necessary consideration what further should be done. The propriety of extirpation of the contents of the orbit; the ignition, by a battery, of wires passed into the orbit; the introduction of threads or wires coated with nitrate of silver or sulphate of copper; the injection of perchloride of iron or tannin; and the ligature of the other carotid, were discussed, and the latter plan determined upon, if depletents did not succeed. Repeated venesection, purgatives, low diet, cold to the orbit, and upright position, were rigorously adopted, and with the best effect. The symptoms all subsided, when, before the case could be said to be complete, the man was put into gaol, and was subsequently lost sight of for some weeks. He then worked hard as an excavator and housebreaker, for which he was sentenced to penal servitude. When seen, during the last month, in prison, it was found that the sight of the eye was lost, but in every other respect he was perfectly well. He then voluntarily stated that he had only himself to blame for the recurrence of the symptom, as on the first occasion he clandestinely left the house on a very cold day, walked some distance, and ate and drank freely; and on the second occasion he had been out all night poaching. The ligature did not come away until ninety-six days after the operation. In the second case, that of a man aged 38, the affection came on without any assignable cause. It had existed many months. The operation was perfectly successful, and he returned to his work, as a weaver, in a month after it. In him also, while wheeling a barrow, there was a sudden renewal of some of the symptoms, which, however, a few days' rest removed; and when seen twelve months after the operation, the eye was perfect, a little bogginess of the lids being the only vestige of the affection. In the third case, of a woman aged 65, the disease came on "suddenly, as the crack of a gun," while she was stooping to take off her shoes. It was attended with more pain and more active symptoms than in the other two; the pain in the head and eye was most distressing. The operation was a difficult one. The neck was short and thick; there was a large bronchocele, with many congested veins, and the carotid divided unusually low in the neck. There was some hæmorrhage from an unseen vessel. The brain was seriously affected on the tightening of the ligature. There was convulsion of the same side of the body, and partial paralysis of the opposite side; the local symptoms, however, disappeared instantly. She sank on the sixteenth day after the operation, having had repeated losses of blood from the wound. There had been paralysis, more or less complete, of the right side of the body, with constant partially controllable movements of the left side, difficulty of speech, and some impairment of intellect. On examination of the body forty-eight hours after death, the external appearance of both eyes was the same. The brain was very pale, containing very little blood; but so far as could be judged, the same on both sides. There were no signs of recent inflammation or effusion, but there was old general thickening of the arachnoid membrane. The right hemisphere of the brain was of a natural firmness; the left was soft, and in the lower part of the middle lobe, just over the entrance of the carotid artery into the aneurism, was a patch as large as a hazel-nut, quite broken down. The carotid artery, on its emergence from the bony canal, was enlarged, and surrounded with a small coagulum, which involved the origin of the ophthalmic branch. The latter vessel was enlarged, and its coats diseased, as were its continuation to the inner side of the orbit, and the lachrymal branch: these were filled with coagulum. All its other branches were so small as hardly to be seen. There was nothing like aneurism by anastomosis in the orbit. All the cranial arteries were very patulous, and studded with atheromatous and earthy deposits. The ligature had been securely placed upon the carotid, but somewhat near its bifurcation; below, the vessel was well filled with coagulum, and the sheath, as low as the sternum, consolidated with fibrin; but above the ligature the vessel and all its branches were quite open, there being neither coagulum nor fibrin. The bronchocele extended nearly to the sternum. The parts were placed upon the table, and also drawings of the appearance of the eyes, just previous to the operation, in all the three cases. The author then commented upon the nature of the affection, stating the points in which, in its origin, progress, symptoms, and treatment, it differs from aneurism by anastomosis, and expressed his conviction that it is an error to so call it; that in reality it may be true aneurism, or false, circumscribed, or diffused aneurism, either within the orbit or of the carotid within the cranium, near to the origin of the ophthalmic branch. It was remarked that all these cases occurred on the left side, and that among those reported which had arisen spontaneously, the majority were on the left side and in women; while those which supervened upon local violence were, as might be expected, most common in men, and on either side. The cases were, however, too few

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to justify more than the calling attention to the fact, which may be only accidental, and be reversed on examination of a greater number.

Mr. Curling thought the cases described by the author should be denominated pulsating tumours in the orbit rather than aneurism. It might happen that there was aneurism by anastomosis, and afterwards a changed condition of the blood-vessels, giving rise to a pulsating tumour, as well as true aneurism of the ophthalmic artery. Such a change, requiring operation, might take place, not in early life, but in adult age. In referring to the recorded cases, the author had omitted a paper by himself (Mr. Curling) in the 37th volume of the *Transactions*, where he related the case of a pulsating tumour in the orbit, in which he tied the carotid artery. It was described as "traumatic aneurism of the ophthalmic artery."

Mr. Hulke related a case which came under the care of Mr. Bowman last year. All the capital signs of orbital aneurism were present. The common carotid artery was tied; death ensued; and at the autopsy no aneurism could be found. The patient was a woman, 40 years old, of intemperate habits; in a scuffle, she received a blow on the left temple, which stunned her, and she fell. Next day she had a severe pain in the left temple, which she referred to a spot one inch above, and in front of, the ear. This lasted a fortnight, and was then replaced by a rushing noise like the constant beating of an engine. Four months afterwards her sight was troubled when she looked at anything with both eyes, but with either eye singly there was no confusion of vision. A fortnight later the eye became red and prominent; this frightened her, and she applied at the Royal London Ophthalmic Hospital. A loud sibilant bruit was heard over the left temple and eye; and when the stethoscope was placed upon the eye itself, it was perceptibly upheaved by a strong pulsation, which was synchronous with the heart's action. The bruit and the pulsation were at once stopped by compressing the carotid artery. As the symptoms were increasing, the common carotid artery was tied. The patient progressed favourably for several days; then the wound became phagedenic; secondary hæmorrhage ensued, and recurred several times after the separation of the ligature; and she sank about three weeks after the operation. At the autopsy, no aneurism or erectile tissue was discovered. The internal carotid artery and its cerebral and ophthalmic branches were carefully traced, and were found quite natural. The ophthalmic vein had a varicose appearance, and seemed larger than natural; but on comparing it with the vein on the opposite side, the enlargement was found to be due to thickening of its walls, and not to increase of its calibre. It was filled by a clot, which was more recent in the branches than in the trunk. The cavernous, circular, transverse, and the petrosal sinuses on the left side contained clots. In the cavernous sinus this was a puriform pulp. A close examination showed that it was not pus, but softened blood-clot. The dura mater covering the sella turcica, the left post-clinoid process, and the sinuses, were congested, and coated with a tenacious film of lymph, which contained bloody points, but no vessels. The internal carotid artery and other structures in relation with the cavernous sinus were bathed in an ichorous serum; the tip of the petrous portion of the temporal bone had a brownish colour, and its vascular foramina were enlarged, but the bone was not soft nor carious. The carotid canal was laid open, but no obvious changes were noticed. The pathological changes were inadequate to explain the symptoms which were present in so marked a degree during life; and a case of this kind, Mr. Hulke observed, threw considerable doubt on the reality of some of the cases which have been placed on record.

Mr. France mentioned a similar case that had occurred to himself in which a female had the point of an umbrella thrust into the orbit, producing considerable swelling, tumefaction, and great protrusion of the globe. The pulsations were synchronous with the heart, and an aneurismal bruit was audible. He and his colleagues not being anxious to have recourse to operative treatment, the disease remaining stationary, the patient was kept tranquil, and cold was applied to the part. In a short time the swelling subsided, the pulsations ceased, and the woman returned home comparatively well. He had had also another case, not of so severe a character, but presenting the like symptoms, the patient recovering without any operation. His own opinion was, that unless the disease was distinctly on the increase so formidable an operation ought not to be resorted to.

Mr. Curling said that in Mr. Scott's case the operation was urgently required; a tremendous hæmorrhage from the nose took place, and the patient was taken at once to the operating room. In the case in which he (Mr. Curling) operated, the vision was being gradually destroyed; the tumour was increasing, and there was distressing pain in the head, besides other symptoms of enlargement of the aneurism. Of course, where the tumour was stationary, it might be hoped that a coagulum would form, resulting in a spontaneous cure.

The Author, in replying, apologised for not referring to Mr. Curling's case, of which he said he was ignorant. Of course, no one would think of performing the operation, unless there was urgent occasion, or if the disease was stationary, and not involving any immediate serious consequences. In the case in which he tied the artery, the patient's life was one of misery. In the second case the patient was under treatment twenty-eight weeks before coming under his care, and the disease was steadily advancing. The case related by Mr. Hulke was a very interesting one; but he thought there might be some aneurism within the cavernous sinus.

Mr. Hulke said the cavernous sinus and the parts connected with it were carefully examined, and no dilatation was observed.

The society then adjourned.

WESTERN MEDICAL AND SURGICAL SOCIETY.

Friday, April 1, 1859.

Wm. Martyn, Esq. V.P. in the chair.

Mr. Charles Hunter related some

EXPERIMENTS RELATIVE TO THE HYPODERMIC TREATMENT OF DISEASE.

The object of these experiments was to test the value of this plan of treatment, and to compare it with other modes of administering medicine. The author stated that he had in two cases of neuralgia to desist from Dr. Wood's plan, because abscess followed the constant localisation; he was therefore induced to try the injection of parts distant from the neuralgic part. He found the greatest benefit follow this plan, and local inflammation was by this means avoided. Cases of neuralgia were cited showing how the injection of the cellular tissue (the tissue Mr. Hunter always injected) of any part would act rapidly upon and cure neuralgia in another part. Experiments were detailed which he had made to see whether these injections acted locally, or by being absorbed before they produced their effect. The conclusions were these:—1st. That they acted by absorption. 2nd. That they acted quicker than the endermic method or stomachic doses. 3rd. That they acted more effectually. 4th. That a small injected dose was equivalent to a much larger one by the stomach. Mr. Hunter then showed that for speedy action, which he supposed chiefly due to the rapidity of the absorption, this plan was superior to others. 1st. Where the immediate and decided effect of a sedative or narcotic was required. 2nd. Where narcotics administered by the usual methods fail to do good; and 3rd. Where patients cannot or refuse to take medicine.

Mr. G. Pollock then exhibited some models of

CONGENITAL DEFICIENCY OF THE PALATE,

both previous to operative proceedings resorted to for its relief, and during the different stages of the treatment. He then made some remarks upon the various degrees of the deformity, from the most extensive fissure in both hard and soft palate and alveolar ridge, to a mere opening in the hard palate alone. He also related some points connected with the operation and the success attending it, the circumstances under which it should be conducted, and the treatment to be pursued afterwards. He concluded by more particularly explaining his mode of operating upon the soft palate in the division of the Lavator palate muscle.

Mr. Martyn related a case of "Ovarian Cyst," which apparently discharged itself through an opening into the bladder.

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THE PATHOLOGICAL SOCIETY.

April 5, 1859.

Mr. Fergusson, President, in the Chair.

Mr. Henry Thompson brought before the Society specimens from a case of

STRICTURE OF THE SIGMOID FLEXURE.

A woman, aged 29, was admitted into the Marylebone Infirmary, having for nine days suffered from obstinate constipation. Purgatives had been unavailingly used. She was five months gone in pregnancy. The symptoms had set in suddenly after lifting a heavy weight. The abdomen was distended, but not very tender; she was able to walk about the ward, and her countenance was not anxious. Vomiting occurred once in every hour and a half, but the matters ejected were not stercoraceous.

Opium was ordered, and on the following day she seemed better. On the third day the vomiting having returned, it was determined to open the colon in the loin. This was done in the usual manner, and fæces escaped freely. She was at first relieved, but miscarriage occurred in the second day, after which she rapidly sank.

At the autopsy signs of recent peritonitis were found. A portion of the sigmoid flexure of the colon was drawn across to the right side, and bound down by recent lymph. At this part the gut was evidently strictured. After removal from the body, the contracted part admitted a No. 9 catheter. There was no appearance of malignant disease. Just above the stricture the gut had been perforated by ulceration.

Dr. Greenhow showed specimens of

DISEASED SUPRA-RENAL CAPSULES FROM A CASE OF BRONZED SKIN.

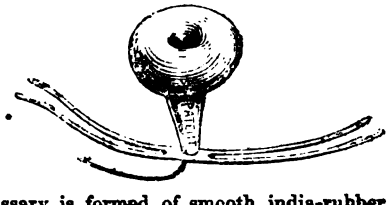
This was an exceedingly well-marked example of Addison's disease. A married lady, aged 31, who had been failing in health for two years before, began in September last to acquire an olive-brown complexion. Her conjunctivæ remaining clear and pearly, the skin of the forehead, face, and neck, got gradually darker and darker. Some parts were more deeply coloured than others, those most exposed being as a rule the darkest. Her hair was thought also to have become more dusky. Her health continued to get worse and worse; she had palpitation, great lassitude, and tendency to faint. There were stains on the buccal mucous membrane. A peculiarly disagreeable odour was noticed to exhale from her body a few days before death. The mode of death was by very gradually increasing asthenia.

At the autopsy both supra-renal capsules were found utterly disorganised; not a trace of normal tissue remained in either. They were converted into yellow cheesy material, and in the centre of the right were a few drops of creamy fluid. Old tubercles were found in the lungs, and numbers of minute deposits on various parts of the peritoneum; but excepting that of the supra-renal bodies, no disease existed to account for death.

NEW INSTRUMENT.

BOURJEAURD'S PATENT MUSHROOM OR PYRAMIDAL PESSARY.

A new pessary, which has been patented by Mr. Bourjeaurd, is shown in the annexed woodcut.



The pessary is formed of smooth india-rubber, and, after being introduced into the vagina, it is inflated by attaching an air bag to a tube to such an extent as may be necessary. When the apparatus is properly distended, the neck of the uterus rests on its summit. The depression seen towards the upper part of the figure represents the commencement of a cylindrical canal, which is continued through the stem, and through which any discharge may escape. The apparatus is secured by elastic bands, which may be fastened to a narrow abdominal belt. This instrument seems well calculated to fulfil the objects of a pessary, and in cases where such a support is indicated it offers many advantages over the pessaries in more common use.

MEDICAL NEWS.

Royal College of Physicians.—At the Comitia Majora, held on Monday, the 18th inst. the following gentlemen, having undergone the usual examination, were admitted Licentiates of the College:—Dr. Matthew Stowell, Bombay Army; Dr. Donald, Dalrymple, Norwich; Dr. Frank Chance, Birmingham. At the same Comitia the following gentlemen were also admitted Licentiates under the recently enacted bye-laws:—Dr. George Thompson Gream, Upper Brook-street; Dr. Thomas West, Daventry; Dr. Thomas Smith, Cheltenham; Dr. John Davies, Hertford; Dr. William Walkingshaw Macreight, Wells; Dr. George Moore, Hastings; Dr. Joseph Williams, Tavistock-square; Dr. William Cholmeley, Russell-square; Dr. Samuel Blackmore, Bath; Dr. Henry Mapleton, Army Medical Department; Dr. John Birt Davis, Birmingham; Dr. Charles Derby Waite, Old Burlington-street; Dr. Thomas Buchanan Washbourne, Gloucester; Dr. Robert Greenhalgh, Upper Woburn-place; Dr. Edward Beversham Harman, Bayswater; Dr. Francis Cornelius Webb, Great Coram-street; Dr. James Bird, Hyde Park-square; Dr. Frederick John Bird, Park-street, Grosvenor-square; Dr. Hugh James Sanderson, Upper Berkeley-street; Dr. James George Davey, Northwoods, near Bristol; Dr. Daniel Noble, Manchester; Dr. Charles Henry Felix Routh, Montague-square; Dr. W. Charles Hood, Bethlem Hospital; Dr. John William Moore Miller, Southsea; Dr. M. A. Eason Wilkinson, Manchester; Dr. Thomas Shapter, Exeter; Dr. John Maclean, Portman-street, Portman-square; Dr. Felix William Lyon, Lyndhurst; Sir James Lomax Bardsley, Manchester; Dr. Thomas Peregrine, Half Moon-street; Dr. George Goddard Rogers, George-street, Hanover-square; Dr. James Proud Johnson, Salop; Dr. Alfred Hall, Brighton; Dr. Robert Slack, Leamington.

Royal College of Surgeons.—The following members of the College having been elected Fellows at previous meetings of the Council, were admitted as such on the 14th inst.—viz.: Messrs. John Page Burke, Staff-Surgeon, Royal Navy, diploma of membership dated June 29, 1840; Thomas Warburton Benfield, Leicester, January 27, 1843; Herbert Walker Budd, Worcester, May 29, 1835; William Cantrell, Wirksworth, Derbyshire, February 24, 1843; William Evans, Marine-terrace, Herne Bay, May 6, 1839; Thomas Godfrey, Herne Bay, October 8, 1841; Elisha George Halhead Impey, Her Majesty's Bombay Army, August 16, 1839; Frederick Ingoldby, Finsbury-square, November 5, 1841; George Smyth Mann, Her Majesty's Bengal Army, April 26, 1839; Harvey Kimpton Owen, Clapham-road, June 14, 1839; Michael Ryan, Newcastle, Staffordshire, October 8, 1841; James George Risk, Beaumaris, North Wales, June 24, 1842; Caleb Rose, Suffolk-place, Pall-mall, May 13, 1842; Edgar Sheppard, Hanover-terrace, Regent's Park, June 13, 1842; Moses Davenport Thompson, Stalybridge, May 25, 1838; George John Vine, Hadlow, Kent, July 1, 1839; John Bland Wood, Broughton, Manchester, February 5, 1836; James Williams, Mount-pleasant, Brecon, June 18, 1841; Frederick Whitfield, St. James's-terrace, Harrow-road, January 7, 1825; and Matthew Stovell, of Her Majesty's Bombay Army, September 5, 1828. At the same meeting of the Council, Mr. W. J. Sandels, of Holyhead, was admitted an *ad eundem* member of the College. Also on the 18th inst.:—Messrs. George James Symes Saunders, Charmouth, Dorset; Peter Downs, Stockport, Cheshire; Humphry Williams, Dolgelley, North Wales; Charles le Visconte Godfray, Jersey; Arthur Ferdinand Van, Northfleet, Kent; John Hart Staddon, Ipswich, Suffolk; James Morris Rigby, Chorley, Lancashire; Timothy Henry Martin, Merthyr Tydvil; Thomas Charles Kirby,

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Bodicote, Oxfordshire; John Candy, Holloway; Stamford Felce, Huntingdon; Nicholl Evans, Stoke Newington; Clement Smith Barter, Bath; John Wales, Downham Market, Norfolk; Benjamin Heywood Herbert, Edgbaston, Birmingham; Allen Freshfield, Harwich, Essex; Washington Lafayette Winterbotham, Stroud, Gloucestershire; Charles Roberts, Darlington, Durham; Arthur Charles Gaye, Minehead, Somerset; John Charles Harris, Chipping Norton, Oxfordshire; Robert Turner Head, East Grinstead, Sussex; Arthur Julius Pollock, Queen's-square-house, Guildford-street; Robert Batho, Amesbury, Wiltshire; Arnold Royle, Winchester; and George Frederick Parr, Baldock, Herts.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, April 14, 1859:—

DAVIES, EDWARD, Llansilin, Denbighshire.
DAWSON, JAMES E., Sedbergh, Yorkshire.
DOWNES, PETER, Stockport, Cheshire.
GREGORY, BRADLEY, Exeter.
HILL, THOMAS, J., Melton Mowbray.
HORNIBLOW, WILLIAM R., Shipston-on-Stour.
REEVE, JOHN F., London.
SHARP, EDWARD, Truro, Cornwall.
SMITH, CHARLES S., Burbage, Wilts.
SUFFREIN, BENJAMIN T., Indian Army.
TERRY, WILLIAM, Wensleydale, Yorkshire.
WATTON, CHARLES, Kings Langley, Herts.

APPOINTMENT.

At a meeting of the Governors of the Lying-in Hospital, Rutland-square, held on the 30th ult., Dr. Henry S. Halahan was elected Assistant-Physician to the Hospital.

DEATHS.

BARON.—Dr. Charles Baron, Physician to the Hospital of Enfants-Trouvés of Paris, and author of numerous interesting memoirs, has just died at the early age of 46.

BÉGIN.—M. Bégin, who had recently retired from his high post of President of the Council of Health for the Army and Commander of the Legion of Honour, and a member of the Academy of Medicine, has just died from the effects of an attack of apoplexy with which he was visited a month since.

CASSERLY.—On the 11th instant, at his residence, Roscommon, Thomas Casserly, Esq. Surgeon.

FRANKISH.—Died on the morning of the 14th March, of yellow fever, at the residence of Dr. Sedgwick, Antigua, William Frankish, Esq., member of the Royal College of Surgeons of England, aged 26 years, deeply lamented by all who knew him.

TUITE.—At Kilkee, of erysipelas in the head, Jeremiah Tuite, Esq., M.D.

DR. GEORGE HARLEY asserts that the walls of the stomach are not preserved from the destructive action of the digestive fluids upon them by the epithelium cells, as Bernard supposed, but by a layer of mucus of a thick brownish character, which is deposited upon those cells.

THE MEDICAL CHARITIES OF IRELAND.—A report on the Medical charities of Ireland (under the Poor Relief Act) has just been published by order of Parliament. In the year ended Michaelmas-day, 1858, Medical relief was afforded by 601,749 dispensary and 153,829 visiting tickets. The expenditure on Medical charities was £92,725. The number of cases of vaccination in the year was 54,984.

Dr. FORBES WATSON of the India House is anxious to introduce (if possible) into this country the cultivation of "gram, the great horse food of northern and western India." It is a kind of pulse; and the Doctor will be glad to supply cultivators with samples of it.

ROYAL COLLEGE OF PHYSICIANS.—We are informed that at a very full meeting of this College, held on Monday last, the following resolution was unanimously agreed to in consequence of certain regulations which have recently been passed by the College of Physicians of Edinburgh, and to which we directed the attention of our readers in our last week's impression:—"That the President and Censors be empowered to address, in the name of the College, a strong and immediate remonstrance to the Royal College of Physicians of Edinburgh, respecting the terms on which they have recently proposed to confer the Licence of their College."

PATHOLOGICAL SOCIETY OF DUBLIN.—At the last meeting for the session 1858-59, held on Saturday the 16th inst., Dr. Law, President, in the Chair, the Society's Gold Medal for the best essay on the specimens of Diseases of the Stomach and Intestines exhibited during the session, was declared to have been awarded to Mr. Philip Crampton Smyly.

MEDICAL OFFICERS AND WEEKLY BOARD OF MANAGEMENT.—It having become a question at the Bedford Infirmary whether the Medical officers were eligible to sit as members of the Boards of Management, etc. we subjoin the following interesting communication from the Committee appointed to inquire into the subject:—"Your committee having taken into consideration evidence as to the composition of committees and boards of management from 12 metropolitan and 40 provincial hospitals, find that out of the whole number there are 24 at which the Medical officers, or a portion of them, are *ex officio* members of the committee or board of management; 28 at which they are not *ex officio* members. Taking the provincial hospitals alone, there are 22 at which the Medical officers, or a portion of them, are *ex officio* members of the committee or board of management; 18 at which they are not *ex officio* members. Looking at these figures, and further at the fact that at a large number of these hospitals only a portion of the Medical officers are *ex officio* members of the committee or board of management, your committee feel bound to state that it does not seem to be the prevailing practice, either in the metropolitan or provincial hospitals, that the Medical officers, as a body, are *ex officio* members of the committee or board of management. Your committee, however, find that out of 38 provincial hospitals there are 33 at which the Medical officers are eligible if elected. They have, therefore, come to the conclusion that the prevailing practice is that the Medical officers are eligible to serve if elected; and that it is customary that a portion, at least, are elected to serve on the committee or board of management." It having been moved and seconded that the above report be adopted and placed on the minutes, it was unanimously agreed to.

STATISTICS OF THE LUNATIC ASYLUMS IN FRANCE.—The Bureau of Statistics of the French Government has recently published an important document upon the statistics of the asylums for the ten years 1842—53. It was in 1835 that the number of lunatics under treatment was first stated as being 10,539. In 1851 they amounted to 21,253, and in 1854 to 24,524. The number had thus more than doubled between 1835 and 1854, and had increased by 13,985 during the entire 19 years specified—being an increase of about 133 per cent. Between 1842 and 1856 the proportion of the sexes is stated as being 9314 males, and 10,177 females. Comparing the number of the insane with the population, we find that while in 1836 there were 11,091 insane in a population of 33,540,910 (1 in 3024), there were in 1851, 21,353 insane in a population of 35,783,170 (1 in 676); so that while in the above period the increase of population was only 6·68 per cent. that of the insane rose to 92·52 per cent. *i.e.* nearly 14 times greater. But these figures do not give the true number of the insane in France, as many of these unfortunate persons do not resort to the asylums. Thus, at the census of 1851 there were found to be 24,433 persons deprived of their reason residing at their own homes, making altogether 44,970 insane, or 1 insane person for 796 inhabitants. With respect to professions it was found that in 1853 the artists furnished 8 times more insane than independent persons, the jurists 7 times more, ecclesiastics and physicians 5 times more, professors and literary men 4 times more. Uniting these 5 categories together there was found to be 1 insane person treated for 205 inhabitants, while for the entire population there was 1 patient for 1294 inhabitants. Of 32,876 lunatics in 1853, 12,972 were of urban and 14,536 of rural origin, while of 5368 the domicile was unknown. As the urban population is to the rural as 1 to 3, it results that the town insane are much more numerous than the rural. This may

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to some extent be explained by the greater care taken in the sequestration of the insane in towns than in the country. Still, of the much greater preponderance of insane, as likewise of suicides, in the towns there can be no doubt. In the 12 years 1842—53, 32,099 persons did in lunatic asylums, viz. 17,390 males and 14,709 females. All persons accustomed to asylums are aware of the great mortality which takes place during the first month after admission; and in the present reports the proportion amounts to 108 per 1000, or more than one-tenth of the total number. While splendid asylums have arisen in various parts of France, the two largest cities, Paris and Lyons, are most wretchedly provided with the means of treating their lunatics, no new public asylums having been erected in either, and their present establishments being notoriously insufficient.

THE STATUE TO HUNTER.—The following is a copy of Mr. Charles Hawkins's letter to the editor of the *Times*:—"Sir,—I learn by an advertisement in the *Times* of to-day that a committee has been formed for collecting subscriptions for the purpose of erecting a statue to John Hunter. When I see that this movement is supported by the President and Council of the Royal College of Surgeons, by the President and Censors of the Royal College of Physicians, and by many most distinguished persons, I can hardly expect that anything advanced against this scheme by the humble individual who now addresses you will be attended to. But I must make bold to ask whether what the promoters of this scheme propose—viz. doing honour to the memory of this great man—will be best accomplished by erecting a statue of him. Hunter's fame is imperishable; he erected his own monument in the formation of his museum. Of him we possess 'A portrait by Reynolds,' 'an engraving by Sharp,' and 'a bust by Flaxman,' unrivalled as works of art. Any statue to be a likeness must be copied from one of these. If the Medical Profession are anxious to show their gratitude for all Hunter did in extending the bounds of science, by all means let us subscribe our money. But perhaps they will allow me to suggest that the money might be expended in a mode that would prove of more use than by erecting a statue, and as I think in a manner more surely to perpetuate our appreciation of all that is due from us to his memory, and more in accordance with his own labours. The Medical Profession is numbered at 20,000. A guinea from each member would form a fund with which two or three Fellowships of £300 a-year, to be awarded by the College of Surgeons, and to be held for two or three years, might be founded. Such a Fellowship would enable students to prolong their education in that particular path of study Hunter shed such light upon. The one who gained this Fellowship would be 'the Senior Wrangler' of the Profession; and we should, I can't help thinking, exhibit a much higher acknowledgment of this great man's claims to our honour by such an expenditure of money than by erecting, perhaps, an indifferent statue, the great advantage of which would be conveying about a thousand pounds out of the pockets of the Medical Profession into the pocket of a member of another profession. I trust those distinguished persons who have set this movement on foot will pardon me for thus alluding to what they have done. We have not been very happy as yet in the Medical statues that have been erected in London. It would indeed be very painful to find, on placing Hunter's statue by the side of that of Jenner in Trafalgar-square, it was opposed by the public as that of Jenner's was. If the Council of the College of Surgeons should feel any uneasiness when asked where Hunter's monument was, let them lead the inquirer into their noble museums, and make answer, *Si quæris monumentum, circumspice.*

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Examination in Pathology, Surgical Anatomy, and Surgery, of Candidates for the Diploma of Member of the College. (April 5th, 1859.)—1. Describe the signs of inflammation in an external part. Describe also the state of the vessels and the blood in a part which exhibits the signs of a fully-developed inflammation. And describe what changes take place in "resolution" of the inflammatory attack. 2. Describe the mode of union in the case of an incised wound. Describe how far the process may be considered inflammatory; whether the union may be effected without any marks of inflammation; and in what manner inflammation may interrupt the process of union. 3. What is the nature of an artificial anus, when the result of a strangulated hernia? What changes must have taken place in order to its formation, and what changes are required for its establishment? 4. What is the state of the tunic a vaginalis testis after the radical cure of a hydrocele? 5. State whether the quantity and quality of the urine be altered by injury to the spinal cord, as in transverse fracture of the vertebræ. 6. What are the causes assigned for the redundancy of lithic acid in the urine? How is the excess ascertained? What are the injurious effects, if the excess continue? And what is the treatment of such excess, prophylactic and curative?

USES OF THE BAMBOO.—"In dry, hilly districts it grows only to eight or ten feet, while in moist jungles and in swamps it attains the height of ninety to a hundred feet. It has been known to grow as much as eighteen inches in twenty-four hours. The largest bamboos are probably those found in Burmah. The plant is often cultivated in clumps, and to form ornamental archways for avenues and gardens; also as a hedge, being bent over and interwoven so as to combine the qualities of both a hedge and a paling. There is, probably, no plant with which we are acquainted, that is put to so many and so opposite and diversified uses as the bamboo. The leaves, when young and tender, are eaten by animals; the grain is given in the form of a decoction as a remedy for fever in cattle; the young shoots of the female or hollow plant, are used for making arrows—those of the male or solid plant, are largely exported to Europe for making the tips of fishing-rods; the pointed lateral shoots are used when young as pins; the stems are employed for props, palings, roofing, flooring, doors, and blinds. Some houses are built entirely of bamboo. Paper and cloth are manufactured from the plant. The tender shoots are used for pickles, and they form one of the ingredients of the celebrated preserve called 'Chow-Chow.' Baskets and boxes of various kinds are made from the bamboo. The lacquered boxes and cups of Burmah are peculiarly beautiful." Among the other uses of the plant are noticed:—"Poles for palanquins, for carrying water, and for pushing boats, floating rafts, swinging poles at feasts, light bullock carts, ladders and fire-escapes, fishing-rods, boat-poles, spear-shafts, garden-chairs, plant-stands, distilling-tubs, hookahs, bows and arrows. The joints are employed for water-pails and bottles; also for holding letters, musical instruments and blow-pipes."—*Dr. Hunter, H.E.I.C.S.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, April 16, 1859.

BIRTHS.

Births of Boys, 865; Girls, 771; Total, 1636.
Average of 10 corresponding weeks, 1849-58, 1655·1.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	548	536	1084
Average of the ten years 1849-58	576·0	541·6	1117·6
Average corrected to increased population..	..	..	1233
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	29	24	53

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus
West	376,427	..	4	..	1	2	..	2
North	490,396	6	2	11	1	15	2	2
Central ..	393,256	4	3	5	2	17	..	4
East	485,522	3	3	9	3	12	..	10
South	616,635	3	4	17	2	10	5	6
Total	2,362,236	16	16	42	9	56	7	24

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·277 in.
Mean temperature	42·4
Highest point of thermometer	59·3
Lowest point of thermometer	30·3
Mean dew-point temperature	36·4
General direction of wind	N.W.
Whole amount of rain in the week	0·86 in.
Amount of horizontal movement of air in the week ...	1045 miles.

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TO CORRESPONDENTS.

OUR GREAT ONES OF THE PAST.

The conclusion of the memoir of William Hunter is unavoidably delayed until next week.

P.F.C.—Address Dr. Haldane, College of Physicians, Edinburgh.

A Subscriber, Plymouth.—Unless the *M.D.* register, he will labour under all the disabilities imposed by the Act; but he incurs no penalty unless he assume some title to which he has no right.

Etiquette.—The title *Doctor* is accorded to licentiates of the College of Physicians by courtesy, not by right.

Mr. Edwards's paper will appear with the illustrations next week.

A report of three interesting papers on Diphtheria, with the discussion at the Epidemiological Society will appear next week.

Vincent.—We happen to know that the opinions of our correspondent are not those of the principal Catholic doctors in Dublin.

A.K.C.—M.R.C.S. &c.—As the Lady Bountiful seemed disposed to be friendly, we should suggest that our correspondent call on her and request an explanation. Very probably the report of her interference in the treatment of the case may prove to be incorrect.

R.A.T.—There is no examination. The recommendation and fee suffice. All other particulars may be obtained by a letter to Mr. Belfour, the Secretary, at the College.

Student in Medicine.—We are glad to find that the Advertising Medical Botanist of Diss, Norfolk, is not in the Medical Directory. The registration Association should look after him, and punish him if he have falsely assumed the title of M.D.

A DENTISTRY PRACTICE.

Some misconception having arisen with regard to an article on Dental Practice in our last number, we are most willing to state that it in no way applied to Mr. Ballard—an American Dentist practising in London—a gentleman well known to and highly esteemed by many of the leading members of our Profession.

COLLEGE OF PHYSICIANS.

The name of Dr. Hitchcock, of Winchester, was omitted last week in the list of Licentiates of the College of Physicians, and Dr. F. C. Webb as placed among the country instead of the town residents.

THE PUFF PICTORIAL.

A correspondent has forwarded to us a portrait of Mr. Syme of Edinburgh, he says, "just as it stood in a shop window close to the Infirmary and where it had stuck for weeks. I see they have replaced it with a precisely similar one." Appended to the portrait is the following modest eulogium:—

YOU SEE THE MAN AT ONCE OF WHOM IT WAS TRULY AND FINELY SAID, THAT HE NEVER WASTES A WORD, OR A DROP OF INK, OR A DROP OF BLOOD, AND WHO IS THE SAFEST, SOUNDEST, SUCCESSFULLEST SURGEON ALIVE.—*Scotsman*, Nov. 5, 1858.

If this is not the very extreme of pictorial puffing, perhaps Professors Holloway or Morrison may improve upon it. Hitherto their united efforts have not succeeded in reaching anything half so attractive. Mr. Syme should really look after his too-partial friends.

IRON AND LIME CAKES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I am little disposed to publish; but finding some things are promulgated as new which are certainly ten years old (*e. g.* Dr. Aveling's dilatation of the constricted os uteri by gentian, which I used successfully in 1847 and 1848), I venture to offer what I believe may be of use to the Profession—a convenient form for administering iron and lime to children in the shape of cakes. I am, &c. RICHARD SHARPE, M.D., &c.

159, Grange-road, Bermondsey, S.E.

Take Super-phosphate of Lime, ½℥; Carbonate of Iron, ½℥; Butter, ½lb.; Sugar, ½lb.; Flour, ½lb; Treacle, ½lb. Mix—Divide into 80 cakes. Each cake contains therefore 8grs. of Lime and 3grs. of Carbonate of Iron.

THE ELECTIONS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—If people were wise, war is a game kings would seldom play at,—they say. If electors were wise, we should have better laws. Is it not the bounden duty of every Medical man to ascertain from candidates for seats in Parliament, their opinions on Homœopathy, Hydropathy, Table-turning, and such like conceits; and also, their feelings towards the Profession, as regards its position in the Army, Navy, under the Poor Law Commission, and in fact, in every capacity?

A few minutes' conversation with the candidate would not only prevent a mistake in polling, but might secure a useful vote, when a question of science, or the interests of the Profession are before the House.

Gower-street, April 18, 1859. I am, &c. A FINSBURY ELECTOR.

EDINBURGH COLLEGE OF PHYSICIANS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—A leading article in your journal of last Saturday upon the Edinburgh College of Physicians, evidently founded on inaccurate information derived from somebody connected with the College, appears to demand that a few words of explanation should be inserted in your next number.

1. It is an error to characterise the late regulations of the College as the act of a "minority;" by which I suppose you mean a majority obtained by accident, and what you term "whipping-up." The fact is, that the regulations were passed unanimously by the College, on a first reading; and it was in consequence of this absence of criticism (which took no "party" in the College more by surprise than the framers of the regulations) that they were, in accordance with the laws, published immediately in your columns. It is quite true that a difference of opinion has since manifested itself, and that the regulations have been under consideration again, with a view to their modification on points of detail; but it is also true that none have been more forward than the framers of the regulations in removing the ambiguities and reasonable grounds of objection which resulted from the perhaps too hasty conduct of the College in the first instance. The only "well-whipped up minority" that I know of in the College has been composed of those who, having absented themselves at first, and thus denied the College the benefit of their counsel, have been afterwards brought up by one or two influential malcontents, to endeavour to make the College overthrow its own unanimously passed regulations. The majority has, in every instance, been consistent with itself, and has sustained the regulations at several meetings.

2. It is an error to suppose that any portion of the regulations was intended, or would have been used for the admission of persons of doubtful qualification. There are many foreign qualifications of no questionable character, which it was desirable to give the means of admitting, subject to the approval of the Council. So soon as it was observed, however, that this regulation was open to misrepresentation, and to a possible, though not a probable abuse, it was determined to alter it; and this has been done, also unanimously, by the College, which has rescinded the clause referring to persons not licensed by the existing Boards. Special cases are thus left to be dealt with by the College itself, under regulations 7 and 9.

3. I need hardly say that your allusion to the possibility of Dr. Coffin becoming a Licentiate of the Edinburgh College, is unjust to that body; unless, indeed, it be the case that this person (who is not known in Scotland) can—1stly, acquire a reputable diploma elsewhere, enticling him to Registration under the Medical Act; and, 2ndly, procure in England from men of high character and standing in the Profession, known to the Edinburgh College, such testimonials as shall show that he is worthy of being connected with a College of Physicians. I apprehend that Dr. Coffin would probably, if he be at all the clever fellow I take him for, find this quite as difficult as to pass an examination.

4. The only clause about which there is any ground for difference of opinion, is that which for one year holds the diploma of the College as accessible to registered Medical practitioners generally, without further examination, provided they do not practise Pharmacy, and provided they produce certificates of character and professional qualification which shall satisfy the College of their fitness to receive its licence. The majority of the College has pronounced this clause to be right in principle, holding that men of unblemished integrity and unquestionable professional status, who have been in practice for years as General Practitioners, ought not, at the present crisis, to be asked to undergo further examinations, on their desiring to hold the diploma of a College of Physicians.

5. I will only remark further, that the College of Physicians of Edinburgh may fairly be trusted with the maintenance of its own honour. From time immemorial it has been accustomed to admit graduates in Medicine even to its Fellowship, without examination, and upon tests of character alone. If this practice has never been alleged to lead to abuse, it does not appear why the minor distinction of Licentiate should not be safely conferred, without examination, on those who have passed examinations before other licensing boards. Many of the most distinguished Physicians that Scotland has ever produced (for instance, Dr. Abercrombie and the late Dr. John Thomson) began practice as Surgeons and General Practitioners; and had an examination been necessary to admit them to the College of Physicians, they would have remained *extra muros* to the end of their lives. I am, &c.

A FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

Edinburgh, April 17, 1859.

COMMUNICATIONS have been received from—

Professor SIMPSON; Dr. ROBERT LEE; Mr. CHARLES HAWKINS; Mr. WORDSWORTH; Mr. KESTEVEN; Dr. ROUTH; Dr. F. C. WEBB; Mr. BULLEY, Reading; Dr. BROWNE; Dr. LEES; Mr. HOGG; Dr. MILROY; Mr. LIZARS; Mr. CROKER; Mr. BALLARD; Dr. MORE; Mr. ELIOT; Mr. WERBER; Mr. TIFFEN; Mr. KERR; Dr. THOMSON; Dr. MCWILLIAM; Mr. JEFFERY; REGISTRAR GENERAL; A NAVAL SURGEON; PRESIDENT AND COUNCIL OF THE MICROSCOPICAL SOCIETY; Dr. MUHE, Constantinople; Mr. FITZGERALD, Bangalore; Dr. C. WILSON, Edinburgh.

APPOINTMENTS FOR THE WEEK.

April 23. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL BOTANIC SOCIETY, 3¾ p.m.

25. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

26. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m.

27. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

MICROSCOPICAL SOCIETY, 8 p.m.

28. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2 p.m.

29. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XIII.

On Surgical Fever—its Ætiology and Semeiology.

THE ÆTIOLOGY OF THE DISEASE.

Gentlemen,—As in other febrile diseases, so in the case of Surgical Fever, we classify the causes which produce it according as they are 1. *Predisposing*, or 2. *Exciting*.

I. *Predisposing causes.*—When I speak of the predisposing causes of the disease, the vitiated atmosphere of Hospitals, the bad habits and unhealthy occupation of patients, their impaired nutrition, their debility from long previous disease, or depression from sudden injury, the nervous shock of a severe operation, and other kindred evils, will all occur to your minds as so many predisposing agencies, which may each and all prove sources of danger for any particular individual. And keeping that in view, you will readily understand how it is that this disease is relatively so frequent and fatal among Hospital patients, and why it should be more common in large towns than it is in country districts. But along with and in addition to these predisposing causes perhaps there is another source of danger, not so self-evident as these, yet present to a greater or less degree after operations and injuries, and dependent on the altered condition of the blood. When patients have been subjected to surgical operations and injuries, a disturbance seems generally to take place to a greater or less extent in the interchanges which should go on between the constituents of the blood and the injured textures, and in the case of amputations, more particularly, various substances come to be retained in the circulating fluid, which ought to have been appropriated to the nutriment of the limb that has been lost; the chemistry of the blood becomes, for the time, disordered and deranged, by this and by the agency of the preceding predisposing causes, which I have named; and further it appears to be disordered and deranged principally perhaps by the morbid retention and accumulation of secretory and excretory matters within it. The testimony of Dr. Chevers is strikingly corroborative of this view; for he has pointed out in the paper to which I have already referred, that the liver, the spleen, and above all, the kidneys (those organs which are chiefly concerned in the formation and purification of the blood), showed evidence of previous chronic disease in three-fourths of all the cases of surgical fever, where the results of the post-mortem examination in Guy's Hospital had been kept. You will be better able to appreciate the importance of this source of predisposition, when you know something about the

II. *Exciting causes.*—We have just seen how it is that the blood of surgical patients may come to be loaded with matters which readily decompose and give rise to febrile phenomena; and our next inquiry must have reference to those materials which get into the blood, and act as ferments in throwing these retained excretory and probably highly azotised matters into a state of decomposition, and so act as the immediate or exciting causes of surgical fevers. Now, here you will find that there are two morbid materials which have been regarded as pre-eminently capable of producing that sort of fermentation; if in accordance with the views of some high modern—as well as ancient—authorities, we may so term that change, which constitutes the toxæmic cause and essence of surgical and other fevers. And these are,

1st. *Septic matters absorbed from the wound.*—Some pathologists have been content with the idea that when the wound becomes inflamed, and the inflammatory action passes beyond the purely adhesive stage, a depraved or decomposing fluid is liable to be produced, which may become absorbed, and exert a zymotic influence on the fermentable matters already present in the blood. In some instances the rigor and commencement of the fever follow almost too rapidly after the operation to have allowed of any true inflammatory products to have been generated in the wound; certainly too soon for pus to form. But, perhaps, the whole pathological mechanism of the disease in relation to its origin in the absorption of septic or other matters, and otherwise will be better understood by you by contrasting it with some toxæmic malady, the nature and course of which is better known. Let us take for example an illustration I have already named, viz. small-pox. Small-pox (like surgical fever) is, generally, if not universally acknowledged to depend upon a special toxæmic or diseased state of the blood, as its pathological cause or essence. 2. As a result of this morbid or toxæmic state of the blood there occur in both diseases two sets of symptoms or consequences, the one constitutional, the other local. 3. The constitutional symptoms or consequences in both affections are a special form of fever. 4. The local symptoms or consequences in both affections consist of acute disseminated inflammations; in small-pox on the skin and mucous surfaces, in surgical fever in various and different internal organs. Inoculated small-pox is further, I believe, analogous to surgical fever in this respect; that in both maladies the diseased action takes its origin from a wounded surface, and by the absorption of a septic poison from that surface. Both require materials to exist in the blood or body for their respective poisons to act upon; and in the case of small-pox, if these materials have been already exhausted by a previous attack of the malady, no consequences follow the admission of the septic poison into the blood. We do not in the least degree yet know upon what the septic or poisonous property of inoculated small-pox matter depends; nor are we at all acquainted with what forms the peculiarity of the septic matter in surgical fever.

2nd. *Pus absorbed into the bloodvessels.*—Some pathologists have held that pure pus is absorbed as pus from the wound, and gives rise to the febrile symptoms either by its own decomposition or by the decomposition which it produces in some of the matters circulating there. No point in connexion with the pathology of surgical fever has been more disputed than the question as to whether pus, as such, ever becomes absorbed from a wound and mingles with the circulating fluid. As obstetricians, we know that the passage of pus into the blood is not at all a necessary condition for the development of fevers attended with local purulent inflammations. For we occasionally meet with cases where the fœtus *in utero* is attacked by a morbific agent which leads to the development of a multitude of disseminated abscesses over all parts of its body. We know, in other words, that the fœtus, while still in the mother's womb, may be attacked with small-pox; and yet there is no direct vascular communication between the mother and the fœtus,—there is no interchange of blood corpuscles between them,—and there can occur no transition of pus corpuscles from the maternal to the fœtal bloodvessels. But some finer form of morbific agency than pus must pass from the maternal into the fœtal system; and arguing from such facts as these, those surgeons and pathologists are justified in their opinion, who hold that the absorption of pus from a wounded surface is not necessary for the production of a general fever, like surgical fever, accompanied with secondary local inflammatory lesions. Those who hold an opposite view tell us that in such cases pus corpuscles are found in the blood, and they ask how it comes that these get there, if they have not been absorbed from the suppurating wound. Here, however, I must remind you that the cells in question are not of necessity to be regarded as pus corpuscles. For, as you know, the pus corpuscle differs so little in microscopic appearance and chemical reaction from the white or colourless blood corpuscle, that the only ground of distinction which the best histologists can discover between the two, lies in the situation in which the body is found. You know further that there are a variety of cases in which the number of colourless corpuscles in the blood comes to be greatly increased, and that there is one condition common to all those cases, whether they be morbid or more normal, viz. a temporary or more permanent enlargement of the spleen or lymphatic glands, or of other glands or textures in which the corpuscles are constantly being developed. In the much-debated leucocythæmia, you have an instance of this condition becoming permanent and usually fatal, and

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depending in one set of cases on enlargement of the spleen, in another on enlargement of the lymphatic glands, while in a third set of patients both kinds of glands are found to be simultaneously affected. A temporary increase of the number of white blood corpuscles, or leucocythosis, as Virchow has designated this condition, is seen in females during pregnancy, and soon after delivery, and in them there are important changes in the uterine organs, and enlargement of the pelvic glands. In all individuals, indeed, according to some of our latest physiological observers, this condition is established after every meal, and may be traced to the enlargement that then takes place in the mesenteric glands. It need not, therefore, surprise us to find in patients affected with surgical fever that the number of the colourless corpuscles in the blood is greatly multiplied, seeing that in such cases there is almost always more or less inflammatory excitement and enlargement of the cellular tissue at the seat of the injury, and of the lymphatic glands in the vicinity, and very frequently some acute morbid change in the liver, kidneys, or spleen, as well; and we need not have recourse to the hypothesis of an absorption of pus corpuscles from the wounded surface, to explain the phenomenon of the large number of pale granular cells, with one, two, three, or more nuclei found circulating in the patient's blood. It may be that some portion or element of the liquor of pus, or some material resulting from its disintegration, comes to be absorbed from the wounded surface, and acts the part of a ferment in the blood; but whatever it may be, it can certainly not be the pus corpuscles.

Nor are we to regard them as the

Cause of the Secondary Deposits and Abscesses,

or collections of purulent matter that we occasionally see in cases of surgical or puerperal fever in the lungs, spleen, liver, etc. For, independently of the two facts, 1. that pus corpuscles are not, as a general rule, taken up at all by the bloodvessels, and only are found there in those exceptional cases where a vessel is directly broken into by a purulent collection originally formed outside of its walls; and 2. that the lining membrane of veins is apparently, from all late evidence, incapable of secreting pus, we find that there is no pus at all in those secondary abscesses in their first stage. In truth, those disseminated centres of disease which we meet with frequently in the lungs, spleen, kidneys, and other organs of patients dying of surgical and puerperal fever, are not to be regarded as genuine abscesses resulting from a simple inflammation in the parts; but the opinion is gaining ground that we have here to do with two forms of the multiplication of disease. Either, firstly, they are due to a vital alteration or destruction of the part, resulting from the impaction of some material in the afferent bloodvessel, which has been brought from the veins at the seat of the injury, and been here arrested or filtered out; or, secondly, they may be produced by the mis-secretion of some finer material which we have no physical means of recognising, and which, in its effects and irritant mode of action, has more affinity with chemical substances. There is, if I may so express it, a mechanical or physical, and a chemical or secretory metastasis.

1. *Mechanical Metastasis. Embolism.*—In very many instances the blood in the veins at the seat of a wound in the case of surgical fever, like the blood in the veins of the uterus in the case of puerperal fever, becomes, as Dr. Wise has expressed it, "consolidated." This "consolidation" or coagulation of blood, which has been carefully investigated by Virchow, and described by him as thrombosis, is not confined to that contained in the smaller veins, but is continued on to that in the vessels of the largest size, and according to the further changes that occur it may lead to the production of metastatic inflammatory centres of disease in one or other of two different ways. First, the "consolidation" of the blood may go on in a vein up to the point where it opens into one of larger calibre without producing any further injury. But should the process still go on, as is so frequently the case, then from the superposition of fresh fibrinous layers, the clot or "thrombus" comes to project into the cavity of the larger vessel in the manner shown in the annexed woodcut from Virchow's late very masterly work on Cellular Pathology (see fig. 1); and then you can readily understand how in some movement of the body, or from some other accident, this projecting cap may become detached and be carried along in the circulating stream, only to be arrested at the bifurcation of some subdivision of one or other pulmonary artery. (See fig. 2.) This transport of bodies in the blood and their final

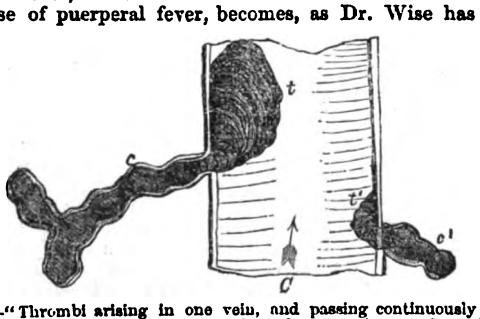

Fig. 1.—"Thrombi arising in one vein, and passing continuously into another. *c c'*, Smaller, varicose, lateral twigs (venæ circumflexæ femoris) filled with autochthonous thrombi, which stretch beyond the ostia into the trunk of the femoral vein. *t*, Continued thrombus produced by concentric apposition from the blood. *t'*, Appearance of a continued thrombus after separation of some pieces (emboli) has been effected."—(Virchow.)

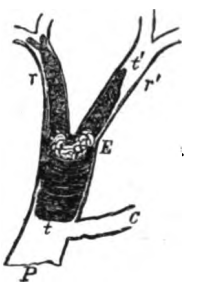

Fig. 2.—"Embolism of the pulmonary artery. *P*, A medium-sized branch of the pulmonary artery. E, The embolus, riding on the fork of the dividing artery. *t t'*, The enveloping (secondary) thrombus. *t*, The portion in front of the embolus reaching as far as the next collateral vessel (*c*) above it. *t'*, The portion behind the embolus, nearly filling up the branches *r r'*, into which the artery divides, and at last ending conically."—(Virchow.)

arrest in the smaller vessels, are phenomena not confined, by any means, however, to the venous system, for they are met with also in the arterial system, and sometimes of a large size, in cases of vegetations on the aortic valves, of atheroma in the larger arteries, and such like. These travelling bodies have been, as you know, termed "emboli," and their impaction with its results have been summed up in the designation of "embolism." When such an embolus gets arrested, as they most commonly do, at the bifurcation of an arterial trunk, neither of the branches of which are large enough to allow them to pass, the immediate result is that the supply of blood to the part beyond the obturated vessel is greatly diminished or altogether cut off; and this is speedily followed by an infiltration of blood into all its tissues. The way in which this infiltration of blood into the tissues of a part, whose vascular supply has been suddenly diminished or cut off, takes place has not been satisfactorily explained; but the result is that either the part becomes gangrenescent, and is separated by a demarcating inflammatory process, as gangrenescent parts usually are, or it becomes the seat of an induration and degeneration which effectually destroys its functional activity. The great majority of the so-called secondary or metastatic "abscesses" seen in the lungs of patients dying of surgical and puerperal fever, are simply instances of gangrene with its results as produced by embolism of the pulmonary arteries. But, secondly, where the emboli are of smaller dimensions, the impaction takes place in vessels of a smaller calibre, or what has been designated "capillary embolism," becomes established. In this case also the thrombosis gives rise to the foreign body, but in a different manner. The thrombus, instead of growing onwards towards the centre of the circulation, undergoes a variety of changes. In the first place, the red corpuscles lose their vitality and part with their hæmatin, which escapes and becomes diffused all around, and in this way the clot becomes decolorised. Then these same corpuscles break down, and the fibrine becomes disintegrated and dissolved, while the colourless corpuscles remain still unchanged, so that the softened mass presents a deceptively puriform appearance. Now, if some portions of such softened thrombi get by some chance into the circulatign

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fluid, they will be carried first of all to the lungs, where the grosser particles will be filtered out, and lead to the changes

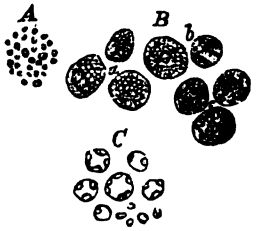

FIG. 3.—"Puriform débris of softened thromi. *A*. The various large pale granules of the disintegrating fibrine. *B*, The colourless blood corpuscles set free by the softening, and in part degenerated. *a*, With several nuclei. *b*, With single, angular nuclei and several fatty granules. *c*, Without nuclei (pyoid) and in a state of fatty metamorphosis. *C*, Blood corpuscles becoming decolorised and disintegrated."—(Virchow.)

already adverted to; while the finer particles may pass through both sides of the heart, and lead to the production of capillary embolism, so minute as to be readily overlooked, in various other organs of the body. With reference to this point, Professor Beckman, of Göttingen, has made some interesting observations on the kidneys of persons dying of surgical and puerperal fever; and has almost invariably detected the existence of great numbers of minute emboli in kidneys which presented to the naked eye only the appearance of small ecchymosed or purpurous spots; and it still remains for further investigation to show how far those inflammations of the liver, spleen, and kidney, which are found in such cases, may be due to this capillary embolism, or to some more subtle and refined morbific agency.

2. *Secretory Metastasis.*—There is another common mode by which inflammatory action seems liable to be set up in various parts of the body, namely, in surgical fevers and other toxæmic diseases, and particularly on serous and synovial surfaces, in consequence of the local deposition and irritant effect of some morbid material or materials circulating in the blood. The effects produced by such a *materies morbi* and its mode of action become intelligible, as it seems to me, by studying the manner in which acute secondary inflammations are produced, as so very frequently happens, in the case of patients affected with Bright's disease of the kidneys. I think we can see our road to the explanation in this way. When a patient with albuminuria takes diarrhœa, we find that the dejections are loaded with urea; and seemingly for this reason —viz. that the urea, accumulated in some conditions of this affection in morbid excess in the blood, does not escape through its ordinary channel, the kidneys, which are in a state of disease, but becomes mis-secreted or mis-excreted by the mucous membrane of the intestinal canal, upon which membrane urea acts the part of an irritant, and excites there an inflammatory serous or watery effusion. Urea is not an irritant to its natural emunctory, the kidney, but it is a strong irritant to some mucous membranes, and to serous surfaces and other tissues. Pleuritic and pericarditic effusions are very frequent in cases of Bright's disease; and when such effusions have been examined chemically and early, they have been found to contain a large amount of urea. There is a quantity of effete matter in the blood, of which nature has to get rid; and the ordinary channel of relief being shut up, this matter is thrown out upon the pleura, etc. where it acts like blisters applied to the skin, and produces a more or less intense degree of inflammation. In rheumatic fever, pericarditis, etc. is probably lighted up by a similar mis-secretion into the pericardium of the accumulated lactic acid, a poison of rheumatic fever, whatever it may be. Studying the secondary lesions of surgical and puerperal fever with this key, we may yet perhaps find the explanation of some of the common and acute forms of secondary inflammatory lesions and effusions observed in these diseases,—as those inflammations of the pleura, joints, etc. which end so rapidly in sero-purulent effusions,—to be produced and set up in the first instance by the mis-secretion or elimination upon the inflamed surfaces or at the inflamed spots of morbid materials existing in the blood, and capable, when thus localised, of lighting up acute inflammatory action by their presence as local irritants.

There is another question on which I would beg to make one or two observations—viz. in addition to the conditions already stated, are there any other appreciable *circumstances determining the seats of the inflammatory changes and effusions in Surgical fever?* Now there are many facts in pathology which seem to prove that in cases of febrile and other forms of toxæmia, the resulting inflammatory action is specially liable to become localised and lighted up in any parts or organs that are temporarily weakened and depressed in their vital force and powers. Thus boils, erysipelas, etc. are apt first to break out upon, or in the immediate neighbourhood of parts recently hurt and injured. I have known a patient attacked with small-pox who shortly before had required to get the knee blistered. The eruption was very thin and sparse everywhere, except upon this knee; but its still damaged and debilitated cutaneous tissues were covered with concrete pustules. In a similar case Dr. Budd saw the small-pox eruption covering in an almost confluent form the nates, which shortly before had been contused by a fall; and everywhere else on the surface of the body they were discrete and very few. In puerperal fever, probably on the same principle, the inflammatory changes and effusions are usually greatest in the uterine organs and peritoneum, which have been temporarily depressed and damaged by the process of delivery. And in cases of Surgical fever, one marked seat of the attendant inflammations is in the wound, and in its neighbouring parts, particularly if these parts happen to be one of the great serous cavities of the body.

SEMEIOLOGY.

Such being the different modes in which the secondary lesions are produced, the question next occurs—How are we to recognise the onset of an attack of surgical fever? And to enable you to answer this question for yourselves, I must point out to you, shortly, the most common and constant symptoms of the disease.

1. *Rigors.*—The patient whose history I first read to you had, as you must have observed, a rigor about thirty or forty hours after the time of the operation. Now, whatever may be the physiological explanation of this phenomenon,—and many explanations have been given, which it were more curious than practically interesting to dwell upon—a shivering fit of greater or less intensity, and of longer or shorter duration, is common to all the various forms of surgical fever, and is the first and one of the most common symptoms of the occurrence of the disease. You must not expect, however, to find every attack of surgical fever ushered in by rigors; for in some cases it would appear as if they never occurred at all, and in others they are so slight as to be readily overlooked. But still the occurrence of a rigor in a patient who has been subjected to any operation, should at all times make you alive to the probability of an attack of fever, and then the next point to be attended to is,

2. *Acceleration of the Pulse—Respiration.*—For next to the rigor the rapid rise of the pulse is the most common indication of the onset of the disease; and is its most constant and most pathognomic phenomenon throughout its course. Every Medical man who is told that a surgical patient has had a shivering fit, at once puts his finger on the patient's pulse to ascertain whether it be in any degree accelerated. If he find that it is up, and beating from 100 to 120 strokes in the minute or oftener, he knows at once that some mischief is going on; and generally speaking, the case is dangerous according to the degree of exaltation of the pulse. In some cases it runs up early to even 130, 140, or more. It is generally more weak as well as more rapid than usual. The occurrence of a rigor, and sudden and marked acceleration of the pulse are, then, the two most constant indications of the occurrence of surgical fever. Dyspnœa and accelerated laborious respiration often come on in the course of the disease, and are always most unfavourable phenomena. The other symptoms are all subject to much variation, and depend on the,

3. *State of the Tongue, Skin, etc.*—Most practitioners will look at the tongue to see in what state it is; but it varies so much in different patients affected with this disease, and is so liable to be affected according to the predominance of some of the minor lesions or morbid conditions, that we cannot regard any particular condition of the organ as characteristic of surgical fever. When glazed and dry, it presents itself to us in its worst aspect, and continued moisture and softness of the tongue in any case make us always more hopeful of our patient's recovery. The colour and condition of the skin are

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likewise variable. In some cases it becomes moist, and is covered with a perspiration which you might suppose to be critical and beneficial, but which in reality is not so. When suffused with such perspiration the surface is usually cold; in other cases it is sometimes cold to the touch, sometimes burningly hot. Not infrequently the skin takes on an unusual dingy yellowish tint, or becomes leaden-coloured or icteric. As regards the nervous symptoms, you will find that there is usually great depression from the first; and in some cases low muttering delirium sets in early, and is always to be looked on as a very unfavourabe symptom. Sickness and vomiting are very common occurrences; especially where the primary lesion is in any of the abdominal organs, and was seen in both of the cases in our ward. Diarrhœa is a frequent complication. These symptoms of surgical fever, I repeat, are all subject to the greatest variations, but in no case will you find a slow and steady pulse.

Signs of the Secondary Lesions.

The secondary or metastatic inflammations are not usually so intense in character as to lead to the development of any very marked symptoms. They are often masked and merged in the general phenomena, and may be altogether overlooked. Nor is their detection in every case a matter of vital importance. The supervention of inflammation in any organ will usually be indicated by some derangement in its functional activity. Thus if the lungs have become affected, the patient will most likely have slight cough and expectoration, and will complain of stitches in the side. But this is not necessarily the case; and great effusions may occur into the pleural cavity, for instance, without the production of any marked symptoms. Auscultation and percussion would, of course, serve to detect such a condition; but the patient is often too weak to allow of our subjecting him to the ordeal.

ORIGINAL COMMUNICATIONS.

CLINICAL MIDWIFERY.

By ROBERT LEE, M.D. F.R.S.
Obstetric Physician to St. George's Hospital.

Case 563.—Thursday, September 28, 1848. 2 p.m. This patient had been delivered of her first child at Brompton on the Monday before; labour natural. On Tuesday, perfectly well. Wednesday, "three alvine evacuations, which was very unusual for her." No sickness; very rapid pulse, and slight incoherence; in the evening, tenderness of the abdomen. Thursday, perfectly incoherent; dusky countenance, and sordes on the teeth; pulse above 140, and very feeble; a red swelling over the left elbow-joint; no cough or affection of the chest; abdomen swollen, slightly tympanitic and painful on pressure; no milk. No doubt that the case is one of uterine phlebitis, and will terminate fatally. Recommended stimulants to be given freely. 11 p.m. extremities cold; great restlessness; more pain about the abdomen, and sordes on the teeth. Altogether in a hopeless condition. Died on the second day after.

Case 564.—On September 28, 1848, Wednesday morning, I saw a patient in the Royal Mews, Pimlico, with Mr. ——, who had been delivered of her first child the Sunday before. A rather tedious labour; the cord twisted round the neck; felt before the head was born; labour completed about 4 o'clock in the morning without any artificial assistance. During pregnancy had suffered from a varicose state of the veins of both legs, especially the right. About the fifth month it was considerable, but she went about without any particular treatment being required. On Monday, going on well. Tuesday, complained of stiffness of the left leg above the ankle-joint; the part above the ankle on the inner surface was red and swollen, and the branches of the saphena up to the ham, hard and painful; fomentations were ordered, and ten leeches applied over the part, which bled freely; gave her some mindererus with Dover's powder; pulse 130. Wednesday, half-past 1, pulse above 140; very restless; great swelling of the leg, and great tenderness along the saphena vein and the thigh as high as the groin. Complains of occasional sickness; no diarrhœa nor affection of the chest. The whole leg, from the foot to the knee along the inner surface, is now considerably swollen, and exquisitely tender. Great prostration of strength; tongue furred in the centre, and red on the edges; a few leeches were applied; much irritation; died the same night or early the following morning.

"Sept. 29.

"Dear Dr. Lee,—I examined the vein of Mrs. F.'s leg last evening; it was filled the whole length, from the ankle to the groin, with dark coagulated blood, which stained the cellular tissue which surrounded it with the same colour. There was no appearance whatever of pus either in the vein itself or in the cellular tissue; at least, I could not detect it. The elbow-joint was swollen and puffy, and the veins around it of a dark colour, as in the leg.

"Ever, dear Sir, your obliged servant."

The nurse who washed the linen of Mrs. F. happened to puncture her hand with a needle left in the linen accidentally, and she nearly lost her life from diffuse cellular inflammation of the whole hand and arm. Incisions were made into the arm to evacuate the matter. Mr. —— informed me that he had opened the body of a man three days before attending Mrs. F., who had died of abscess in the pelvis, which burst underneath the peritoneum. On the left ring finger he had a slight abrasion, which inflamed, and was causing him some uneasiness at the time he delivered Mrs. F. This he covered with lint and oil silk to prevent any mischief. On the 24th October, Mr. —— had been out of health ever since, the hands were covered with eczema, which was once the case when dissecting as a pupil at the Hospital sixteen years before. After a few weeks in the country the health was completely restored.

Case 565.—October 5, 1848. A patient, aged 40, residing in Great Wyld-street, was delivered last night of her second child; labour natural. At 11 p.m. seized with convulsions, preceded by vomiting; v. s. ad ʒxvi. hair cut off, fits of great violence during the night. At 12 on Monday, the 5th, just recovering from a violent fit; pulse rapid and feeble, pulsation about the neck; she had been ill with ulcers of the legs during pregnancy; power of swallowing lost, so that no medicine could be given internally, and no application could be made externally of any use. Died.

Case 566.—Confluent small-pox soon after delivery.

"October 28, 1848.

"My dear Sir,—Can you conveniently see a patient with me any time this evening. The name is W——, at a coffee shop. Believe me, very truly yours."

Mrs. W. had been delivered on the Wednesday before; labour natural. Friday—yesterday—was feverish, occasionally slightly delirious. This morning, Saturday, the whole body red, as if affected with erysipelas, mixed with petechiæ; the lower part of the abdomen covered with vulves and petechiæ, thighs and legs, face swollen, and pustules beginning to rise; frequent cough from affection of the larynx. The marks of vaccination distinct on the right arm. This case reminded me of two similar malignant cases which I had seen not long before, both of which terminated fatally. The youngest child, 2 years old, had not been vaccinated. This was immediately done. How and when the poison of small-pox had been introduced into the system of this patient was not ascertained, but it must have been before she was delivered.

Case 567.—Mrs. R., aged 26, December 20, 1848. "Delivered five or six days ago, first child, natural and quiet labour. Went on very well next day, except that the uterus was a little enlarged, and slightly tender. The following day large and hard, but not exquisitely tender. A nervous tenderness; has always a small quick pulse; no rigor; tongue moist. Suppression of urine took place, passed the catheter, but only two tablespoonfuls drawn off; lochia continued; next morning passed the catheter again, and drew off the same quantity, a small quantity having been passed with pain in the interval."

19th.—Passed about half-a-pint.

20th.—Now complains of considerable pain at intervals in the region of the uterus. No delirium, but vomiting.

2 p.m.—I found the patient sitting upon the edge of the bed, with the feet and legs, greatly swollen, supported by a chair. The pulse natural, but the abdomen greatly swollen, and exquisitely painful. There was great distension, and fluctuation very distinct. The abdomen was as large as at the full period of pregnancy. Mrs. R. had been delivered just a

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week before. Mr. —— had not passed the catheter since the Friday, and very little urine had been passed on the Saturday, Sunday, Monday, Tuesday, and none on the Wednesday, except a little fœtid, thick, and offensive matter. I passed the catheter, and had the great satisfaction to find that a large quantity of urine escaped, and Mrs. R. was immediately relieved.

Case 568.—11 a.m. Sunday, January 14, 1849. Mr. ——, Westminster, called, and requested me to see a woman with curved spine, and deformed pelvis. She had deen delivered with instruments eight years before, and since had a dead child. Labour commenced early last Friday. At 8 a.m. membranes ruptured; os uteri fully dilated. About midday pains ceased, and vomiting began. In the evening another practitioner saw the patient, and recommended that she should not be delivered, but that stimulants should be given. She was left all the Friday night, all the Saturday and Saturday night in labour, vomiting with a weak pulse and no pain. I found her with a sunk countenance, and symptoms which made me suspect rupture of the uterus. Head above the brim of the pelvis; so much tenderness and distension of the abdomen, that she could not move; constant sickness; opened and extracted the head with great difficulty. The child had been dead some time, the skin was peeling off. The placenta immediately came away, and a great rush of blood followed. I ascertained that the uterus behind had been ruptured. In such a case what benefit could have resulted from the long forceps, or the operation of turning? When I opened the head, it had not begun to enter the brim, yet I was informed that a practitioner "had recommended if the pains did not return, that she should be delivered with the forceps." Died at 6½ p.m. The following is the account of the appearances after death, which I received from her Medical attendant:—Abdomen distended with air; a great rent in the back part of the uterus, "a fearful rent of that organ just at its junction with the vagina, and so extensive as to completely sever the posterior connexion of these two parts. The pelvis was an upright one; distortion of outlet; lateral, four and three-quarter inches; anterior posterior, four and a-half; oblique, five; outlet from tuberosity of ischium to ditto, 2 seven-eighths; the arch formed by the rami of the ischia and pubis was very narrow. Nothing remarkable observed about the sacrum." Had premature labour been induced at the proper time, or had the operation of craniotomy been performed on the Saturday instead of the Sunday morning, this patient's life would, in all human probability, have been preserved.

Case 569.—Friday, 7 a.m. January 19th, 1849.—Labour began forty-eight hours ago—on Wednesday morning: membranes ruptured. At night presenting part not ascertained; no pain. At 4 this morning, strong uterine contractions, when Mr. —— was called, and an arm felt in the vagina. Mr. —— was called into consultation, and strong efforts made to turn for an hour and a-half. A foot could be reached, but it could not be brought into the vagina. I made several ineffectual efforts to grasp the foot with my fingers and draw it down. I then attempted to detach the left arm, which hung externally and blocked up the passage, but could not succeed. At last, with the fingers of the left hand and the crotchet in the right, I fixed the point of the instrument into the foot and drew it down so far as to get a tape round the ankle. After this I readily turned and delivered; forced back the presenting part, and the nates gradually came round. Bad practice—the presenting part should have been ascertained at the commencement of the labour, and the operation of turning performed as soon as the os uteri was sufficiently dilated to permit the hand to enter. The patient, I was informed on the 10th February, had recovered in the most favourable manner: not one bad symptom.

Case 570.—On the 19th January, 1849, I was called to see a lady, about 30 years of age, who had married against the consent of her relations, and the advice of her Medical attendant, and who was not in the 7½ month of pregnancy. I was consulted on the course to be pursued, whether she was to be allowed to go to the full period, or premature labour should be induced. The spine was extremely distorted, there was an angular curvature, several of the bodies of the dorsal vertebræ being destroyed and anchylosed. The arms and legs were straight, the pelvis small, the base of the sacrum readily felt with the top of the finger when passed into the vagina, leaving no doubt that the sacro-pubic diameter was considerably under the ordinary length. The first question put was, Would a child of the ordinary dimensions pass through this brim? The answer was, that it would not, and that the operation of craniotomy would be necessary. Rupture of the uterus, as in the Westminster case, might ensue if the patient were left a long time in labour. I therefore advised premature labour to be induced. It was not considered humane to try the Cæsarean section. Would any man of the slightest knowledge or experience in such a case recommend leaving this patient to the full period, and then having recourse to the operation of turning? There would be no possibility of bringing the head of a full-grown child through this pelvis. Feb. 4, Sunday.—Had no difficulty in passing up the stiletted catheter and opening the membranes. A dark-coloured liquor amnii escaped. The following day the child was expelled dead: it had been dead some time. 10th.—Recovered favourably.

Case 571.—Mrs. F., January 20, 1849, delivered twelve or fourteen days ago of her second child by a midwife: in the latter months suffered from headache and tingling of the ears. "The symptoms were considered serious." I first saw Mrs. F. five days after her delivery. There was no sign of uterine inflammation, she had lost a great quantity of blood at the labour, and she was complaining of beating about the head, and whizzing in the ears. She had suddenly been seized with loss of power in the left arm and leg, and had a slight fit of convulsions. When I first saw her she was perfectly conscious; but the pupils were dilated, and she answered questions slowly—left arm and leg still unable to be moved. An eminent Physician afterwards saw the patient with me, and we thought that some mischief had taken place about the base of the brain. 22nd.—Power still lost in the left leg and arm; pulse slower; vacant look; and answers given to questions slowly; crural phlebitis in the left lower extremity took place; but not in a severe form. Why did this not take place in the arm! February 9.—Still unable to move the left leg and arm; pulse rapid; her countenance much improved; pupils contract readily; can see to read; complains of noise in the ears, but no pains in the head; the swelling of the left thigh and leg declining. Is allowed a little wine, with meat. June 18.—Fits resembling epilepsy every three days; power of left arm recovering slowly; two fingers destitute of power. In other respects well or getting. After this the patient went into the country, and was seized with coma and died. A scrofulous tumour, I was informed, was found on the upper part of the brain.

Case 572.—Mrs. — aged 28, Jan. 23, 1849, Tuesday. Was delivered last Thursday, after being nearly 48 hours in labour. A short woman, without distortion, at least not distinctly ascertained. The presenting part not at first determined, os uteri being little dilated. "Thursday night os uteri fully dilated; but no progress. The nates had presented; great difficulty in extracting the trunk; still greater in drawing through the arms; two hours' violent dragging, before the head could be drawn through the brim. Thought of opening the head behind the ear; but it was not done." Violent peritoneal inflammation followed, and sloughing within the pelvis; pulse rapid; great tenderness of the abdomen; extensive sloughing of the vagina; fœtid discharge; urine stated to pass voluntarily. Died the day after. An illustration of the mischievous effects which would ensue if turning were had recourse to in cases of distortion. An excellent example of these evil deeds.

Case 573.—On January 22, 1849, I saw a case of puerperal convulsions in Long Acre, with Mr. Edwards, of King-street, Covent Garden. One fit before expulsion of the child, and one after. V. S. ad ℥xvi. Consciousness had returned when I saw the patient, and she recovered favourably.

Case 574.—On the 3rd March, 1849, I was consulted by a lady, who gave the following history of her case:—"My first confinement took place four months ago. I was in good health during the whole period of my pregnancy. My labour commenced at two o'clock in the morning, and was attended with a great deal of suffering. About eight o'clock chloroform was sprinkled on a handkerchief, which I inhaled, and continued to inhale between the pains; but was not wholly insensible, till my labour was nearly over, but was completely so at the time my child was born. Soon after I recovered my consciousness and heard my child cry. The after-birth soon came away. The first three days I seemed to recover favourably, and then

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was seized with acute pain in the head, which I thought was rheumatism, though I had never suffered from rheumatism before: the room was darkened and camphor given. The pains continued with interruptions during two weeks, but I had no sleep during that time, at least, no proper sleep, and had the most horrible dreams. There was no sickness, and not much fever, but great thirst at this time. At the end of three weeks I was in a state which I can neither describe nor explain. I had a most singular attack; my mind went from me for a time, and I seemed to be in the state of an infant. I knew people, however, but could not pronounce their names; the power of speech being in a great degree lost. Numbness and loss of the power of moving then took place in one of my limbs. I could not put my tongue out, and could not ask for what I wanted. A large blister was put between my shoulders, and in three days I was somewhat better. From the size of the bottle in which the chloroform had been contained, I believe that more than three ounces had been inhaled."

Although four months had elapsed since the exhibition of the agent in this case, to the time when my patient came under my observation, the brain and nervous system were still much disordered. Some nights she enjoyed sound sleep, but at other times it was disturbed with the most frightful dreams. She thought she was with a madman, from whom all her efforts to escape were vain. The tongue was clean, the bowels regular, the pulse about 80. This lady, whose moral and intellectual powers are of the highest order, and whose love of truth is not surpassed by any member of the medical profession with whom I am acquainted, had never suffered from hysteria; and she attributed all the distressing symptoms under which she was labouring to the narcotic poison which had been administered during her labour. I recommended all the means which seemed likely to promote the removal of the deleterious agent from the system which had been introduced into it incautiously. Two months more elapsed before any diminution of the intensity of the symptoms took place.

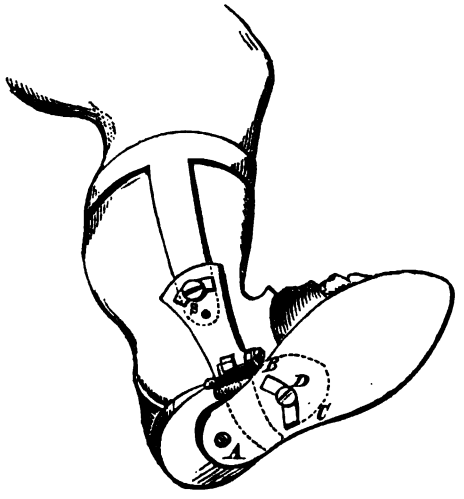
(To be continued.)

INSTRUMENT FOR TALIPES EQUINO-VARUS.

DESIGNED AND USED BY

CHAS. EDWARDS, A.B. M.D. F.R.C.S.

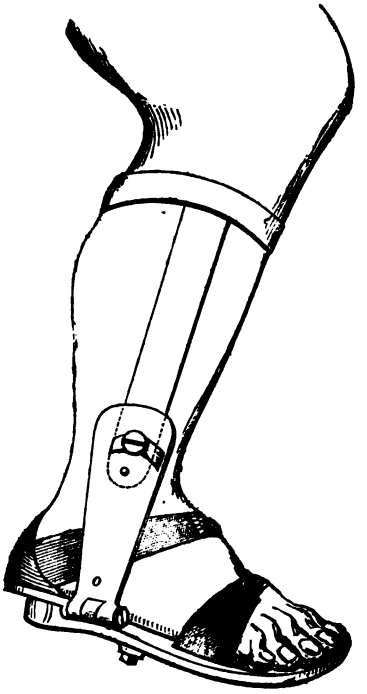
The construction and actions of this simple and inexpensive instrument may be at once perceived from the drawing.



Its chief character is a sole, divided into two parts, the anterior revolving round a pivot A to the extent of the arc B C. The full rotation, from the obliquity of the varus to the normal shape of the foot, after division of the tibial tendons, to be secured by tightening the screw D.

In cases not requiring operation, a gradual rectification may be acquired, and maintained by the same arc slide and screw.

The same construction and action appear in the leg-piece or splint, which also consists of two parts with a similar arc cut out of the lower. Thus by a gradual or complete rotation is effected a gradual or complete depression of the heel



after division of the tendo-Achillis, the degree or entirety maintainable by tightening the screw s.

The only other action required is to depress the inner margin of the foot. This is sufficiently effected at once after operation by attaching the leg-piece at a proper fixed angle to the sole, for, the foot being firmly attached to the latter by the simple laced latchets shown in the diagram, the approximation of the upper part of the leg-piece to the limb, by the band under the knee, will at once depress the inner margin of the foot. But if a gradual depression be desired, at a trifling additional cost the leg-piece is to be attached to the sole, instead of at a fixed angle by a joint *o*: thus any degree of depression may be secured by a nut tightening the screw which passes through the joint.

This instrument therefore affords every desired action by simple arc slides; is suitable for cases requiring operation, or otherwise; and, finally, is much less expensive (and thus more within the reach of the humbler classes) than Searpa's shoe, which is a mere fixture without graduated action of any kind.

Havelock-house, Cheltenham.

ON

THE EVIDENCES OF RAPE ON INFANTS.

WITH REMARKS ON THE CASE OF AMOS GREENWOOD.

By W. B. KESTEVEN, F.R.C.S.

(Continued from page 419.)

The duration of this affection is various: in one case the patient got better in twenty-three days, in a second she recovered in seventeen days. It is to be understood that we speak here of the original disease; the mucous discharge, unusual paleness, and general debility continuing six or eight weeks; but these are only to be looked upon as the consequences of the original affection. It is not possible to say what may be the duration of a fatal disease, this depending on so many circumstances of violence, constitution, etc. which must necessarily influence the rapidity of the termination. Where the ulceration is deep and extensive I have never seen the patient recover. I have never seen the affection terminate in mortification but once, and in this case, which proved

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fatal, I was a spectator of the treatment, which consisted in the application of powerful stimulants to the parts affected. This treatment undoubtedly originated in an incorrect view of the disease, and under this plan the external organs tumified largely, and the supervention of mortification soon completed its course.

The similarity of this affection to some of the more violent cases of intertrigo, or gulling, is very evident in its commencement; but the intertrigo, when found near the organs of generation, commences in the deep space betwixt the labia and thigh; whereas the affection here spoken of uniformly commences on the anterior part of the labia, and extends internally over the parts contained within the fissura magna. After the secretion begins to be copious, the adjacent parts to which the matter is applied assume the same actions as the perineum, anus, top of the thigh. It is probable that Armstrong had seen some cases similar to the subjects of this paper, as may be gathered from his Essay "On the Diseases of Children."

If any similarity can be traced betwixt the subject of this paper, and any other described disease, I presume it is the erysipelas infantilis; but even here there are so many points of difference, that the identity of the two diseases can by no means be allowed. Dr. Underwood, whom I shall here quote, states that the erysipelas infantilis ordinarily attacks within "a few days after birth: it was remarked," says he, in the former edition, "that it was thought never to appear later than the month; but I have seen it in a child of two months old." The affection which is my present subject, I have never seen under one year old, but frequently from one year up to six years of age; the patients who recovered were five years and a-half, and six years of age, and I shall presently quote another four years old. Dr. Underwood states that the milder species form matter in a very short time. The formation of matter never takes place in the disease I describe, the inflammation runs early into ulceration, but never suppurates, matter only appears as the secretion from the ulcerated surface. Again, Dr. Underwood states that the more violent kind very often mortifies, whereas the disease I speak of rarely runs into mortification unless improperly treated, as in the case before attended to; and it may be well here to observe, that the chief stimulant used in the case as an application was the ol. camphoræ, which increased all the symptoms, whereas Dr. Gurthshore found "linen compresses wrung out of camphorated spirit, successful in checking the inflammation" in the erysipelas infantilis.

These may be thought sufficient points of distinction, but more will be found if we refer to the dissections of the two diseases. In the erysipelas infantilis "upon examining several bodies, after death, the contents of the belly have been frequently found glued together, and their surfaces covered with inflammatory exudation;" in males the tunicæ vaginales have been sometimes found filled with matter, which has evidently made its way from the cavity of the abdomen; in females the labia pudendi are affected in like manner, the pus having formed a passage through the abdominal rings." Now, in a case which I shall hereafter quote, the body having been inspected, "the abdominal and thoracic viscera were found to have been free from disease." The erysipelas infantilis attacks equally male and female infants, whereas the disease here spoken of attacks female children alone. I presume that the circumstances above stated will be sufficient to show that these diseases are distinct from each other; indeed, so far is any inflammatory affection of the contents of the abdomen from accompanying this disease, that the patient evidently sinks under the debilitating influence of a deep and spreading ulceration; and the organs of generation never exhibit any collection of matter, either as originally formed in their substance, or as the consequence of suppuration in the cavity of the belly. From all these considerations, it is not unreasonable to conclude the disease to be of a distinct and specific nature; its progress, its early termination in such deep and extensive ulcerations, the peculiar whiteness of the face, which I have never seen absent, its being confined in its commencement to the organs of generation, and being preceded by its specific fever, all tend to confirm the opinion. Like all other inflammations which end in the early destruction of parts, this is attended with fever of a low kind; the pulse which early in the disease is frequent and weak; the clay-coloured tongue, torpid bowel, and vitiated biliary secretions, the dull headache, languor and lassitude show this; the purple hue of the inflamed parts, and their early ulceration, with an aggravation of the symptoms, compel us to consider it as a disease of debility, and necessarily lead to the plan of cure.

In this disease, the first part of the treatment is to move the sluggish bowels, for which purpose a sufficient dose of the submurias hydrarg. with pulv. rhei, will answer best, and uniformly bring away dark-coloured and offensive stools. The affected parts should be frequently washed with the liquor plumbi acetatis dilutus, slightly acid, and poultices made with the same liquor, and soft bread applied warm immediately after the parts have been washed. The intention of these means is to soothe and diminish the inflammation, and they should be persisted in during the inflammatory action, and till the progress of the ulceration is checked, and even longer if tenderness, excoriations, or aphthæ, should affect the perinæum or anus.

Will be necessary to commence the use of bark in decoction, as soon as the ulcerative action is commenced; I have commonly added the confectio aromatica with tinct. columbæ, and small doses of tinct. opii. During the use of these means, the bowels should be opened every second or third day; and a moderate use of red wine may be allowed.

In the latter part of the disease, when the tumefaction and redness are diminished, and the ulceration stationary, I have found the ung. oxidi plumbi albi very useful.

When the bowels become loose, which they do in the latter stages, the elect. mimosæ catechu is of excellent service, as a warm and powerful astringent, increasing at the same time the dose of tinct. opii. When the bowels would bear the use of the bark in substance, I have often given it, and have often seen the plan render a spreading ulcer stationary, and protract the fatal termination, where the constitution had received an injury it was unable to repair.

There is one point of view in which a consideration of this disease is highly important. The instances in which parents, on behalf of children, bring forward individuals upon the charge of rape, are disgustingly frequent; and it can scarcely be doubted, that this disease has been frequently considered in court as evidence of violence and venereal infection, inflammation, ulceration and discharge having always had particular attention in a consideration of the evidence. That very erroneous conclusions may be drawn from a superficial inquiry into these symptoms will be evident from the preceding observations. I subjoin the following case, which has not hitherto attracted sufficient attention, both as an illustration of this point, and an additional evidence of the existence of this singular affection.

Jane Hampson (a), aged 4, was admitted an out-patient of the Manchester Infirmary, Feb. 11, 1791. The female organs were highly inflamed, sore and painful; and it was stated by the mother that the child was as well as usual till the preceding day, when she complained of pain in making water. This induced the mother to examine the parts affected, when she was surprised to find the appearances above described. The child had slept two or three nights in the same bed with a boy 14 years old, and had complained that morning of having been hurt by him in the night.

Leeches and other external applications, together with appropriate internal remedies, were prescribed; but the debility increased, and on February 20 the child died. The coroner's inquest was taken, previously to which the body was inspected, and the abdominal and thoracic viscera were found to have been free from disease. The circumstances above related having been proved to the satisfaction of the jury, and being corroborated by the opinion I gave, that the child's death was occasioned by external violence, a verdict of murder was returned against the boy with whom she had slept. A warrant was therefore issued against the boy, but he had absconded, a circumstance which was considered as a confirmation of his guilt when added to the circumstantial evidence alleged against him.

Not many weeks, however, had elapsed before similar cases occurred in which there was no reason to suspect that external violence had been offered, and some in which it was absolutely certain that no such injury could have taken place. A few of the patients died, though from the novelty and fatal tendency of the disease, more than common attention was paid to them. I was then convinced I had been mistaken in attri-

(a) See "Medical Ethics," by Dr. Percival. Note by Mr. Ward of Manchester, p. 231.

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buting Jane Hampson's death to external violence; and I informed the coroner of the reasons which produced this change of opinion. The testimony I gave was designedly made public, and the friends of the boy hearing of it, prevailed upon him to surrender himself.

When he was called to the bar at Lancaster the judge informed the jury that the evidence adduced was not sufficient to convict him, that it would give rise to much indelicate discussion if they proceeded on the trial, and that he hoped, therefore, they would acquit him without calling any witnesses. With this request the jury immediately complied.

Case 1.—On January 22, 1815, I was desired to see Miss R. aged 6 years. She had complained three or four days of headache; had been chilly, and occasionally hot; she had been sickly, and taken little food; was dull, heavy, and languid. This morning she had complained of pain in making water; upon examination the pudendum was found inflamed, upon which I was called in.

The inner surface of the left labium was ulcerated, as well as the clitoris; the right labium was inflamed, and the whole parts tumefied, of a dark purple hue, not unlike some kinds of erysipelas; the mons Veneris was enlarged and inflamed; the perineum was inflamed and covered with aphthæ, which also encircled the anus; the discharge was thin, copious, and offensive, and had inflamed the top of the thigh, where it had been suffered to remain. The face had a peculiar paleness; the bowels were slow; the pulse quick and weak; the appetite diminished, the tongue of a dull clay colour. She was thirsty, complained of chilliness, and was indisposed for motion. The liquor plumbi acetatis dilutus was ordered as a lotion, to be applied lukewarm; and poultices made up with the same fluid were directed. A decoction of bark was also given with confectio cardiaca.

By the use of these means the enlargement of the parts gradually subsided, the foul bottom of the sores became red, after which the ointment of white lead was used, and the parts healed by the 14th of February, a space of seventeen days from the first attendance.

In this case the affection again returned, but was early cured by resorting to the same remedies. The patient frequently retained the urine twenty-four hours, the pain was so violent, and obstinately resisted every inclination to empty the bowels, so that the opening remedies were obliged to be exhibited with a regular attention.

Case 2.—On April 25, 1815, I saw Miss S., aged five years and a-half. She had been unwell a few days previous to the 21st, when complaining of pain in voiding the urine, the parts were examined and found slightly red; they were washed with milk and water, and dusted with the lapis calaminuris. On the 22nd the inflammation had increased, and the parts were slightly excoriated. On the 23rd a thick yellow discharge was observed; the patient was getting more unwell; the bowels were slow. On the 24th the open surfaces were enlarged, and small watery vesicles appeared upon the labia and perineum; upon the left thigh also was a large cluster; the bowels were twice opened this day by some family purgative.

On the 25th I saw the patient, and found both labia enlarged, and of a purple redness, with numerous small watery vesicles upon the external surface, and also within the fissura magna. They were similar to cowpock vesicles of the third and fourth day; were found also upon the perineum, and the top of the left thigh. In some places the tops of the vesicles were loosened, and showed beneath a deep, foul ulcer, particularly in the cluster upon the thigh, and on the anterior part of the labia. The parts within the fissura magna were everywhere red and inflamed, and several small ulcers were found. The skin around the anus was painful and red, and the secretion was then copious and offensive. There was a dull headache, and quick and irritable pulse, a moist tongue, but bearing a clay-coloured deposit; the motions on the 24th were dark-coloured and offensive; the patient was considerably weakened, and the face of a peculiar paleness. I advised saturnine lotions slightly warmed, and saturnine poultices without oil, to the parts, and gave small doses of pulv. rhei in a saline mixture every three hours.

26th.—Fresh vesications still appearing; and when the tops of the earlier vesicles had come away, the parts beneath were deeply ulcerated. Several aphthæ were observed within the labia, upon the perineum, and around the anus. The skin was hot and dry; the bowels open, and motions dark and offensive, with excessive pain upon voiding the urine.

27th.—The top is thrown off from the cluster of vesicles upon the thigh, as well as from the vesications upon the pudendum and perineum; the open surfaces are deep and foul, secreting largely a thin and offensive matter; the anus surrounded with aphthæ; the pulse 120; skin hot and dry; bowels open, and urine excessively hot and painful. Ordered, a decoction of bark, with the conf. of cardicua; recommended a little red wine to the patient, and to continue the applications to the parts.

28th.—The bowels slow; the urine has been retained thirty hours; the abdomen tender and hard; with much difficulty she was prevailed upon to void the urine, which was copious, high-coloured, and of a strong smell; the aphthæ had almost disappeared, and the diseased parts showed a large ulcer of various depths, extending over the pudendum and perineum, down to the anus. The parts within the labia were in the same state, and a deep ulcer, but not extensive, lay upon the left thigh, on its upper and inner part; the secretion is thin, copious, and offensive. The sores were ordered to be washed with the lotion as usual, and dressed with the white lead ointment. Continue the bark mixture, and increase the wine.

29th and 30th.—The ulcerations were stationary; the same means were continued, but as the bowels were slow, they were moved with an infusion of senna.

May 1.—Sores improving, the bottom becoming less foul, and discharge less offensive; pulse 90, and weak; appetite poor; sits up a little; great inclination to retain the urine; bowels open. Continue the applications and remedies.

2nd.—The sores improving, as well as the strength. The state of improvement continued regularly, till the sores were healed on the 14th. After the healing, the pudendum continued discoloured and tender, and a considerable yellow mucous discharge continued with varying quantity for the space of six or eight weeks; this was relieved by a continued use of the tinct. lyttæ, bathing the parts frequently in the day with a solution of the sulphas zinci; the shower-bath was also used, with the intention of checking the secretion, as well as getting up the strength. I saw this patient on the 27th of June, when the discharge had ceased.

Upon looking over my notes I find that in nine years, I have seen twelve cases; of these I have only seen the two above related so early as to be materially serviceable; the others being among the children of labourers had little chance, either from the attention or punctuality of the parents. One, a little girl of two years old, recovered, and was attacked again in the course of a fortnight, which attack proved fatal. In a girl, five years of age, where the earlier appearances of the disease had been entirely overlooked, the mother, upon finding an extensive ulcer, brought the child to me, under the idea of its having received injury from fire, which had escaped attention. The case proved fatal.

THE Faculty of Medicine of Paris has refused to create any chairs for the teaching of what are called *Specialities*.

MICROSCOPY.—M. Pouchut writes to the Academy to point out, as he affirms, certain errors committed by some microscopists, who, on many occasions, have mistaken grains of starch or silica for infusorial germs.

UNIVERSITY AND KING'S COLLEGE, ABERDEEN, 15th April, 1859.—The degree of M.D. was conferred on the following, after examination;—Matthew Stovell, Bombay army; George Simon, Aberdeenshire; George Sykes, London; Timothy Pollock, Middlesex; Peter Thornton, Dewsbury; Henry Oxley Stephens, Bristol; John Henry Cook, London; William Thomas Dalby, Surrey; John Trench Gills, Dublin; John Davies, Brecon; Thomas Jarvis, London; Charles William Hammond, Ipswich; William Grove Grady, London; James Dennis Cronin, Royal Navy; Samuel Drew, Cornwall; Henry Munroe, Hull; John Westbrook Maltby, Durham; Charles Alfred Lee, Hull; Samuel Cardozo, London; George Henry Ryan, Dublin; Alexander Henry Paterson, Bowdon; George Vernon Blunt, Birmingham; Henry Forester, Barnstaple; John Ruddall Holman, Royal Navy; Alexander Harkin, Dublin; Thomas Newnam, Winslow, Bucks. At the same time the degree of M.B. was conferred on John Richardson, Banffshire; Robert Gray, Aberdeensbire.

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THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING 1858.

The subjoined list includes as usual the following hospitals: The Royal Berkshire (Reading), the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Glasgow Royal, the Gloucester, the Hull, the Leeds, the Leicester General, the Liverpool Southern and Toxteth, the Newcastle-upon-Tyne, the Queen's, Birmingham, the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the West Norfolk and Lynn (Lynn), the York County.

TREPHINING OF THE SKULL.

The Reading Hospital: Mr. Bulley.—A railway labourer, aged 58, was admitted, having been jerked out of a wagon, and fallen on his head. The symptoms of compression were well marked, and there was a compound fracture of the left parietal bone. The trephine was used, and a large angular fragment of bone elevated. Decided relief followed, but he sank and died within a few hours. At the autopsy an extensive fracture of the base of the skull was found, and the brain-substance had been lacerated and the middle meningeal artery ruptured.

REMOVAL OF LOOSE CARTILAGE FROM KNEE-JOINT.

A lad, aged 16, was admitted into the Glasgow Infirmary, with a loose cartilage in the knee-joint. Symptoms had existed for six months. It was removed by subcutaneous excision, and the boy recovered well.

OPERATIONS FOR VAGINAL FISTULÆ.

A woman, aged 35, was admitted into the Glasgow Infirmary, with a recto-vaginal fistula, which had resulted from sloughing after the birth of her first child. The edges were pared and united by deep sutures. It partly healed, but not wholly.

OPERATIONS FOR THE REMOVAL OF NECROSED BONE.

Operations of this class appear to have been performed in fourteen instances, most of the patients being young persons. In none did death follow, and in most the operation appears to have been curative. In five cases the tibia was the bone affected, in three the humerus, in three the ulna, in one the radius, in one the fibula, and in one the femur. In one instance in which the tibia was greatly enlarged, no sequestrum could be found, the disease appearing to have been chronic suppurative inflammation of the medullary cavity, without necrosis of any portions of appreciable size.

PLASTIC OPERATIONS.

We have already mentioned under other heads four cases of plastic perineal surgery, and one in which an attempt was made to close a vagino-rectal fistula. Only three operations for harelip are mentioned in the returns before us; but probably this number does not include all the operations of this class performed. In these the deformity was single in all, and the operation was also quite successful. The patients were aged respectively seven months, six years, and seven years. In five cases (ages 6, 7, 10, 26, and 27), plastic operations for the relief of deformities resulting from the contraction of cicatrices left by burns, have been performed, and in all considerable improvement is stated to have been obtained. In one case (The Glasgow Infirmary a man, aged 32,) the operation recommended by Mr. Syme for covering in a "fungous testis" was performed. The granulations were, however, shaved off before the pared edges of the skin were brought together over the gland. The result was quite successful. In one case, under the care of Mr. Langston Parker, in the Queen's Hospital, Birmingham, for the relief of a severe varicocele, a large portion of the scrotal integument was removed, and the parts brought together on harelip pins (Sir A. Cooper's method).

TRACHEOTOMY AND LARYNGOTOMY.

Case 1.—The Reading Hospital: Mr. Bulley.—A young woman, aged 20, had suffered for two days with slight sore-throat; but went to bed on the night of October 21 otherwise in good health. She was awoke in the morning in a state of impending suffocation, and was at once sent to the Hospital. Her condition being most urgent, laryngotomy was immediately performed, and with great relief. The canula was worn for the next twelve days, and then disused. The wound, which had been very unhealthy for some time, healed in about ten weeks. She was a red-haired unhealthy girl, of flabby tissues, and it was only by the most liberal use of stimulants that her recovery was obtained. The attack appeared to have been one of œdematous laryngitis, and she suffered during the illness from congestion of the lungs. Four months after the operation she had not regained the perfect use of her voice. *Case* 2.—The Derby: Mr. Gisborne.—A girl, aged 22, was admitted with syphilitic laryngitis. Paroxysms of severe suffocation, dyspnœa occurred, and during one of these, as death appeared imminent, tracheotomy was performed by the House Surgeon. She was cold and pulseless at the time. She lived six days afterwards, and then died of bronchitis.

EXCISION OF JOINTS.

Case 1.—The Newcastle Infirmary.—A boy, aged 14, the subject of scrofulous disorganisation of the knee-joint. Excision. Recovery. *Case* 2.—The Newcastle Infirmary.—A boy, aged 7, the subject of scrofulous disease of the knee-joint. Excision. Amputation of the thigh was required nine months after the operation. *Case* 3.—The Hull Infirmary: Dr. Lunn.—A delicate girl, aged 10, the subject of strumous disorganisation of the elbow-joint of five years' duration. She had been under treatment at several other hospitals. There was much general swelling about the joint and a single sinus. The H-shaped incision was adopted, and the ends of the bones resected. The cartilages were ulcerated. The wound at first healed fast, but afterwards more slowly; it was, however, soundly closed in about four months. The girl's health had much improved, and she had fair motion in the new joint. *Case* 4.—The Glasgow Infirmary.—A man, aged 22, was admitted one month after a severe sprain of the elbow-joint. After two months' ineffectual treatment, the joint still remaining much swollen, it was punctured, and much clear fluid evacuated. After this abscesses formed, and severe constitutional disturbance resulted. He became hectic, and two months later the joint was excised. Doing well. *Case* 5.—The Glasgow Infirmary.—A strumous boy, aged 14, the subject of disease of the knee-joint, which had followed a sprain four years before. The tibia was partially dislocated backwards. The boy was emaciated and very feeble. On December 28, the articulation was resected; the patella was not removed, nor were the hamstring tendons divided. The bones did not come into good position. On January 5, the boy's condition being very bad, and the state of the bones most unpromising, amputation was performed. There had been most profuse discharge and great pain. Death from pyæmia followed five days after the amputation. At the autopsy abscesses were found in the lungs and parietes of the chest. *Case* 6.—The Glasgow.—A boy, aged 10, admitted with diseased knee-joint of several years' standing. No sinuses existed, but the joint was much swollen. The tibia was partially dislocated, and there was great pain. Constitutional and local treatment for several months having availed nothing, excision of the joint was performed on April 3rd. The hamstring tendons were not cut, but the bones came into good position. The wound showed no inclination to heal, and on May 25, the ends of the bones being still bare, amputation was determined on. Repeated rigors, attended by a short cough and delirium followed, and death from pyæmia took place on June 2. No autopsy. *Case* 7.—The Norfolk Hospital: Mr. Cadge.—A woman, aged 21, the subject of strumous disease of the elbow-joint for about two years. Excision was performed, the single straight incision being practised. A good recovery followed, and she regained fair power in the limb with motion at the joint. *Case* 8.—The Norfolk Hospital: Mr. Cadge.—A boy, aged 15, for nine months the subject of strumous disease of the right knee-joint. The H incision was adopted, and the entire articulation removed. The synovial membrane

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was found extensively diseased; but the bones, although expanded and softened, were not deeply carious. Amputation became necessary four months afterwards. *Case* 9.—The Derby Hospital: Mr. Johnson.—A lad, aged 18, the subject of strumous disease of one elbow-joint of many months' duration. Excision was practised by means of a single curved incision over the external condyle. Ten days after the operation he had an attack of small-pox. Six weeks later he was sent out of the hospital for change of air; but the disease of the soft parts continuing to progress, he was subsequently re-admitted, and underwent amputation of the arm ten weeks after the excision. The stump healed well. *Case* 10.—The Derby: Mr. Fearn.—A delicate girl, aged 4, for three years the subject of strumous disorganisation of the knee-joint. The ends of the bones were excised, a horse-shoe incision being practised. The patella was left. In about seven weeks the child was able to walk. The tendons had been divided. *Case* 11.—The Derby: Mr. Fearn.—An emaciated feeble boy, aged 8; six months before he had sustained a compound fracture of the leg, after which disease of the tibia and knee-joint had supervened. The knee was bent at an acute angle. Excision was performed, the patella being removed and the tendons divided. The parts healed slowly; but five months afterwards the wound was entirely healed, and he was able to go about with crutches.

EXCISION OF BONES.

Case 1.—The Leeds: Mr. Teale.—A man, aged 34, was admitted, having sustained a compound dislocation of the astragalus, from a fall while intoxicated. Mr. Teale excised the bone, and restored the foot to its proper position. Diffuse cellular inflammation followed, and the man ultimately died of pyæmia. *Case* 2.—The Birmingham (Queen's): Mr. West.—A man, aged 43, the subject of cancerous enlargement of one side of the lower jaw. The bone was excised from the second molar tooth to its symphisis; and the man, after a severe attack of erysipelas, made a good recovery. *Case* 3.—The Newcastle Infirmary.—A man, aged 20, the subject of diseased os calcis. The bone was excised. A severe attack of erysipelas followed. Recovered. *Case* 4.—The Newcastle Infirmary.—A young man, the subject of carious disease of the os calcis. Excision of the bone. Recovered.

OPERATIONS FOR PROLAPSUS UTERI.

The operation for extending the perineum forwards, adopted for the relief of prolapsus uteri, appears to have been performed in four cases. One of these was under Mr. Teale's care in the Leeds' Infirmary, one under that of Mr. May in the Reading Hospital, and two under Mr. Gamgee in the Queen's, Birmingham. In both the latter it is stated that a second operation was necessary, owing to imperfect results from the first. In one of the cases also the whole of the wound did not unite. In all the cases, however, the report as to final result, and as to the amount of relief obtained, is most favourable. The ages of the women were respectively 22, 26, 30, and 35 years. All were married and had borne children.

COMPRESSION TREATMENT OF ANEURISM.

Case 1.—The Leeds: Mr. Teale.—A healthy man, aged 48, admitted with a popliteal aneurism, the size of half an orange, in the left ham. It had been observed for three months. Manual compression of the femoral for twelve hours each day was tried for four days, with some slight diminution in the size of the tumour. The ring tourniquet was then applied, and used for a fortnight, considerable consolidation resulting. On the nineteenth day from the commencement of the treatment, Mr. Teale practised the plan recommended by Mr. Fergusson, of free manipulation of the aneurism, with the intention of displacing the coagula. An hour and a-half after this had been done, pulsation ceased permanently. The man made a good recovery.

Case 2.—The Norfolk Hospital: Mr. Firth. A man, aged 30, a post-boy, was admitted with a right popliteal aneurism of about two months' duration. It was somewhat larger than a hen's egg. Continued compression treatment, by means of Carte's apparatus, effected a cure in about six months.

LIGATURE OF ARTERIES.

The Leeds: Mr. Teale.—A man, aged 32, was admitted with a punctured wound of the left popliteal artery, just below Hunter's canal, caused by a pair of tailor's scissors. Profuse hæmorrhage had occurred at the time, but it had ceased before the man reached the Hospital. Mr. Teale at once cut down and secured the vessel above and below the wound. On the seventh day secondary bleeding occurred to an alarming extent. The man was reduced too low to permit of amputation being performed, and pressure alone was accordingly resorted to. The bleeding did not recur; but the man sank from pyæmia on the twenty-fourth day.

REMOVAL OF THE TESTIS.

Case 1.—The Queen's, Birmingham: Mr. Langston Parker.—A man, aged 30, the subject of scrofulous disorganisation of the left testis, with great thickening of the tunica vaginalis. The gland was removed, and he recovered well. *Case* 2.—The Glasgow.—A man, aged 32, had been for four months the subject of chronic and painless enlargement of one testicle. Suddenly it became very painful, and much more swollen. A lancet was used, but only blood escaped. An excrescence followed, which was several times shaved off without benefit. The gland was at length excised. Recovered. *Case* 3.—The Norwich: Mr. Nichols.—A man, aged 73, for two years the subject of diseased testis. The gland was very greatly enlarged, and after removal weighed between two and three pounds. Under the microscope the structure of the tumour appeared to be that of a fibroid. As he progressed towards recovery two of the glands under the jaw became enlarged. Recovered.

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Medical Times & Gazette.

SATURDAY, APRIL 30.

LIEBIG ON AGRICULTURE AND SEWAGE.

Whatever falls from the pen or the mouth of so eloquent a pleader and so charming a writer as Professor Liebig is certain to meet with the attention of the scientific world. His letters on Agriculture, just published, will have a wide circulation; for men of all classes of society necessarily take an interest in the earth's productions. Every man, moreover, who has the power, loves to plant his little plot, and nourish, as best he may, a vegetable offspring. In this effort at production he necessarily has to reflect, in however small a way, upon the uses of "manure;" he soon learns, that the fruitful womb of the earth, to continue fruitful, must itself be fed and nourished; that there is no "perpetual motion" of production inherent in the soil itself; but that there surely comes a telling time of barrenness and unproductiveness to him who, careless of the future, taxes the prolific powers of our common mother earth beyond what she is able to bear.

Of this fact, as a scientific doctrine, Liebig has long been the most fervent expounder. Its truth, experience has taught to many an improvident people. We all know the oft-told tale of exhausted Virginia. Her rich virgin soil has long been blown to the winds in clouds of tobacco smoke. The sewers of ancient Rome engulfed the prosperity of the Roman peasant; and when they had sucked in the marrow of Roman fatness, they devoured the wealth of Sicily, Sardinia, and the fertile lands of the coast of Africa. The vine-

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growers and the tobacco-planters of the Palatinate and of the Bergstrasse have exhausted the fields of the Hessian and Badish Odenwald, and have completed the ruin of the already impoverished peasant, who cannot resist the chink of the metal offered him for his manure. In a word, "the producer of corn and flesh, according to the system prevailing in civilised countries, robs his own land; the producer of wine and plants despoils in his turn the corn and flesh producer; and lastly, large towns, like bottomless pits, gradually swallow up the conditions of fertility of the greatest countries." There only, where an agricultural population is crowded together on the smallest area, does the fertility of the soil remain unimpaired—in fact, there only where there is no exportation, and no permitted loss of manure.

Modern *soi-disant* scientific agriculture is and has been for the last half century, if Liebig be right, one vast system of spoliation of the soil; and its inevitable results will be ruin to the agriculturist, and starvation to the multitude. Liebig addresses himself chiefly to his own countrymen; but the cap fits our British selves almost as tightly. "Upon the whole," he says, "English agriculture is based on the same spoliation system which exists elsewhere." Really the picture which he draws is startling. He writes—who can deny it?—with a profound knowledge of first principles, such as, joined with his fervour of conviction, can hardly fail to make a deep impression on the careful reader; and if his conclusions be indeed correct, that impression cannot well be too deep. He comes to us, *les pièces à la main;* he takes the elements and principles of the soil in his hands; he shakes them out before our eyes; he demonstrates the robbery, and convicts the robber just as clearly as a primary schoolmaster shows that B follows A in the alphabet. No Old Bailey lawyer ever struck the guilty soul more closely home. What can we say? He shows us—not chemical-given, but ordinary-minded people—that a soil to be a producing soil must contain certain elements—viz. a, b, c, d, e, f, g, and h; yes, eight substances in the soil are required if crops are to flourish galore! These eight substances are like eight links of a chain round a wheel. If one is weak, the chain is soon broken. The strength of the chain depends on the weakest of the links; the missing link is always the most important. But the air also adds its quota of elements—equally essential to the growth of plants. Happily man cannot rob the aerial elements—these he cannot exhaust. Not so those of the soil; a, b, c, d, e, or all, or either of these, he necessarily carries away from the soil in the produce of the field; and let him beware, if he return not a like amount of a, b, c, or d, he at length utterly beggars the crop-producing quality of his soil.

The Roman poet when he piped, in the city, of the pleasures of agricultural life, envying the husbandman (who was evidently, even in those days, a notorious grumbler): "Ah! fortunatos nimium sua si bona nôrint agricolas!" clearly recked nothing of the valuable properties which were daily passing down into those wonderful cloaca beneath him. Happily no Liebig disturbed that golden dream of his. When the sterile Campagna no longer yielded its produce, and the starved people called out to their rulers for corn, and when Sicily and the outlying provinces were sucked dry,—their riches irretrievably consigned to the sewers,—down went the mighty empire. The a, b, c, and d were not returned to the soil; the people were starved; and so Rome and its belongings came to their final grief and catastrophe. And our modern poets still pipe of the pleasures of a country life; "Heureux ceux, qui plantent les choux:" sings the laughing Béranger. But while he sings, the raven Liebig croaks a warning note. Science is there, happily, to disturb the charming vision, and to anticipate another catastrophe, and this is, in a word, the tale which it tells us:—

You, like the reckless Roman of ancient days, are consigning your riches to a bottomless pit; your boasted sewers and perfected drainage are draining your earth of its riches. You boast of your unheard-of bushels to the acres, your high-farming, deep draining, wonderful tillage; but a day of sorrow will come to you; you are sucking, like vampires, the marrow and fatness out of your acres; squandering to eternal loss your a, b, c, d, and e, etc. etc. You may laugh, just now, at science and its teachers; you may point to those splendid crops and magnificent implements; but neither steam-ploughs, nor complicated harrows, nor curious dibbling machines, nor gatherings at Tapton, can add one item of nutrition to your soil. You may laugh now, because happily, or unhappily, you have been saved for the moment by the screeching sea-gull. Those barren isles beyond the seas have sent you guano; but will guano last for ever? and what will you do when guano is no more? Your populations are increasing prodigiously; the cry is still, More corn, cheap corn, and plenty of it. But whence is corn to come when guano is gone? Your fields will then lie sterile and bankrupt. Be warned in time. Save your manure. Make your crowded cities return to the soil what they take from it. Never remove a load of corn off your land, without bringing back to it a load of manure. You may laugh at the immoveable John Chinaman, but you must take a lesson from him. Of farmyard manure he knows nothing, *yet his fields yield produce twice a-year, and never lie fallow.* His wheat often produces 120 fold, and a 50 fold crop is an average yield. "All those means which the German teacher of agriculture regards as *indispensable* for increasing the produce of our fields, and instructs his followers to employ, are not only *entirely* dispensed with by the Chinese farmer, but he actually obtains, without their co-operation, crops which exceed more than twofold those of the German high farmers." John Chinaman, then, can keep his fields in good working trim, *without keeping cattle to make manure*—an art which you have yet to learn. He is a Buddhist, and therefore eats no beef. And how does he do this? He is, as we learn from travellers, the most determined *κοπρολάγος* in the universe—the most insatiable of muck-pickers. What position of respect the pig holds in the traditional Irish cabin, this material holds in the Chinese hut. "In the most comfortable part of his dwelling, earthenware tubs, or cisterns most carefully constructed of stone and lime are found; and stenches, which would be regarded as intolerable in civilised countries of Europe"—Mr. Fortune has evidently never travelled in Germany—"are there sniffed up with complacency," as we are told by Fortune. The value of a man in China is at times reckoned off by the amount of his excrements—the value of which appears to be put at about 400 bash per annum, *i. e.* about four shillings. You insult your host if you quit his hospitable mansion without leaving there significant traces behind you. Two or three thousand years of experience has taught the Chinese this lesson. He knows that if he collect not this manure he must pine; he sees that by collecting it religiously, and religiously returning it to the soil, he has preserved his land through those thousands of years still in all its fruitfulness, still capable of sustaining an enormous population.

We need not stop here to inquire what these actual principles and elements are which are thus removed from the soil by the crops gathered from it. Here only we would repeat the oft-told tale, backed by the recently expressed opinion of Liebig—that in our large towns and cities we are daily engulfing for ever enormous masses of wealth—the thews and sinews of our soil. Guanos and artificial manures may one day cease to be satisfying realities; and then perforce the agriculturist will have to turn his saddened eyes to the neglected and rejected sewage of the City. Will we not be wise in time? Deeply engaged in the draining of ou

towns, shall the ruling powers not have foresight enough to make preparations for the day of retribution which Liebig anticipates and predicts? Shall they not so prepare the drains, as to leave their products at the service of the soil-tiller? Will they still call "refuse," and treat as such, that material which contains all the riches of the soil? These are the questions Liebig asks. May the rulers of our towns be wise, and wisely considerthem.

THE WEEK.

We have had some questions put to us on the appointment of Dr. Baly as Physician Extraordinary to the Queen, while several Physicians of longer standing in the Profession might reasonably have looked to such an honour before Dr. Baly. We have reason to believe that Dr. Baly's age, in conjunction with his high professional character, will account for his appointment. Sir James Clark is now approaching an age when his regular attendance on Her Majesty and the Royal family might, from various causes, be interrupted; and it was not unnatural that the Physician who might ultimately become his successor should be selected at an age considerably junior to Sir James, in order to prevent the Queen and Royal family being subjected to frequent changes of their ordinary medical attendant. We believe this to be the explanation of Dr. Baly's appointment; and, on this view, we are of opinion that no Physician more fully qualified in all respects for so important and responsible a position could have been selected.

We may direct attention to a memorial to the Medical Council, which will be found in another column, by Dr. Mackenzie, on Ophthalmological Education. The only point on which we are disposed to differ from the learned lecturer, is, as to compulsory attendance on fifty lectures. Students are over-lectured as it is. While we would urge a lengthened attendance upon the practice of an Eye Hospital, and upon a course of real clinical instruction, we suspect the study of a good book on Diseases of the Eye would be more useful than attendance upon a course of systematic lectures.

The time and the occasion have come wherein the Profession may be aptly called upon to express its feelings towards John Hunter; and sincerely do we trust that they may not pass away barren and fruitless. If enthusiasm have not been awakened in this cause, we are convinced that the dulness has arisen solely because the good sense of the Profession approves not of the direction in which men have attempted to turn it. We may have a dumb and unreal representative of Hunter's outward man; but why not also endeavour to raise some monument which shall permanently figure forth his inward self; and what better tribute could be paid, than the establishing of means whereby that science which he so loved may be evermore ennobled and exalted? Let us foster the struggles of science in the very sanctuary where the master-mind and untiring energy of the man have left their indelible records. Let us raise a fund which shall encourage youthful ardour in its developments of the science whose foundations were laid by Hunter. How could we more glorify Hunter, than by thus enabling the aspirations of genius here to unfold its powers—perhaps, Prometheus-like, to snatch some of the master's fire—here, in the very temple raised by the master himself, where his ever-living genius breathes still profoundly forth amidst the silence of dead realities! Let us have some token from the Statue Committee that they are equal to the great occasion; and the subscription-list will show that the Profession are not in the

Omne vivum ex ovo. This dictum of Harvey is now submitted to by the French Academy of Sciences. M. Flourens considers that a word or two may yet be said in favour of spontaneous generation. The Academy has, therefore, determined to let loose the vigour of young science on this subject, and thus to endeavour out of stones and gases to make living entities. It offers a gold medal, of the value of 2500 francs, for a satisfactory exposition of the subject. "Competitors must endeavour, by properly made experiments, to throw new light into the question of generation called spontaneous." The essay must be sent, post paid, to the Secretary of the Institute, before the 1st October, 1862. We shall expect to see the Quadrature of the Circle or Perpetual Motion looking up again soon in the Scientific market. At all events, if M. Pouchut can manufacture an infusorium in 1862, we see not why his great grandchild need despair of making cats or monkeys in 1962 by some "happy combination of elements."

"What shall we do with our lunatics?" asks Mr. Alfred Eccles on the title-page of a well-written pamphlet which Mr. Churchill has just published. The reply occupies some sixteen pages, and those interested in the subject would do well to consider the suggestions of the author. Early removal from home, but not to the society of other lunatics; a domestic system of segregation, as opposed to the aggregation system of our monster asylums; simple *surveillance* "under Medical care in a family," or "in lodgings with a proper attendant," are the principles of treatment advocated by Mr. Eccles, who urges that the expense of this plan need not be greater than the better class of patients pay in our private asylums. Even in our public asylums he advocates "the segregation as opposed to the aggregation of the insane"—in other words, the substitution of detached cottages for barracks. There is much sound sense and kindly feeling in all this; and we trust that the county magistrates who erect such edifices as Colney Hatch and Hanwell will pause, and reflect that it is just possible a better plan may be hit upon, and one cheaper in the end.

The College of Physicians of Edinburgh has finally taken its decision in the matter of the licensing Regulations. It has exhibited, for the benefit of others, a remarkable example of the rapidity with which retrograde development may take place under favouring circumstances. The class of men who have hitherto held the licence of its College is not, it would appear, of that calibre of acquirements which is desirable: and the College is ambitious of covering under the ample folds of its wings men of all tongues and all nations of the earth, and of all degrees of respectability. Well! Edinburgh College has taken its plunge; finding it hopeless to raise men and money in accordance with its past standard of propriety and fitness, it has decided to come down to the level of other people's standard—despising no kind of fish, provided only fish come into its net. The backward movement indicated by this course we need not insist upon further; it is patent to the world; and has been admitted and urged upon the Council of the Edinburgh College by some of its most illustrious Fellows. We have attempted to warn the College, and arrest it in its precipitous fall, but in vain. We have only now to chronicle the fact, that the Edinburgh College of Physicians has ceased to exist; it is a College of General Practitioners, Surgeons, Apothecaries, Doctors, what you will; only not a College of Physicians. So be it. Happily it has spread its plumes in time. The London College of Physicians will most assuredly take warning. The remonstrance addressed (as we last week stated) to the Edinburgh by the London College has fallen idly on the predetermined Council. The London must therefore now take thought for itself; and so act as to defend

itself from the encroachments which have been prepared for it by the Northern College. We will only add, that we sincerely trust that the College of Physicians of London will itself be most strictly cautious in admission of licentiates under its new bye-laws, so that it may be in future a shining light of learning and professional honour before the country. More especially should it be cautious now, if, as it appears probable from the facts above related, it may one day become the *only* College of Physicians in Great Britain.

Drs. Lawrie and George Buchanan, of Glasgow, have just published the statistics of Lithotomy, including all the cases of calculus admitted into the Glasgow Infirmary since 1795. These tables are very valuable, as they record the *whole* experience of lithotomy in this Infirmary, "and not of any one operator or method of operating." The results are very curious. The total number of cases of lithotomy in the male is 159, the deaths 23, or a proportion of 1 to 6·913. The cases under 15 years of age are 95, the deaths 6, or a proportion of 1 in 15·83. The cases above 15 years are 57, the deaths 13, or 1 in 4·384. The comparison between the ordinary lateral operation and Dr. Andrew Buchanan's rectangular method is very interesting. It may be shortly stated as follows:—

	Under 15 Years.			Above 15 Years.		
	Cases.	Deaths.	Prop.	Cases.	Deaths.	Prop.
Ordinary Lateral	59	3	1 in 19·6	41	11	1 in 3·727
Rectangular	36	3	1 in 12	16	2	1 in 8

The proportion of deaths to cures, at all ages after the lateral operation, is 1 in 5·94, and after the rectangular operation, 1 in 10·4. Lithotrity was only performed in 7 cases, and in 3 of these the patients died. We should be glad to see similar returns from other Hospitals.

The extraordinary case of the mysterious German stranger lately found dead on the shore at Ramsgate has excited much interest in the world; and there has been much debating of the question—was his death that of a suicide or of a murdered man? Whoever has carefully analysed the whole evidence which has been brought forward in reference to the case must, we should think, necessarily be forced to the conclusion that the man killed himself. One or two ingenious correspondents of the daily journals, however, cannot be satisfied with so plain a statement of the matter, and are determined that there shall be a diabolical murder behind the scenes here. They found their opinion on the fact that the wound in the heart was larger than the wound in the thoracic walls; and they therefore argue that some *other hand* than the victim's must have stirred the knife in the chest after the blow was given; also they say, the point of the knife passed some little from the *left towards the right* side of the body. But these positions, as indicative of a murderer's acts, are very frail. The heart is not a quietly resting organ; but has a considerable movement from above downwards and upon its own axis, and therefore would meet the knife and assist in its own destruction, if the knife hit it at a right moment. As regards the *direction* of the wound, any one who will take a knife in his grasp and point it as if to enter his heart, will find, if he be a right-handed individual, that the natural movement of the arm would give to the hand a direction from before backwards, and slightly from *left to right*. As these objections, evidently founded on a misconception of the actual facts, and thus readily answered, are all that can be alleged in favour of the theory of a murder, and as the facts brought forward in favour of a suicide are abounding, we may very surely and safely relieve our minds from any idea of there having been committed a foul and horrible murder.

DR. MACKENZIE'S MEMORIAL ON OPHTHALMOLOGICAL EDUCATION.

Unto the General Council of Medical Education and Registration, the Memorial of William Mackenzie, M.D., Surgeon Oculist in Scotland in Ordinary to Her Majesty the Queen, Lecturer on the Eye in the University of Glasgow, and one of the Surgeons to the Glasgow Eye Infirmary,

Humbly Sheweth,

I. That your memorialist has been engaged for forty years, in teaching the structure, functions, and diseases of the eye to Medical students.

II. That the causes which have rendered the eye and its diseases a special object of Medical study, he has endeavoured to illustrate, in a printed "Introductory Discourse," a copy of which, along with "Outlines of Ophthalmology," has been transmitted to each member of the General Medical Council; from which "Discourse" and "Outlines," some idea may be formed of the importance and bearings of this branch of Medical science.

III. That he has often endeavoured in bygone years, to impress on the different licensing bodies in the three kingdoms, the propriety of making attendance on a course of lectures on the eye, and on the practice of an Eye Hospital, imperative on candidates for a Medical or Surgical diploma.

IV. That what has as yet been acceded on this point is as follows:—

1st. That all candidates for appointments in the Medical department of the army, are expected to be particularly well acquainted with the diseases of the eye.

2nd. That candidates for admission into the service of the East India Company as assistant Surgeons, must produce a certificate of having attended, for three months, one of the institutions, or the wards of an Hospital, especially devoted to the treatment of ophthalmic disease; or, if they have not been able to do so previously to offering themselves for examination, must, if successful in obtaining recommendation for appointments, produce a certificate of having attended such practice during the interval between the examination and the time of proceeding to India.

3rd. That all Medical Students purposing to take a diploma in Medicine or Surgery at the University of Glasgow are recommended to attend the lectures on the eye, and the infirmary for diseases of the eye.

4th. That candidates for the diploma of the Faculty of Physicians and Surgeons of Glasgow, are required to attend the practice of a general Hospital either for twenty-one months, or for eighteen months only, provided that, in addition to the latter period of time, they attend a three months' course of lectures on the eye, along with six months' practice of an Eye Hospital, having, at least, twelve beds for operation cases.

V. Your memorialist thinks it important to state, that at Vienna, where, it is universally acknowledged that Ophthalmology has been cultivated with eminent success, the study of the eye and its diseases is imperatively required of all candidates for a degree in Medicine or Surgery, and from all who, without aspiring to such a degree, purpose to perform surgical operations on the eye. Candidates for the Degree of Doctor in Medicine must attend the Eye Clinique ten hours per week for a period of five months, and pass an examination in Ophthalmology. The same holds with regard to candidates for the degree of Doctor in Surgery, who have, in addition, to undergo an examination on the operative Surgery of the eye. A Magister Ophthalmiatriæ, who may practise as an operating oculist, without being a Doctor in Surgery, must attend the Eye Clinique ten hours per week for two periods of five months, and pass an examination on the Theory of Ophthalmology, and one on the Diagnosis and Treatment of Eye-cases presented to him, besides performing eye-operations on the dead subject.

VI. Your memorialist shall not occupy the time of the Medical Council in insisting on the benefit likely to be derived by the Medical Profession generally, and by the community at large, were all engaging in Medical practice well acquainted with the nature and treatment of diseases, so frequent, so distressing, and, in their results, affecting so seriously the happi-

ness of mankind, whether rich or poor, as those of the eye. He takes the liberty, however, to say, that such a subject, involving the consideration of many minute particulars, can be but very imperfectly touched upon in any general course of lectures on Surgery or Medicine; and that the very various diseases of the eye can be studied efficiently only where numerous patients, labouring under such diseases, are submitted to minute and discriminating examination, and to careful and continued treatment. He therefore prays that the Medical Council would take into their early consideration, the propriety of making the study of the eye imperative on all candidates applying to any of the Universities or licensing bodies of the three kingdoms for a diploma in Medicine or Surgery; and he begs to state, as a conclusion derived from many years' experience as a lecturer on the eye, and as surgeon to an extensive Eye Infirmary, that the course of lectures, embracing the anatomy, physiology, and pathology of the eye, should amount to not less than fifty, and the period of attendance on the practice of an Eye Infirmary, or the Ophthalmic wards of a general hospital, having not less than twelve beds for operation cases, should not be less than six months.

Glasgow, March 8, 1859.

REVIEWS.

On the Organs of Vision: their Anatomy and Physiology. By Thomas Nunneley, F.R.C.S.E. London, 1858. Octavo, pp. 373.

Leeds has of late become reputably conspicuous, even in spite of prejudice and accidental disadvantages. Its dirty streets and smoky atmosphere, the general meanness and ugliness of its architecture, the uncomeliness and uncouthness of its mixed population, and the fact that its disagreeable, though useful existence, pollutes one of the purest streams, and mars one of the loveliest scenes of Yorkshire, combine to excite in a casual visitor feelings of discomfort and disgust. But the attention and inquiry of a less hurried investigator bring no discredit upon Leeds. An active, bustling, thriving, and useful industry characterises its inhabitants. The manufacturing and mercantile evidences of this are everywhere seen. It is not our province to speak of its literary men and social reformers. But who can think of what Dr. Hook has done, and see the work that Barry is now engaged in, without being struck with the practical and well-directed nature of their efforts? So, too, among the Medical section of its society, we find a Teale and a Braithwaite; the one, a laborious, persevering, successful compiler; the other, a respected and justly rewarded man of action. Workmen and masters, professions and laity all follow on steadily in the same track, with the undeviating exactness of Alpine travellers. They plod up the ascent with a purpose; and seldom is it that one sees a loiterer or a wanderer pleasing his fancy by wayside researches, or doing anything that will not actually assist his advance.

The pursuit of scientific inquiries as a pure and separate interest has not hitherto been the natural tendency of these townsmen. We see their handy-work in the application of principles revealed to them by students of a different stamp, and in the elaboration of raw material conveyed to them from distant parts. In some late numbers of the *Microscopical Journal*, however, among the original communications, there were two papers which led us to suppose for a time that we had found an exception to the rule. The title of "Nunneley on the Structure of the Crystalline Lens and of the Retina," seemed to show to those who know what microscopical investigations of the eye tissues involve, that he at least had stepped out of the on-pressing ranks, to devote his energies to the most trying and difficult of anatomical manipulations, and to the patient unravelling of one of the most mysterious of organised structures. The papers themselves gave proof of diligent reading, industry with the knife and microscope, and were of course addressed to a special class of readers. The *Microscopical Journal* is not a journal for the million. Mr. Nunneley was presumed to have joined a band of quiet observers engaged, for the most part, in work important enough, though not immediately leading to notoriety. But Mr. Nunneley is a Leeds man, and possessed with the ...itless, ingenious, fabricating spirit of the place. The Leeds ...ple know how to manufacture "shoddy." October comes, and Mr. Nunneley's modest papers of April and July reappear verbatim, packed in the middle of an octavo volume of some 373 pages, on the "Organs of Vision," made up of seven chapters, "On Sensation and the Senses generally;" "On the Feelings and Ideas ascribed to, and derived from the sense of Vision;" "On Light and such of its Laws as are immediately applicable to Vision;" "On the Structure of the Human Eye and its Appendages;" "On the Eyes of Animals;" "On the Eyes of Fossil Animals;" and "On the Physiology of Vision and some of the Phenomena connected with it." Soemmering and Arnold have shown us the eye; Hannover, Jacob, Dalrymple, Bowman, and Kölliker have described the eye for us. Mr. Nunneley has made a book about the organs of vision, and something more. Cloth after all is cloth, and "shoddy" is nothing more than "shoddy." Nevertheless, we are not going to abuse "shoddy," because we all of us every season are more and more inclined to patronise it and wear it; nor is it our intention to disparage Mr. Nunneley or his production. Of its kind it is unquestionably good, fitted for the market, and will find purchasers; but it cannot rank as a first-class article.

We proceed, then, to its examination, and to select samples. Fortunately, the preface enables us to take exactly the right point of view, and brings to bear the very light that is wanted for a correct judgment of the book. The author, as a teacher of anatomy, "has felt there is no one work to which the student could refer for that explanation of the ideas obtained by sight and its relation to intellectual man; of the nature and elementary laws of light; of some of the more common optical instruments, which in their structure are analogous with the eye; of the more interesting and important of the phenomena of vision; as well as of the descriptive and minute anatomy of the organ, with all of which, if he is to be an intelligent and successful practitioner, he ought to be acquainted. If there be such a work he confesses not to know it, and therefore the present attempt to supply what his experience has induced him to consider a want."—Preface, p. 6. In making this attempt the author does not lay claim to much originality, nor does he profess to offer much new matter; but it is certain that when it was essential to read what others have written, he has read widely, and culled, condensed, and combined carefully; and that what others have observed, he has made a great effort, with knife, weights, measures and microscopes, to examine too. In the histological part of the subject, "he has taken nothing at second-hand: every figure and description is the result of repeated observation, in which he has taken pains to be correct." For the anatomy, also, he assumes the responsibility; "nothing, so far as he recollects, having been described that he has not dissected." But though the work is thus mainly intended for the instruction of students, Mr. Nunneley's recent appeal in the *Microscopical Journal*, to a different class of readers, proves that his conviction corresponds with our own experience of the fact, that the great bulk of the Profession have but small acquaintance with the tissues and minute structure of the eye. Nor is this much to be wondered at, considering the difficulties of the manipulation in disclosing them, the time such work occupies, and the training required to use the higher powers of the microscope satisfactorily on such delicate and perplexing objects.

If then, as may well be done, we divide the book into three pretty nearly equal parts, we shall find that the first and last thirds require but short notice. Chapter the first brings us to the natural conclusion that we see with our eyes. Chapter the second assures us that we know we do see if we are not blind, and look about us. Chapter the third points out to us the relation of light to the organ of vision, so far as our physical philosophers have been able to make it out. And Chapter the fourth opens to us the second third, which is the warp and woof of the book.

Here we propose to pull out and exhibit a thread or two for the satisfaction of our readers, and to do justice to Mr. Nunneley; as it is principally in connexion with this part that he has worked most closely, and planned a number of beautiful plates, which are not copies, but have been taken from his own drawings and dissections. In considering the globe of the eye our author finds occasion to differ from the general statements as to its spheroidal form having the longest diameter in a direction from before to behind, and he gives a series of tables of measurement of a great variety of eyes, showing the reverse of this to be the fact. These tables are also

of importance as demonstrating the form and size of the cornea, and particularly in pointing out the situation in which the optic nerve enters the sclerotic, and its distance from the axis of the eye. Mr. Nunneley's conclusions from these tables are thus stated: "I will, therefore, at present merely call attention to the fact that where the eye is not a true globe, the transverse diameter is, contrary to the common opinion, broader than the antero-posterior: that the cornea is in the great majority of animals not perfectly circular; being, even in those having circular pupils, commonly somewhat broader in the transverse than in the vertical direction; that there is not only a decided difference in the size of the eyeball in animals of the same species, but that even in the same animal the two eyeballs are not always of precisely the same size: and that the entrance of the optic nerve is eccentric, not only horizontally, but vertically; and that the precise relations of the nerve and the ball of the eye differ considerably, not only in animals of different classes, but in those of the same species, and that even in the two eyes of the same creature, the correspondence is not invariably the same."—P. 149.

At page 164 is a statement with which we do not agree: "The cornea is now generally regarded as extra vascular, and certainly in the adult human cornea no blood-vessels have been detected; it is therefore not impossible that the deeper parts of it are nourished by imbibition of the liquor sanguinis, which may perhaps form the more liquid portions of the fibrous lamellæ: yet, as it is certain that in the fœtal state vessels conveying the red blood do freely permeate the fibrous portions of the cornea from the sclerotic, and also that vessels from the sclerotic conjunctiva do form a free network over the whole corneal conjunctiva, so in the adult it is by no means improbable, that though in the normal condition impermeable to red blood, yet that vessels do exist; if not, then it is obvious, that under slight irritation they are most quickly created and removed, while in long-continued irritation they form a thick layer of large and congested vessels so dense as to render the cornea impervious to light and thus to destroy sight. The presence of nutrient vessels in the conjunctival basement membrane would more satisfactorily account for the nutrition of the cornea, than imbibition from the sclerotic margin." Our own injections of the adult sheep, for instance, to say nothing of the child and the young ox, have most completely convinced us of the presence of comparatively large vessels in the very substance of the cornea; and we do not think that any one much accustomed to the process of fine injection can entertain doubts about the matter.

The very nature of the retina has made it always an object of foremost interest to minute anatomists; while the exceeding rapidity with which its normal conditions disappear after death, its obstinate resistance to unaltered preservation in any of the at present known media, and the almost impossibility of handling it, even under the finest instruments and the most careful touch, without disarranging its component parts, and destroying the integrity of their form and relations, make its examination at the same time one of the most tempting and tantalising of histological occupations. It is not surprising, therefore, to find that Mr. Nunneley has spent much time and labour over this structure, and that he has acquired considerable skill in exploring and unfolding some of its striking peculiarities. He differs from most other observers in describing the rods of Jacob's membrane in man, mammalia generally, reptiles (except the chelonian), and fish, as perfect cylinders with clear, distinct, straight, transverse ends, and gives the best account and figures of the same part in birds that we have yet seen. "In all birds, and in the turtle, the straight cylindrical rods are comparatively few in number, the greater part of them are conoidal or fusiform in shape, the base being without, and they are surmounted by a highly transparent coloured globule, which is closely attached to and partly imbedded in the end of the rod. The number of the true cylindrical rods in aquatic birds, as the duck, goose, or swan, appears to be very much less than in land birds; indeed, in some it is questionable if all the rods are not more or less conoidal in shape, but they are so to a less extent than are those of land-birds. The globules are evidently cells filled with a coloured fluid, which reflects light almost like oil, but is not oil; for the cells are not soluble in either spirit of wine or dilute potash, ammonia, acetic or chromic acids; and when the globules are crushed, and the coloured fluid has run together and dried, it is soluble in water, while the dried globule, by immersion in water, swells out to even a greater than its normal size. They are unaffected by immersion in boiling water; they are well seen by the addition of chromic acid; and then if liq. potassæ be added, the colour is destroyed, but their shape and size are well shown; the rods are dissolved, and thus they are left free. Many of the globules are of a beautiful ruby red; others, and the greater number, three or four to one, of a canary yellow, some approaching to a green tinge; some few I have seen of a decided green colour, and in some the colour is so pale as to be hardly perceptible. Though the yellow are the most numerous, the ruby are for the most part the largest. There is no fixed relation either in number or size, nor are those of the same colour always of the same size, varying in the bird from one-six-thousandth to one-twelve-thousandth of an inch; and I think the size, number, and relative proportion of the two colours differ in different parts of the same retina. In a guinea fowl I found the globules very nearly uniform in size, about the one-fifty-five-hundredth of an inch, and the globules of pretty nearly the same tints of ruby and canary colours. I have found there is more variation in size and colour of the globules in young fowls than in old. Though closely imbedded in the rods, they easily become detached and float about; they are also attached to the choroid coat, but not so intimately as to the retina, for in separating it from the retina they always adhere to the latter. They are much more persistent than most of the other elements of the retina, and may be preserved, when dry, for some time. Hannover, who was the first to describe these bodies, has figured the ruby as attached to what he calls *cones jumeaux*, and each of these as surrounded by six rods, surmounted each by a yellow globule, forming a setting for the ruby. I do not think any such precise relation in number or position exists.

"I know of no more beautiful object under the microscope than the outer surface of the retina of a Cochin cock, guinea-fowl, or turkey, and particularly of a turtle. I know of nothing except the corneal facets of a coleoptera to compare with it. The use of these globules I can offer no conjecture upon."—Page 203.

No one who had the gratification of seeing these gorgeous but obscure gems displayed as they were by Mr. Nunneley at that most interesting microscopical *soirée* of the Leeds meeting of the British Association, which drew out a special and well-merited eulogium from the President, Owen, will think his language exaggerated or fall short of him in admiration of the spectacle.

With regard to the disputed question as to the exact nature of the retinal fibres, Mr. Nunneley states that, "his own observations agree more nearly with those of Hannover and Kölliker than with Hassall and Bowman, though not exactly with either;" and that as the retinal fibres appear to him "to be identical in structure with the nerve-fibres, so he believes them to be in function, and merely to convey the impressions to the sensorium which the true retinal elements perceive."—Pages 217, 218.

We cannot follow Mr. Nunneley's anatomical descriptions further; but must rest satisfied with saying, that we consider this portion to be the best and most valuable third of the book. Indeed, we cannot help wishing that he had confined his labours to it, and spared us the appendages of optics and physiology. He might then have given us what still remains to be executed, a perfect description and delineation of the minute parts and component tissues of the eye. But, upon the whole, there is reason to be content; and, if every anatomical work were cared for in like manner by both author and publisher, the science itself would be rapidly advanced, its students gratified, and their exertions to master its details made comparatively light and pleasant.

The British and Foreign Medico-Chirurgical Review.
No. XLVI. April, 1859.

The present number of this periodical contains, as usual, a great variety of useful and interesting matter; and, in accordance with recent arrangements, articles on collateral subjects connected with general science and the social questions of the day are interspersed among the purely Medical and Surgical topics which form the chief part of the work. Thus the first review is devoted to a critical analysis of the introductory part

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of Mr. Buckle's "History of Civilisation in England." This article is really a remarkable one, well worthy of perusal, though the reviewer joins in the prevailing over estimation of Mr. Buckle. Another article of a popular nature is on the "Dress of the People," in which the principles for regulating the clothing of mankind in the different climates of the earth and the different seasons of the year are laid down on philosophical foundations, and the existing anomalies and mistakes on this important subject are pointed out with great ability. The "Horæ Subsecivæ," of Dr. Brown, are also warmly and justly commended as affording to the Medical man an agreeable relief from mere technical reading. Among the strictly professional papers we find one upon the action of "Tartar Emetic," founded upon papers by Drs. Böcker, Beigel, and Ackermann. The object of the article is to prove, by the records of experiment, the effects of this drug upon the human system. The results are curious, and perhaps somewhat at variance with general opinion; but the experiments, especially those of Ackermann, appear to have been carefully made, and are well worthy of attention. A review of the "Text Book of Physiology of Professor Otto Funke," and the "Treatise on Physiology of Dr. Longet," does full justice to those works, although the reviewer not unjustly takes Funke to task for neglecting the perusal of English scientific books, and undervaluing the labours of British physiologists. Nunneley's work on the "Anatomy and Physiology of the Organs of Vision" is subjected to a sharp and searching criticism, by one who is evidently well acquainted with the subject; and the work on "Diseases of the Urinary Organs," by Dr. Morland, of Philadelphia; and that on the Urine, by Dr. Hassal, receive but limited commendation, especially the latter. An article on the works of Oribasius, as translated into French by Drs. Bussemaker and Daremberg, will bring into notice a Greek Medical author whose works are but little known to the present generation. The original communications in this Number are: one by Dr. Jago, on Entoptics, of which only a part now appears; another, by Mr. de Morgan, on the Treatment of Tetanus, in which the use of aconite and similar medicines is recommended; and a third, by Mr. Henry Lee, on Syphilitic Inoculation, in which some important conclusions are drawn as to the treatment of syphilis. The *Bibliographical Record* treats briefly of a number of works which have lately appeared, chiefly by British authors; and the *Chronicle of Medical Sciences* contains the usual half-yearly and quarterly reports of Micrology, Forensic Medicine, Medicine, Surgery, and Midwifery.

THE ACTION OF ELECTRIC LIGHT.—Two distinguished chemists were lately engaged in experiments on the fusion and vitrification of certain substances by the aid of the electric pile. They made use of a Bunsen machine, provided with 120 plates. The experiment lasted one hour and a-half; although the pile was not in action really more than twenty minutes. The experiments were at such a distance from the focus as not to be sensible of any elevation of temperature; but nevertheless in the evening, and all the night, they suffered much from weakness of the eyes, and continually saw coloured sparks and flashes. The next day they both were attacked with erythema of the face, which was accompanied with pain and tension. The right side of the face of Mons. F. which was the side exposed to the bright flame, was red from the chin to his hair; he also had seen sparks only in his right eye. In Mons. M. who had kept his head depressed, the forehead only was attacked with the erythema. A slight desquamation was established about the fourth day. It is, therefore, not the calorific, but the chemical rays which thus affect the skin.

CRYSTAL PALACE.—The ensuing season at the Crystal Palace opens formally on Monday next, with a fête in commemoration of the Indian Rebellion. The season tickets will be of two classes; one at two guineas, which will admit to everything during the season, except to the performances of the Handel Festival (it will, however, admit to the grand full rehearsal on June 18); and one at one guinea, which will admit to everything (with the same exception) when the price of admission is under five shillings. When it is five shillings or upwards, holders of the guinea tickets will pay only a uniform entry of half-a-crown.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

CASE OF RUPTURE OF THE UTERUS DURING NATURAL LABOUR.

By Dr. MEACHAM.

THE patient was a primipara, aged 26; and the labour proceeded with perfect regularity until its close. Immediately on the withdrawal of the placenta a severe rigor took place, which persisted in spite of stimulants. Collapse soon after set in, and notwithstanding every effort made to rally the powers, the woman sank three hours after the termination of her labour. At the autopsy, an unusual quantity of fluid was found in the peritoneum; and, upon bending the uterus forward, there was observed, upon the right posterior aspect of its body, just above the cervix, a portion of the peritoneal envelope, about two inches square, which differed considerably in appearance from the surrounding parts, being mottled red and purple, while they presented a pale, grayesh tint. An examination of this spot disclosed a *ramollissement* of the peritoneal covering, almost amounting to diffluence, very slight friction sufficing to bare the subjacent muscular tissue. The serous membrane could also be readily dissected by the finger, or the handle of the scalpel, from the uterine muscular fibre for a considerable circumference around the softened central disc. At this place was discovered an opening through the wall of the uterus into its cavity. This condition of the puerperal covering was evidently the result of antecedent inflammation; and the patient had for some months complained of severe pain in her back and sides. The muscular tissue itself bore evidence of having sustained more or less injury from inflammation. No expulsive medicine had been employed, nor was there any pelvic deformity or abnormal fœtal development to explain the accident. The rupture occurred at the very end of the puerperal effort; for as the fœtus was extruded, the collapse began, and not a single after-pain occurred. Other parts of the supra-vaginal zone of the uterus than that in which the rent was discovered bore traces of previous inflammatory action.—*New York Journal*, March, p. 287.

[An interesting case, much resembling the above, is recorded by Mr. Chatto in the *Medical Gazette*, vol. x. p 630.]

EXCERPTA MINORA.

Mercurial Inunction in Secondary Syphilis. — Professor Hebra, in a late discussion at the Vienna Medical Faculty meetings, observed that he generally treated secondary and tertiary syphilis with the iodide of potass; but found the case far less rapid and complete, and relapse much more frequent than when mercurial ointment was employed. During the last seventeen years he has kept an exact account of 2125 cases of secondary syphilis treated by inunction—25 drams, and often much more (in one case 288 drams) of the ointment being employed for each case. Out of this large number he has never met with a single case of chronic hydrargyrosis.—*Wien Wochens*, 1859, No. 11.

Menstruation during Pregnancy.—Dr. Lente relates a case of this occurrence. The woman was married during the summer of 1856, and continued regular, exactly the same as before, after her marriage. In October, 1857, she missed being so for the first time since her marriage, and on December 7 was suddenly delivered of a full-grown, but delicate child. She had enlarged very moderately, and believed herself two months pregnant. The lochiæ continued abundant for a month, and then ceased; she saw nothing for another month, and then had a flow, which continued two weeks; after a month's interval was regular again, and has not had her courses since, the child being above a year old.—*New York Journal*, March, p. 286.

Glycerine as an application in variola.—Dr. Posner reports that great benefit is derived from the application of glycerine to the variolous pustules which appear on the face, not only thus diminishing the sense of painful tension, but causing the marks which are left to be much smaller and less visible.—*Zeit. Russlands*, 1859, No. 8.

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OUR GREAT ONES OF THE PAST.

MEN OF THE BRITISH SCHOOL.—No. VIII.

WILLIAM HUNTER, M.D. F.R.S.

(*Continued from page* 393.)

On Monday the 1st of February, at Five in the Afternoon,
WILL BEGIN

A COURSE of ANATOMICAL LECTURES. To which will be added, the Operations of SURGERY, with the Application of BANDAGES,

BY WILLIAM HUNTER, SURGEON.

Gentlemen may have an Opportunity of learning the Art of Diffecting, during the whole Winter Seafon, in the fame Manner as at Paris.

Printed Proposals to be deliver'd at Mr. Millar's, Bookfeller, opposite to the End of Katherine-Street in the Strand (a).

ARRIVED now at the period at which we first saw Hunter, as he appeared at the zenith of his life as of his fame, let us follow him onwards to the end. In 1762 he was called in, in consultation on the Queen, who was then *enceinte*. His labours being now more than he could perform single-handed, and his brothers being away, he needed assistance, and engaged his pupil, the distinguished Hewson, to take part in his work. Hewson, now well known through the pen of his learned and philosophical biographer George Gulliver, was a man in every way suited to the work required. He was an excellent anatomist, an ingenious experimentalist, and of gentle and engaging manners. He soon rose from the position of assistant to a partnership in the anatomical department. In this year Hunter commenced the publication of his "Commentaries," in which he entered into a warm controversy with Professor Monro as to the discovery of the origin of the lymphatic vessels, the injection of the testicle with mercury, and venous absorption. He also defended himself from a reproach which had been cast on him by Monro, senior, regarding a dispute which had arisen between himself and Pott in relation to congenital hernia. Pott replied to this, and Hunter again took up the defence, in a supplement to the first series of the "Commentaries." It is clear on perusing these sallies that the credit which Hunter most desired to secure for himself had reference to the discovery of the origin of the lymphatic vessels. Following Dr. Simmons's narrative which, to our minds, is much the most accurate, it would seem that Hunter proclaimed his discovery of the origin of the lymphatic vessels so early as 1746, while Monro, who made similar observations, did not put his views before the world until so late as 1755. As regards Monro, therefore, Hunter has an undoubted priority of claim. But Simmons very properly points out that neither claimant had strict right to the discovery, inasmuch as M. Noguez, a French anatomist, in the second edition of a work entitled, "L'Anatomie du Corps de l'homme en abrégé," published in 1726, described the independent origin of the lymphatic vessels, and their absorbent use. Hunter's description was given, however, with more clearness, and was independently communicated to the scientific world.

About the time to which we now refer, Hunter was contemplating a design which has added a substantiality to his fame, and a monument worthier than any that may be raised to him. His circumstances becoming good, he determined first to acquire such a competency as should make him comfortable in his later life, and having achieved this, to found some institution which should be at once his and his country's pride. It occurred to him that the foundation of an anatomical school in London was a desideratum; and with this object before him, he presented, in 1765, to Mr. Minister Grenville a memorial requesting the gift of a piece of ground in the "Mews" for the site of an anatomical theatre. In return for this small grant, he undertook himself to expend seven thousand pounds on the building, and to endow a professorship of Anatomy in perpetuity. Unfortunately, the noble and yet modest request was not complied with, and the scheme as a national project was set aside. Looking back at all the struggles which teachers of Anatomy have endured since Hunter's time, the misfortune of this failure is seen in all its fulness. Had this scheme been followed, there might at this time have existed in London an Academy of Medicine second to none in the world, and the name of Grenville might have stood in perpetuity coequal with that of Hunter. But it is the misery of great politicians to be content with present greatness. To look down with princely smiles on all enthusiasts who live in the future, and worse than this, even to ignore science, as something apart from a ministerial project. Shall we blame Grenville the minister? No! He knew no better, and we would rather pity the minister, than criticise the man. The Grenvilles are a race well stocked. We have them now grand and ignorant as heretofore. Make a similar offer, deluded enthusiast in science of to-day, and where is your minister that will not smile and decline as Grenville did? A one-headed race these ministers, bound to the generation in which they were born; princes in it, and infinitesimal dust, corporeal and mental, out of it. Not long after the time, when Hunter laid his modest memorial before the little ruler, he had a conversation with the Earl of Shelburne on the subject of the school. The Earl approved, but thought the scheme should be carried out by means of a subscription, and requested to have his name set down for a thousand guineas. Generous as an offer, thought William Hunter, but not in taste. At any rate he, William, would have nothing to do with it. If anything were to be done, he would do it himself; so he bought a piece of ground in Great Windmill-street, where he built a spacious house, a good anatomical theatre, and one grand room for a museum. In 1765 Dr. Hunter was appointed Physician Extraordinary to her Majesty.

In 1767 he was elected a Fellow of the Royal Society. His brother John was now again in London, and was becoming a great man on his own account. The brothers, indeed, did not enter again into alliance after John's return, and it is not certain that they were on the most intimate terms. In some respects John was at this time ahead of William in fame, and even received the F.R.S. a short time first.

After his election to the Royal Society, Dr. Hunter sent to the Society a paper on some bones which had been found near the Ohio in America, and which were supposed to be the bones of an elephant. Hunter came to the conclusion that the bones were not those of an animal identical with the elephant met with in Asia and Africa. The question thus opened was one of immense general interest at the time; for a point was then under consideration which has since and lately been before the public, viz. whether animals change and adapt themselves to climate, or whether in the history of our planet such great revolutions have occurred that parts which are now cold and uninhabitable have once been warm and fruitful. In the same year he also described at the Royal, an Indian animal called the nyl-ghau. In the next year he was elected a Fellow of the Society of Antiquaries, and first Professor of Anatomy in the Royal Academy. The latter appointment was made by the King, and the manner in which the duties were performed showed at once that the Anatomist may be the chief of artists though he do never touch the pencil.

The partnership entered into between Hunter and Hewson continued for many years without interruption; but in 1770 some disputes arose, and the partnership was dissolved. If we may offer an opinion, we should say that the disputes were due mainly to Hunter himself, who being, with all his good qualities, opposed to rivalry, got jealous of his friend. On breaking partnership with Hunter, Hewson entered into a new partnership of more pleasant kind, *i. e.* he married a very

(a) Advertisement from the "London Evening Post," January 12, 1748. Same paper contains announcement of publication of Roderick Random, and of Hogarth's Two Apprentices. We are indebted to Mr. Charles Hawkins for the loan of this paper.

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amiable lady. But he did not live long; four years later, poor man! he threw off the shackles, his last moments embittered by the thought that he was leaving a wife and three children on the mercy of the world. Cruikshank succeeded Hewson in the Hunterian school, and continued in office to the end. Hunter himself was by this time somewhat worse for wear; he was plagued with fits of gout, and became in 1772-3 so unwell that he had serious thoughts of retiring from practice. Cullen and Baillie, indeed, went to work to find out an estate whither he might move to and rest in peace. They found a suitable spot near Alloa, in Scotland, bid for it, and, as it was believed, purchased it. But the title-deeds being defective, the purchase was never completed, and the design of retirement was altogether abandoned. The museum, the anatomical teaching, and practice, filled up now the whole of Hunter's time, so that literature owes less to him than it otherwise might. But his pen was not altogether idle, and when it worked it worked in earnest. In 1775, he forwarded a paper to the Royal Society, on the Venereal Disease. This essay, which was never printed, was rather an historical than a scientific effort. Those who are conversant with Astruc's great work on the Venereal Disease will remember that this author traces the introduction of the disease into Europe from the date of the first voyage of Columbus. His argument runs that the disease was endemic in Hispaniola, and on parts of the American continent, that it was communicated to the men who attended Columbus by the Indian women, and brought by these men to Europe; was propagated by them, first to the Neapolitans, thence to the French, and from all three to the European nations. The evidence on which this argument is founded, is taken mainly from the statements of Gonsalvo Ferdinand ab Oviedo, who was at the court of Spain in 1493, when Christopher Columbus returned from his first immortal voyage, who was sent by Ferdinand the king to Hispaniola in 1513 to inspect the melting of gold there; and who, living in the West Indies twelve years, and retiring to Toledo in 1525, wrote a work at the request of Charles the Fifth of Spain, entitled a "Summary of the Natural and General History of the West Indies," in which he assures his Imperial Majesty that the venereal disease was imported from the newly discovered islands into Spain. Hunter, opposing the views advanced by Astruc, and using against that author his own weapons, took occasion to support the idea that the venereal disease had existed in Europe before Columbus sailed from Palos. He, Hunter, adduced as his testimony on this point, the writings of Peter Martyr, a friend of Columbus, and author of the "Discovery of America," who wrote a letter on the subject of the disease to Arias Luritanas of Salamanca in 1489. Hunter, as we have said, did not publish this paper, some doubts having arisen in his mind as to the correctness of the dates of the letters of Peter Martyr. We may well excuse this literary digression by Hunter, and its negative results, as the next fact of his life, at this time, comes before us.

In this same year—1778—he rendered a memorable tribute to Medical science by the publication of his immortal treatise on the gravid uterus. It is almost impossible to compute, in the present day, the influence of this book. For patient research it is a model of excellence. Harvey spent eight years in investigating the phenomena of the circulation. William Hunter spent thirty years in investigating the facts connected with the uterus during the period of pregnancy. We read the work now with all the pleasure arising from the feeling that the delineations are by and from the pure nature. In the preface due mention is made of the labours of brother John and the artist Strange. In the dedication a compliment is couched to the King. In the body of the work there are excellent plates, excellent readings, the record of the discovery of retroversion of the uterus, and the account of the existence of the membrana decidua reflexa. There was, perhaps, never a book published by any one Esculapian on which so much long and severe labour was bestowed.

Two years later he sent to the Royal Society an account of Dr. Mary's illness, the report of which is given in the *Transactions*; and in 1788 he communicated to the Society of Physicians an essay on the proposed operation of the division of the symphysis pubis in some cases of difficult parturition. He did not in this contribution directly oppose the operation, but insisted for it a fair trial; his mind was, however, convinced of its doubtful utility and its possible dangers.

From the period of 1777 we meet with no incident of moment, until 1780, when one of the most curious and painful of events occurred, viz. a literary battle between the two brothers, William and John Hunter. There had long been an estrangement between them; and although in 1768, when John was a competitor for the office of Surgeon to St. George's Hospital, he succeeded mainly through the interest of his brother, the breach was never thoroughly made up. In this year, 1780, John took a step which is as incomprehensible to the world of science now as it was then. He sent to the Royal Society a paper in which he claimed the credit of having first discovered the true mode of connexion between the uterus and the placenta. For twenty-five years all the merit of this discovery had been awarded to William, and John had held a silent tongue, and had, in fact, by negation admitted his brother's originality. Now he put forward the following statement, that Dr. Mackenzie, having in 1755 injected a subject, and being unable in dissecting it to explain an appearance in regard to the placenta and uterus, sent for him (John Hunter), who, examining the parts with more care, made the discovery of the true mode of connexion between the two structures. "In the evening of the same day," he continues, "full of the discovery, I came to Dr. Hunter, and brought with me Dr. Mackenzie, to see and judge of the explanation I had given and Dr. Mackenzie had agreed to." William Hunter, on his part, wrote that he had always recognised the labours of his brother John with pride; that the discovery in question was unhesitatingly his own; that it was not a discovery arising from random conjecture, or lucky thought, or accidental occasion, but from a persevering pursuit of twelve or thirteen years at least, always publicly known, and admitting of the most circumstantial proof. Two angry letters to the Royal Society, which were never published, one from each brother, closed this controversy; but William never withdrew his claim nor fully forgave, while John was made unhappy by the event his life throughout.

It is curious that there are no clear historical documents throwing light on the true nature of this transaction. Like the letters of Junius and the tale of the "Iron Mask," the event has given rise to much theorising and noise. The only man who could have said something in point was Mackenzie, and Mackenzie is not on the field and is not to be found: he was dead or silent. Taking all things into consideration, we are forced to the avowal that the right in this matter rested with William Hunter. The discovery was not one, as William Hunter well observed, that could have occurred on "an accidental occasion;" it was a discovery requiring, as all such discoveries do require, years of research and repeated observation. That in John Hunter's story there is a nucleus of truth, we can conceive. It may be, that he, John Hunter, together with Dr. Mackenzie, did at one time show an injected specimen to William Hunter as exhibiting peculiarities which admitted of being explained in a certain way, and that William laid by the fact, with others similar he had made before, as one of many from which his larger deductions were drawn: this, we say, may be allowed, and, indeed, is virtually allowed by William Hunter himself; but we claim for our man all the importance of the discovery, and set it down as a poor ambition of a brother who owed so much to his fostering care, to rake up an unworthy quarrel, and to institute a claim which he had previously for twenty-five years disclaimed by sheer silence.

It was some recompense to our Hunter that in the year when this dispute was on the tapis, the Royal Medical Society of Paris elected him one of their foreign Associates, and that the Society of Physicians elected him unanimously in 1781 to preside over meetings to which Fothergill had hitherto supplied the dignity of a dignified presidency.

A close friendship had long existed between Hunter and the honoured Fothergill. Fothergill, also a collector of rarities, had established a museum of great value. That it might pass into safe hands he bequeathed that William Hunter should have the offer of purchase at £500 below the real estimate. On Fothergill's death, therefore, the museum passed to Hunter for £1200, and the Hunterian museum stood out the wonder of scientific London, and of the scientific world. New honours fall in now; in 1782, the Royal Academy of Sciences of Paris make the museum collector a member of their body.

The fame of the Hunterian collection spread far and wide. Whoever should visit London must needs see it as one of the curiosities. Every facility was given too, to everybody to

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see and learn. There is "the most magnificent treasure of Greek and Latin books that has been accumulated since the days of Mead," wrote Dr. Harwood, while a cabinet of ancient medals added to the richness of the collection. A history of certain of these coins, struck by the free Greek cities, was published by Mr. Combe in 1783, with a dedication by Dr. Hunter to the Queen. The preface of this book contains a history of the museum, and some account of the expenses to which the founder was subjected—£20,000. The museum thus collected by William Hunter exists still, and is one of the chief objects of interest in the city near which he was born—Glasgow. By his will, the use of the museum, under the direction of Trustees, was left to his nephew, Matthew Baillie, and in the event of his death to Mr. Cruikshank for twenty years. After that time, it was bequeathed to the University of Glasgow. The Trustees were Dr. George Fordyce, Dr. David Pitcairne, and Mr. Charles Combe, to each of whom was also bequeathed an annuity of twenty pounds for thirty years(a). The sum of eight thousand pounds sterling was left as a fund for the support and augmentation of the collection. Dr. Baillie, on his part, soon allowed the transmission of the collection to the good old city; and there, in the College grounds, and in rather a noble building, the great treasures are preserved, memorable honours to all Scottish students, so long as Scotia retains her nationality.

We arrive towards the commencement of the year 1783. By this time our constant labourer in the scientific ground is failing in physical health. Notwithstanding his simple mode of life and active pursuits, he is a constant martyr to gout. Yet he keeps at his work, "as eager," says Simmons, "to acquire new credit, and to secure the advantage of what he had gained, as he could have been at the most enterprising part of his life." He engaged himself, until the very period of his last illness, in preparing various papers. One important work related to the origin, classification, and causes of urinary calculi, with engravings. He left two manuscript lectures on the history of anatomy, and one most interesting paper, "On the Uncertainty of the Signs of Murder in the case of Bastard Children." This latter paper was read to the members of the Medical Society after his demise, viz. on the 14th of July, 1783, and was first published in the sixth and last volume of the "Medical Observations and Inquiries," in the year 1784. We are fascinated on reading this paper, with its admirable reflections. It shows at once not only the science, but the philanthropy of the man. He pleads for the wretched women who are accused of this crime with all the eloquence of a powerful writer and the caution of a philosopher. He gives sound advice to Medical witnesses, which might be read now with advantage; and entering into the merits of the hydrostatic test, as applied to criminal cases, describes its value and its fallaciousness with an acuteness and certainty which have never been surpassed.

But time flies, and we must part with another of our Great Ones. His time comes with the March, 1783. He is sixty-four years old—not more, but his life has been double that of most men of the same age. On Saturday, the 15th of March, he suffers from so much pain and nausea that he must go to bed and rest. The next Thursday he is better; and this being the day fixed for the delivery of his introductory lecture on the Operations of Surgery, he will be up and doing his work. His friends remonstrate in vain. He gives the lecture, but at the end is carried away fainting. He therefore is again returned to the sick room. During these days of illness John Hunter comes and implores to see his patron. The patron assents, and allows John to take part in the treatment, but does not enter warmly into conciliation. On Saturday morning Mr. Combe, who is the favourite attendant, finds his patient with speech and pulse perfect, and able to rise in bed, but himself diagnosing the existence of a paralytic seizure. The diagnosis is too correct: and so, dying daily, till Sunday, March 30th, he—William Hunter—leaves the museum, and the chariot, and the school, and the sorrowing friends, and the world, in the conscious and calm quiet of one who has lived the representative of a single principle—Duty. His death-scene is a model of fortitude. He is a traveller worn out with the fatigues of the day, and would sleep, having no dread of the darkness. "If I had strength," says he, in his last utterance, to Combe, "if I had strength to hold a pen, I would write how easy and pleasant a thing it is to die."

A memoir of William Hunter would scarcely be complete without a word as to the comparative merits of the brothers Hunter. But this, together with one or two more historical notes, we must carry on to a succeeding number.

(To be continued.)

(a) Dr. Hunter left an annuity of £100 to his sister, Mrs. Baillie, and £2000 to each of her two daughters. The residue he left to Dr. Baillie. Brother John had not even a ring. Baillie afterwards made over to John Hunter the family estate.

GENERAL CORRESPONDENCE.

THE EDINBURGH COLLEGE OF PHYSICIANS.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am sorry to find that my letter of last week reached you too late to produce what I hoped would be its effect in modifying your feelings in respect to the Edinburgh College of Physicians. I trust, however, that the publication of the Regulations in their amended form will remove the misconceptions still existing on the subject. I do not deny that there is some ground for these misconceptions in the wording of the first draft of the Regulations of the College; but I do most earnestly and decidedly deny (and this from full knowledge of the facts) that the College has done, or will do, anything like what you have ascribed to it.

What the College intends to do under its new regulations, as lately modified, is this: it will recognise, as Licentiates, regular Practitioners of Medicine who shall not "derive a profit from the sale of drugs or medicines," and whose qualifications and character shall be such as to command the votes of two-thirds of the College in their favour. And further, it will admit, by examination and ballot, to the grade of Licentiate, in all time coming, Practitioners who have passed through a prescribed course of study, indicated in the Regulations, subject to the condition before mentioned about drugs and medicines.

But these conditions, it is said, will admit General Practitioners to the licence. Assuredly; such is the decided intention of the College. It has long been the opinion of the Edinburgh College that the General Practitioner who will abstain from mixing up the practice of his Profession with the operations of a tradesman is a man to be encouraged. The London College of Physicians, by its exclusiveness as regards the General Practitioner, has done the Profession the incalculable mischief of setting up a trading company as the patrons of the hard-working family Doctor. Who has been the gainer by this exclusiveness? Not the General Practitioner, who has been thrown into the hands of the Apothecaries, and degraded to a tradesman; not the Profession, which has suffered through the degradation of its members; not the College of Physicians itself, which for years past has stood aloof from the sympathies of the Profession at large, and hugged its imaginary dignity as a compensation for the evils of an empty exchequer. Only the worshipful Company at Blackfriars has thriven on this preposterous exclusion.

Is this practical exclusion of the General Practitioner from the ranks of the Profession to continue for ever? The Edinburgh College, with an emphasis and decision derived from long consideration of the subject, says "No" to this question. It declares that the moment the General Practitioner ceases to be a tradesman, it is ready to receive him, provided he be of good character and standing in his Profession. I venture to anticipate, as the result of this movement, the speedy liberation of the General Practitioner of England from the trammels of the Apothecaries' Company; for I do not believe that the English College will any longer maintain its position of dignified and mischievous isolation. Depend upon it, "the glory and the emoluments" will not be long confined to the Edinburgh College.

But it is said that the admixture of General Practitioners, as they at present exist, with the "pures," who form the body of Licentiates of the London College, will be unjust to the latter. Granted: but why not elevate the "pures" to a higher grade, say of Member, or even Fellow? This difficulty is not felt in Edinburgh, where every pure Physician of good character has ready access to the Fellowship: and where, therefore, the licence has no meaning and no object,

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if it be not a licence for the "family doctor." The English College must find its own way out of its own difficulties; they are not of our making.

There is one real objection to the course of the Edinburgh College, and only one, to my view. It is what is commonly called the "Hadfield Clause" of the Medical Act, which compels the London College, under its proposed new charter, to admit the Licentiates and Fellows of the Edinburgh and Irish Colleges on payment of a fee of £2. I agree at once with the London College in considering this clause as most unjust. It tends to destroy the independence of the College; it is further objectionable in principle, inasmuch as it is wholly one-sided in its operation; it is, moveover, quite unnecessary as a measure of Medical reform, now that the Licentiates of each College and University are recognised under the Medical Act as qualified to practise over the whole kingdom. But the "Hadfield Clause," let me assure your readers, is none of our doing; and I believe the Edinburgh College would have not the slightest objection to join the London College in demanding its abolition. In the meantime, the English College is quite right to keep it in abeyance, by refusing to demand its new charter.

I trust I have now succeeded in explaining to you why, so far from considering the Edinburgh regulations as "disgraceful," I look upon them as a most important boon to the Profession. I am, &c. A Fellow of the

Royal College of Physicians of Edinburgh.

Edinburgh, April 25, 1859.

THE MIDWIFERY LICENCE.

[To the Editor of the Medical Times and Gazette.]

Sir,—Among the news of the "Week" in the last number of your Journal (April 16, p. 396), there is a statement concerning the licence in Midwifery of the College of Physicians and Surgeons in Ireland, which you must allow me to correct, if you please. You say, "The ground of difference between the two Houses consisted in the portion of a clause which gave the Dublin Corporation the power of making Licentiates in Midwifery, and of having the qualification inserted in the Registry." I must beg your pardon, but no such "power of making Licentiates in Midwifery" was sought, and for the best possible reason, viz. that both Colleges possess the power by their charters, and have exercised it long before the agitation for medical reform. I obtained my authorisation nearly thirty years ago. What we did seek, was to have our licences registered, just as the licence of the London College of Surgeons (established very few years ago) is registered. And with great respect to you, Sir, if there is to be any Midwifery licence registered at all, this must be done. We have the right to grant a licence by Royal Charter, and the candidate undergoes a separate examination for it, in addition to the examination for the general licence. I am told, but it may be a mistake, that the London College of Surgeons gives its licence to those who pass the examinations, whether they are members of the College or not. The Irish Colleges restrict it to the Members of the Colleges only, thus securing that the practitioners in Midwifery shall be well-qualified Practitioners in Medicine and Surgery. Moreover, all candidates for the degree of M.B. in Trinity College, or for the general licence of the College of Physicians, are examined in Midwifery as part of the test of their being qualified.

But let the special Midwifery licence be abolished, if you like; all we object to, is that while the London licence is retained, ours is rejected. Abolish all the licences, and secure that legal rights to place and practice are not jeopardised thereby, and I am content; if not, or until then, give all the Colleges their just and equal rights.

I have no doubt that an application to the Queen's Bench would prove that the General Council or Executive Committee have exceeded their powers in deciding on this subject.

As a matter of fair play, I shall be obliged by your inserting this note in your publication of next week.

I am, &c.

A Fellow of the College of Physicians

Dublin, April 18, 1859. and Professor.

[We willingly rectify the error our correspondent complains of, and take it for granted that the Irish Corporation having already the power to grant Midwifery licences, sought only the additional privilege of inserting them in the Register. We also admit that, with the perfect reciprocity intended by the Medical Act, it is clearly an injustice to accord a privilege to the London College and deny it to that of Dublin. But two wrongs will not make a right; and we believe the granting of Special Midwifery Licences wrong in principle. Obstetric Medicine should be a part of every general examination in Medicine and Surgery, and not be separated simply because corporations can increase their revenues by exacting an additional fee for a Midwifery examination. We do not grudge the Colleges in the Sister Isle any powers possessed by those in England; but we object equally to the London and Dublin Licences in Midwifery having a place on the Register, and would strongly urge the London College to forego its solitary privilege; indeed, to give up making special Licentiates in Midwifery at all, and make Obstetrics part of its general examination. We scarcely understand our correspondent's allusion to the Queen's Bench and Medical Council; but it seems clear that the Executive Committee would act illegally by admitting any qualification to a place in the Register which does not appear in Schedule A. of the Medical Act.—Ed.]

ESPRIT DE CORPS.

Letter from Mr. Morris.

[To the Editor of the Medical Times and Gazette.]

Sir,—I beg to enclose a copy of the following resolution of the Colchester Medical Society. By the present arrangements the sick poor are some of them obliged to send eight miles for a doctor, the services of the Medical men in the immediate neighbourhood having been declined. Resolved unanimously—

"That this Society have heard with some surprise that the Board of Guardians of the Tendring Union has found it desirable to change their Medical officers for the parishes of Ardleigh and Great Bromley, on the sole ground that they desired to restrict their remuneration to a sum which is altogether inadequate. That this Society believe that such procedure will fail in securing to the poor that kind, skilful, and easily available Medical care which their necessities require; and they express their deep regret that any member of the Medical Profession should have been found to undertake the duties of Medical officer under such circumstances."

The Tendring Board of Guardians pay their Medical men so badly that these gentlemen remonstrated, and informed the Board that they would act only during the year which ended Ladyday. Accordingly, the guardians advertised the vacancy—no one applied; they then, through their clerk, applied to two Medical men at Colchester and Manningtree; these gentlemen refused; and when it seemed safe that the Board must increase the salaries of the original Medical officers, a Medical man of this town and his son went to the Board meeting, and were appointed.

Our Society passed this resolution, of which I am directed to request your insertion. I am, &c.

David P. Morris. Hon. Sec.

Colchester, April 25, 1829.

ON THE TREATMENT OF WHOOPING-COUGH.

Letter from Mr. Holl.

[To the Editor of the Medical Times and Gazette.]

Sir,—The following simple plan of treating this troublesome complaint has been attended by such speedy and marked benefit, that I am induced to make it known, in order that its efficacy may be more widely tested than the opportunities of a single individual will permit.

It consists in the application of one or more small blisters, from the size of a crown piece, and upwards, according to the age of the child, to the back of the neck, as high up as possible in the hollow between the insertion of the extensor muscles, and encroaching a little upon the scalp. For this purpose it is necessary for some of the hair to be cut off. The blister should be removed after four or five hours, and a warm linseed meal poultice applied; vesication takes place as usual, and a much less angry sore is produced than when it is kept

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on until it has risen,—a matter of some importance where the treatment of children is concerned. The effect of this mode of treatment is to lessen the convulsive character of the cough within twenty-four hours, sometimes to suppress its spasmodic character entirely. The more convulsive the cough, the more marked the effect of the blister; but in bad cases it is necessary to repeat the blister when the first has healed.

In some slight cases, and in others where it has appeared scarcely necessary to have recourse to a repetition of the blister, some milder form of counter-irritation has been employed with benefit, such as a strong solution of iodine (℞. iodini ʒi., potass. iodidi ℈iv. aquæ ʒi.) or the tr. canth. or some similar preparation will answer as well.

I have now treated a considerable number of cases on this plan, and in only one instance has the blister failed to produce decided benefit; but in this case, on a second blister having been applied, the mother reported at her next visit, that the child had been "very much better ever since."

To give this remedy a fair trial many cases have had no other treatment, except an occasional purgative. Having once established the benefit of blistering the back of the neck in Whooping-Cough, I now usually employ some simple constitutional treatment as well. In the early stage, while the tongue is coated, and more or less of catarrhal or febrile symptoms exist, a few purgatives and a saline diaphoretic prove useful. But, as the characteristic phenomena of the disease depend on a reflex nervous act passing through the medulla oblongata, and as most, if not all, the neuræmic diseases are due to diminished nervous tone, when the tongue is clean, and provided no complications exist, tonics, as zinc, quinine, nitric acid, etc., are, at a later period, specially indicated: together with these, proper hygienic measures should be conjoined, of which fresh air and exercise are not the least important. I have never found the children of the poor who face the fresh air, suffer in consequence; on the contrary, they appear less liable to complications, and sooner shake off the disease than those whose health is impaired by confinement in heated rooms.

I am, &c.

April 25, 1859. HARVEY B. HOLL,
Surgeon-Accoucheur to the Royal Pimlico Dispensary.

REPORTS OF SOCIETIES.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, April 4, 1859.

Dr. GREENHOW in the Chair.

AFTER the transaction of the preliminary business of the Society, the Annual Report of the Council was read by Dr. MCWILLIAM, and the office-bearers for the session 1859-60 were elected. The list was published in a recent number.

A paper was read by Dr. BURDON SANDERSON entitled,

AN ACCOUNT OF AN EPIDEMIC OF DIPHTHERIA.

He commenced by stating that the epidemic in question occurred in the small rural parish of Hertingfordbury, in Hertfordshire. This parish occupies a somewhat triangular space between the River Lea and its branch the Mimeran, which unites with it immediately above the town of Hertford. The epidemic was confined to the village of Hertingfordbury, favourably situated on a gravelly slope on the southern bank of the River Mimeran, and, to a few small hamlets on the elevated ground between the two rivers, where the slight inclination, and the impenetrable nature of the subsoil, are alike unfavourable to the removal of surface water. The outbreak commenced at the end of October, 1858, attained its acme early in December, and suddenly ceased towards the end of the year; 53 persons were attacked in a population of 750, of whom 47 were children. There were 14 deaths, all of children under 12. I. *Characters of the disease.*—Pain in throat, generally inconsiderable, sometimes severe, either preceded by slight pyrexia or not,—conyza occasionally preceding all other symptoms for some days. *Local changes.*—Fauces at first congested; membranous exudation, commencing on one or both tonsils, usually within 24 hours from onset, spreading continuously to soft palate, uvula, pharynx, forming when first seen a white and perfectly opaque patch with elevated edges, surrounded by a narrow border of bright carmine. It is soft and inelastic, and can be easily detached, leaving an intensely congested bleeding surface, free from ulceration. It is capable of separation into layers, and consists throughout its whole substance of nuclei and uncleared cells, imbedded in granular or dotted fibrine. The author inferred from his examinations that the membrane, when first formed, consisted mainly of cellular elements, the later exudations containing more fibrine. *Condition preceding death in fatal cases.*—In most cases countenance pale, skin cool, pulse rapid, and eventually so weak as to be imperceptible; no appearance of dyspnœa, the patient remaining in a condition of tranquil drowsiness, from which, however, he could easily be roused. In one or two instances there were paroxysms of suffocation, with cyanosis and violent jactitation. Extreme prostration during the remissions. The urine was found to be albuminous in most of the cases in which the necessary observations were made. Convalescence slow; loss of muscular power of lower limbs; impairment of vision; complete paralysis of the velum palati frequently persisted for some time after restoration to health in other respects. In the only post-mortem examination which was made (no record was kept, the author was not present) the false membrane did not extend to the larynx. In this case there had not been the symptoms of suffocation. II. *Causes Drainage.*—In this respect there was a marked contrast between the village of Hertingfordbury and the other hamlets in which the disease prevailed, the former being dry, the latter damp and ill drained—the cottages being situated on patches of common land soaking with moisture. *Offensive emanations* were observed in none of the dwellings, which were all provided with detached cesspool-privies. *Water Supply.*—All the cottages are supplied with water from wells from 12 to 30 feet deep. Owing to the diminished rain-fall during the autumn, these were dried up or very low. A family in which 5 children were attacked and 4 dead, being supplied from a well in this condition, the water was examined. It was found to contain living crustacea protozoa and protophyta, and vegetable organic débris in suspension, and organic impurity in the proportion of 5·2 grains in the gallon. As none of these conditions were either peculiar to the localities affected or common to all of them, the author did not think that they could be considered of material importance as determining causes of the outbreak; and as regards the whole district he maintained that it might be favourably compared with most rural neighbourhoods. *Scarlatina and other Diseases.*—Several children were attacked during convalescence from measles and hooping-cough. Scarlatina occurred, but did not prevail during the epidemic. In one fatal case of diphtheria, an eruption resembling that of scarlatina appeared on the third day. No instances were met with in which children affected with diphtheria had previously had scarlatina. This the author attributed to the fact that the latter disease had not prevailed in the district for some time past. That the disease was capable of transmission by personal communication appeared from the mode of progress of the epidemic. When one case appeared in a family, all the children were usually attacked, and there was no instance in which the disease invaded one family in a hamlet without extending to others. The origin of the epidemic could not be traced to this cause; but in the neighbouring parish of Tewin, 4½ miles distant, the only two individuals attacked were in frequent communication with Hertingfordbury.

Two papers by Dr. JACKSON and Dr. MACKAY were read by Dr. MCWILLIAM, on

DIPHTHERIA.

Dr. Jackson opened his communication by stating that in the year 1833 a lady and her two children arrived at Calcutta from the Upper Provinces. These children were suddenly attacked with disease in the throat, said to be of the nature of putrid sore-throat; and, although the affection apparently was not particularly severe, they all sank under it with strange rapidity and unexpectedly. They were supposed to have died from sore-throat, free from any great uneasiness in the throat, or difficulty of respiration, or swallowing until the last. The first case that came under Dr. Jackson's immediate observation occurred some years afterwards in a child living in the suburbs of Calcutta. The child's breathing and the stridulous cough at once indicated a disease of a croupy nature. The disease had existed for three days. On closer examination, the

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throat, soft palate, the uvula, and tonsils were covered with a firm exudation of plastic lymph of the thickness and colour of kid leather. An emetic produced slight relief, but had no effect in separating or removing the membrane. The child became speedily worse, and died after four hours from the time Dr. Jackson was first called in. In the above instance the disease was very different from the ordinary form of croup. The exudation of lymph on the tonsils, soft palate, and uvula, most probably passing down the air passages, marked an affection of a peculiar and uncommon character. Dr. Jackson had seen much of croup among natives and Europeans, and at once pronounced the case to be of an unusual nature. Two other cases occurred a short time afterwards, and they both proved fatal. The occurrence of a number of cases, many of which had proved fatal, at the Martinière School, under the care of Dr. Webb, led to an inquiry into the nature and causes of the disorder. Thirteen of the school children were attacked by the disease, of whom five died. The post-mortem examinations revealed exudation of lymph covering the tonsils, and passing down the air passages into the bronchial tubes as far as their minute ramifications. The main cause of the disorder was considered to be the existence of extensive sheepfolds to windward of the building, impregnating the atmosphere, and carrying the effluvia into the sleeping-rooms of the children. The sheepfolds were of course removed, and the ground in front of the building was thoroughly cleansed. In none of the cases was there any rash upon the body, or any resemblance to scarlatina; nor was there any proof of the disease being communicable from one person to another.

Dr. Mackay's paper recorded an interesting case of diphtheria which occurred in the Harbour of Rio Janeiro, on board the flag-ship *Cumberland*, in October, 1857. The patient, a naval cadet, aged 13, of delicate constitution, was placed upon the sick-list on the 24th of October, for what appeared to be simple "cynanche tonsillaris." The fauces were injected, the tonsils were enlarged, and there was considerable febrile action. The weather at this time was fine—the thermometer usually above 82°. There was a tendency to slight sore-throat among the ship's company generally, but the cases were mostly of a trivial character. Diarrhœa of a mild nature was also so prevalent as to be considered epidemic. On the 28th the patient had so much improved under the ordinary treatment of common sore-throat, that Dr. Mackay intended reporting him for duty on the following day. During the night, however, he was kept awake by a constant necessity to eject what he thought to be saliva continually collecting in the throat. The ship having on the previous day proceeded to sea, the temperature fell 7 or 8 degrees, and the atmosphere was much more grateful than in harbour. On the 29th there was an aggravation of all the symptoms; and on examination of the throat, the uvula was found covered with a yellowish exudation, which was at once recognised to be of a diphtheritic character. Every effort to remove the plastic lymph was ineffectual. The fauces were scrubbed with strong solution of the nitrate of silver; a tincture of hydrochloric acid and syrup was used; blisters and poultices were applied to the throat; the vapour of hot water and camphor was continually inhaled; and chlorate of potash was freely exhibited in his drinks; wine was also given to raise the flagging powers. The exudation continued to extend; and though large masses of the membrane were from time to time brought up, they were speedily replaced by fresh deposition. Stethoscopic examination indicated that the chest and bronchial tubes were unaffected. On the evening of the 30th all the symptoms increased, when an emetic was tried, and it had the effect of bringing away a considerable quantity of mucus and membrane. Only temporary relief was thus obtained; for the pulse shortly became feeble, the countenance was livid, and delirium set in. As a *dernier ressort*, tracheotomy was performed, with the effect of raising the pulse, and affording so much ease that the patient fell off into a quiet sleep, which lasted two hours. The tube was kept clean by the quill feather and by suction with the mouth performed by Dr. Mackay, and Mr. Molloy, one of his assistants. Early in the morning of the 31st the patient again became restless. Mucus began to collect rapidly in the bronchial tubes, and he sank at three o'clock. Dr. Mackay at the time of the officer's illness was complaining of sore-throat. Six days after clearing the tube in the patient's windpipe by suction, he had symptoms of diphtheria, with considerable exudation of lymph, and high fever. He recovered under the free application of the nitrate of silver, the use of hot baths, and the administration of diaphuretics. Mr. Molloy, who was in excellent health when he put his lips to the tracheotomy tube, suffered no inconvenience from this procedure.

Dr. Greenhow in reference to Dr. Sanderson's statement—that no instances had been met with in which children affected with diphtheria had previously had scarlatina, observed that he had lately seen in a country village a family which had lately suffered from diphtheria, all the members of which had scarlatina in 1851.

Dr. Semple said that from the papers read this evening, one could arrive at a correct notion of what diphtheria really was. The pathological appearances seemed to be essentially the formation of a false membrane extending over the pharynx, the nasal passages and the bronchial tubes; and that this causes death. This membrane was not a mere fibrinous exudation like that of pleurisy, but an exudation of separate laminæ, like the leaves of a book—a plastic coagulation with epithelial scales—of a mucous rather than of a serous character. The cases recorded as having occurred in India and at Rio Janeiro were like those of Dr. Sanderson's, true diphtheria. With regard to treatment, he was not aware that much success attended tracheotomy. A case, however, had been recorded by Dr. Gueneau de Mussy, in which recovery took place, after, and most probably in consequence of, this operation. When the exudation is hard, it may be removed—but it was often friable, and could not be taken away. Aretæus had recommended sulphate of copper in the Egyptian form of the disease, as an emetic. So had Bretonneau. The same system was largely had recourse to in the present day.

Dr. Murchison observed with reference to the co-existence of scarlatina with diphtheria, that he had collected a series of cases, to show the concurrence of many of the exanthemata, proving the view of Hunter on this point to be erroneous.

Dr. Camps considered that as respected the cause, it was of some importance to bear in mind that the lower animals had suffered from diphtheria. At Boulogne, for instance, it had been alleged that the disease in man originated in eating the flesh of a pig which had had the disorder; and it had been further stated that the pig had fed upon the flesh of a glandered horse. He thought Dr. Sanderson had ably handled his subject.

Mr. Burge was of opinion that meteorological influences played a main part in the production of diphtheria. It was quite true we could not control meteorological phenomena; but we had control over many local influences which afford pabula for the spread of diseases.

After a few observations from Mr. Hunt with reference to the operation of tracheotomy in diphtheria, Dr. Sanderson replied to the various speakers; and in the course of his observations, remarked that he thought Dr. Semple was wrong in saying that diphtheria proves fatal from the membranous exudation passing downwards. In the trachea the deposition was fibrinous, and in the velum palati it consisted of exudation cells. He by no means intended to prove the identity of diphtheria and scarlatina; but he was of opinion, that diphtheria might follow scarlatina.

The thanks of the Society were unanimously voted to Drs. Sanderson, Jackson, and Mackay, for their communications.

The Medical Charities of Ireland.—A report on the Medical charities of Ireland (under the Poor Relief Act) has just been published by order of Parliament. In the year ending Michaelmas-day, 1858, Medical relief was afforded by 601,749 dispensary and 153,829 visiting tickets. The expenditure on Medical charities was £92,725. The number of cases of vaccination in the year was 54,984. Upon this point we have already quoted the opinion of the Commissioners.

Interesting News.—The *Spectator* says: "Amongst forthcoming works is one entitled, 'Deafness and Diseases of the Ears. The Fallacies of the treatment exposed, and Remedies suggested from the experience of half a century.' The author will examine anatomically and physiologically, the various methods now adopted for the cure of disease of the auditory organs." Not a bad specimen this of the puff indirect!

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MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS.—At the Comitia Majora held on Saturday the 23rd inst., the following gentlemen were admitted Licentiates of the College under the recently enacted Bye-Laws:—Dr. William Sall, Army Medical Department; Dr. Henry Osborn, Southampton; Dr. James Russell, Birmingham; Dr. Robert Stephenson, Belfast; Dr. Thomas Jervis, Connaught-square; Dr. John Richard Wardell, Mornington-road, Regent's-park; Dr. Richard Budd, Barnstaple.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery, at a meeting of the Board on the 21st inst.:—Messrs. Thomas Westcott Gale Stone, Lincoln's-inn-fields, diploma of membership dated April 11, 1859; John Edward Dyer, Islington, May 22, 1857; Alfred Brocard Boulland, Hull, December 13, 1858; Oglethorpe Wakelin Barratt, Birmingham, February 11, 1859; and Henry Greenwood Rawdon, Liverpool, October 8, 1858.

APOTHECARIES' HALL.—The following are the names of the gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, April 21:—Ferdinand Mikisch, Great Suffolk-street, Borough Southwark; James Hochee, East Grinstead, Sussex; Richard Whish Brigstocke, Milford, Pembrokeshire; Curtis James Bird, Red River, Hudson's Bay; Charles Henry Drake; Newbold Pickford, Manchester; George Luke Priddle, Poplar, London; Francis Hepworth, Crofts Bank, Lancashire; Walter Hart, Church-street, Bethnal-green. The following gentlemen also on the same day passed their first examination:—Joseph May, Stoke, Devonport, Devon; John Cockcroft, Middleham, Yorkshire; Matthew Algernon Adams, Margate, Kent; Joseph Brettell, Dudley; John Erskine Chalmers, Hull, Yorkshire.

DEATHS.

BAMFORD.—On the 17th instant, at Rugeley, Staffordshire, (upwards of 55 years) in the 84th year of his age, William Bamford, surgeon. His kindness and attention, particularly to the poor, through an unusually lengthened period of practice, will cause his memory to be cherished with gratitude and respect. His connexion with the trial of Palmer will be remembered with regret.

CARLESS.—On the 21st inst. at Cudham, in Kent, George Carless, late of Beckenham, M.R.C.S.

DANIEL.—On the 19th inst. at his residence, 36, Clarges-street, Mayfair, Henry Daniel, M.D. Aged 75.

LASSAIGNE.—Professor M. Lassaigne, one of the first of the French Analytical Chemists, died, 18th March, in his 59th year. Born of poor but honourable parents, he commenced his career as assistant in the Chemical Laboratory of the Museum of Natural History. After long labouring with Vauguelin and Laugier, he was appointed Professor of Chemistry and Physics at the Veterinary Schools at Alfort. He was much employed as an *expert* by the tribunals. He was one of the founders of the *Journal de Chimie Médicale*, one of the editors of the *Annales d'Hygiene*, and the author of an immense number of articles and memoirs in the different scientific journals.

"THE original complaint of the King of Naples was carbuncle (anthrax), and he probably now has what the German physicians call '*zersetzung des blutes*' (decomposition of the blood)."—*Times*.

ACADEMIE DES SCIENCES.—In the Section of Chemistry, Professor Hoffmann, of the Royal College of Chemistry of London, has been elected Corresponding Member in place of the late M. Gerhardt.

BY a statute recently framed by the University, and sanctioned by the Queen in Council, the old Barnaby Lecturers founded by Sir Robert Reade, in the reign of Henry VIII., which had long been dormant and useless, are likely to be turned to profitable account. Instead of three lecturers there is to be one only, appointed for a year, who is to give one public lecture in the Senate-house.

THE Cambridge University, authority says, will be rejoiced to hear that the great naturalist and philosopher, Professor Owen, has accepted the first appointment to the office of Sir Robert Reade's Lecturer, in its altered form. Although the day is not yet finally settled, it is probable that Professor Owen will deliver the lecture in the Senate-house, on Tuesday, May 10th.

DR. BROWN SEQUARD IN DUBLIN.—The Lecturers in Trinity College, and in the private Medical schools of Dublin, have made arrangements with Dr. Brown Séquard to deliver a course of lectures on Experimental Physiology in Dublin, similar to those recently given in London and Glasgow. The lectures, which are to be six in number, will commence on the 16th of May.

MARESCHAL COLLEGE AND UNIVERSITY, ABERDEEN.—At the late Graduation Term the following gentlemen, Alumni of the University, were, after the usual examinations, admitted to the degree of M.B. viz.:—John Carnegie, James Clark, James McInnes, Alexander Mellis; and the following to the degree of M.D. viz.:—Graham Atherley Carter, James Young Donaldson, John Ligertwood, Alexander Reith, George Smith, William John Thomson; and the following, who had already received the degree of M.B. were promoted to that of M.D. viz.:—Fife Fowler, Thomas Henderson, Robert Martin, Robert McKilliam, Charles D. F. Philips, Archibald Reith.

POPULATION OF PARIS.—Within the actual limits of Paris there are 1,174,346 inhabitants. The suburban communes, comprising 351,189, after the projected extension of the boundaries to the line of fortifications, the population will number 1,525,535. Paris is by far the most populous capital on the Continent, inasmuch as Vienna has but 475,000 inhabitants, St. Petersburg 550,000, Berlin 430,000, Madrid 260,000, Lisbon 284,000, Naples 480,000, Constantinople 630,000, and Milan 160,000. London is the only capital in Europe more populated than Paris, numbering 2,400,000 inhabitants.

KAFIR MEDICINE MEN.—A friend writing from Natal says:—"How wonderfully well Kafirs stand injuries! I have a compound fracture of the femur under treatment, where the man was brought in a barrow with the bone protruding; however, the wound healed as if it had been a cutaneous incision. The Kafir doctor, on being consulted as to the cause of the injury, scorning the simple explanation of a loaded wagon passing over the limb, says, "that the spirit of the patient's brother appeared to him in the form of a snake, and said that he had no rest in the grave, and that he would continue to visit them with misfortunes till a cow was sacrificed to his manes. The doctor gets a shilling and portion of the slaughtered cow as well."

PNEUMONIA, A CURATIVE PROCESS.—A friend writes in a private letter: "The other day I saw a case where an attack of pneumonia seemed to me instrumental in saving a man's life. The patient prostrated by a severe erysipelas; nutrient-stimulant treatment throughout; pulse intermitting every third beat; stimulants without any effect. I was thinking of transfusing some blood, so little hope did I see. He hung in the same way during the night; the next morning the same; then a formidable return of rigors; after which the pulse rose all at once, full and regular, and with it pneumonia commenced, by which a zone of lung was infiltrated as usual. The process then stopped, and resolution set in. N.B.—Inflammatory action a great stimulus for the heart."

CITY GAS COMPANY.—Dr. Letheby seems to feel he has overstepped the strict limits of his duty, in the manner in which he gave his evidence in the case of the prosecution of the City Gas Company by the Conservators of the Thames, for he has striven to reply to the remarks of the *Medical Times and Gazette* upon the correctness of his scientific deductions. This has been done in a very lame manner, and perhaps it would be sufficient to leave the controversy in the hands of the vigorous critic of that journal, who seems to be little disposed to abandon any of the advantages offered by his opponent. But Dr. Letheby occupies so prominent a position

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in the eyes of the public, that we feel bound to notice one assertion in his letter of April 12, which, being of a purely technical nature, has perhaps escaped the notice of our contemporary. It is to the effect that "one of the compounds found in the liquid flowing from the sewer referred to, and the marked odour of the liquid, were never found in ordinary sewerage." Now it must be observed that the particular sewer in question could not possibly discharge a liquid which should be precisely like ordinary sewerage, because it only received the drainage of nine houses and the surface drainage of the gas-works. Under such circumstances, the water flowing in the sewer could never be of the normal character of sewer waters, for the sewers whose waters have been analysed have not the slightest direct communication with gas factories in any shape or way; and Dr. Letheby was at least bound to have shown that no sewer, under analogous conditions to the one he pretended to discuss, contained the salts he asserts that he found in the latter. In fact, there are such sewers about London; and we repeat that it was Dr. Letheby's duty to have compared their contents with those of the sewer he was analysing, instead of comparing them with ordinary sewerage. In his over-anxiety to prove his case, he has thus committed an error of comparing things which are not alike, and rendered his own evidence useless. After all, as the writer of the *Medical Times* properly observes, the question before the magistrate was not as to whether or not infinitesimally small quantities of gaseous products were to be detected in the waters of the particular sewer referred to, but whether those products were present in such quantities as to show wilful and gross carelessness on the part of the workmen of the Gas Company. The first condition of any such investigation in the hands of Dr. Letheby should have been to prove that the sewers receiving the surface drainage of other gas factories did not, or could not, yield the salts he asserts he found in this sewer.—*Journal of Gas Lighting.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, April 23, 1859.

BIRTHS.

Births of Boys, 860; Girls, 839; Total, 1699.
Average of 10 corresponding weeks, 1848-57, 1649·4.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	568	558	1126
Average of the ten years 1848-57	556·2	512·6	1068·8
Average corrected to increased population..	..	..	1175
Deaths of people above 90	2	6	8
Deaths in 15 General Hospitals	31	15	46

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus
West	376,427	1	4	5	2	7	1	4
North	490,396	6	4	17	5	8	1	10
Central ..	393,256	2	6	9	2	8	..	5
East	485,522	6	5	10	2	10	..	10
South	616,635	1	5	23	4	7	2	9
Total	2,362,236	16	24	64	15	40	4	38

BOOKS RECEIVED.

The Remote Cause of Epidemic and other Diseases. By W. Craig, L.R.C.P. London: 1859.

On Penetrating Wounds of the Chest. By P. Fraser, M.D. London: 1859.

Hufeland's Art of Prolonging Life. Edited by Erasmus Wilson, F.R.S. 2nd edition. London: 1859.

Diseases of the Eye. By J. Dixon, F.R.C.S. 2nd edition. London: 1859.

Vital Statistics of the Armies in India. By J. Ewart, M.D. London: 1859.

The Question of Anæsthesia. By the Hon. Truman Smith. New York: 1858.

The expediency of Founding an Hospital for the Diseases of Children in Edinburgh. By Charles Wilson, M.D. Edinburgh: 1859.

Diphtheria. By Ernest Hart. London: 1859.

Reports of the Worcester and Wilts Lunatic Asylums.

The Physiological Effects of Alcohol. Manchester: 1859.

De Thoracocentesi, von Max Anderl. Berlin: 1859.

Twelfth Report of St. Mark's Ophthalmic Hospital. Dublin: 1859.

An Essay on Diphtheria. By E. Copeman, M.D. Norwich: 1859.

TO CORRESPONDENTS.

Mr. Jardine Murray's case shall appear next week if possible.

Mr. Shaw's (Durham) letter arrived too late for insertion this week.

R. N.—Army and Navy Medical officers are not obliged to register.

Student.—If the fees have been paid and the attendance regular, no Professor would refuse to sign a certificate.

Mr. Hazard.—Local Medical Registration Associations may prove very useful in checking the practice of such dangerous pretenders to Medical knowledge.

J. G. Nottingham, should consult some respectable Surgeon, and by all means avoid the advertising quacks, who live upon the misery their filthy books create.

An Inquirer.—By application to the Secretaries of the different Companies. The Peninsular and Oriental is generally preferred by Medical men to the West Indian or American lines.

Jurenis.—We have repeatedly stated that Licentiates of any College of Physicians who have no University degree of Doctor are only styled "Doctors" by courtesy, not by right.

A. B. C.—There will not be another examination for Assistant-Surgeoncies in the army for some months, unless our forces should be increased. Due notice is always given in this Journal.

M. R. C. S., Fenton.—1. By courtesy not by right. 2 and 3. Our correspondent can estimate better than we can of what use the title o Physician can be to him. 4. Yes, on compliance with the bye-laws recently issued.

Mr. D. Taylor.—The College of Surgeons is the only one of our licensing bodies which does not send to the Medical journals official lists of the names of the gentlemen who have passed their examination. Hence the frequent mistakes in the lists published.

J. P.—Virchow's experiments show that the inner coat of arteries and veins never exudes either lymph or pus, and that if pus enters a vein it does so from an abscess in the middle coat, after perforation of the inner coat. The so-called puriform fluid, found in a smooth-walled vessel closed in by fibrine thrombi, is not pus, but merely the result of fibrine metamorphosis.

Pater.—The following is a copy of the new regulations of the College of Surgeons:—"Candidates for the diploma of Member of the College, who shall commence their professional education on or after the 1st of January, 1861, shall be required to produce one or other of the following certificates:—1. Of graduation in Arts at a recognised University. 2. Of an examination for matriculation, or such other examination as shall, in either case from time to time, be sanctioned by the Council of the College; at a University in the United Kingdom; at a recognised University in the colonies; or at a recognised foreign University. 3. Of the Oxford or Cambridge Middle Class Examinations, either Junior or Senior. 4. Of the preliminary examination for the Fellowship of the College. Candidates who shall not be able to produce one or other of the foregoing certificates, shall be required to pass an examination in English, Classics, and Mathematics to be instituted at the College, and to be conducted by the Board of Examiners of the Royal College of Preceptors, under the direction and supervision of the Council of the College, and to include such subjects as may hereafter be determined by the Council. And the special or particular subjects of examination shall be published in each preceding year; and the examination from time to time shall be added to or increased, as the opportunities of education may be improved."

Papers by Dr Alexander Simpson; Dr. Routh, and Mr. Bryant; and letters from Dr. Dymock, Mr. Duggan, Mr. Witton, Mr. Kealy, etc. are in type, but are unavoidably postponed.

ERRATA.—In the account of Mr. Thompson's case of Stricture of the Sigmoid Flexure, in our report of the Pathological Society, the duration of the constipation was stated to be 9 days instead of 39, and the age of the patient 39 years instead of 29.

THE LATE DR. GLOVER.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—With reference to a paragraph which appeared, a few days since, in your journal, relating to the death of the late Dr. Glover, I am directed by the Weekly Board to state that his connexion with this Hospital terminated in 1856.

I am, &c.

Royal Free Hospital, April 21, 1859. S. S. SMITH, Secretary.

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Aluminium.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In the statement read by Mr. Harrington before the Odontological Society and the College of Dentists, respecting his method of employing aluminium as a base for artificial teeth, he mentioned (as appears from the report published in your journal) the inertness displayed by this metal, after casting, towards the fluids of the mouth, which, nevertheless, act readily upon it when in the form of plate or wire; and this difference in the properties of the cast and the wrought metal seems to have been as puzzling to the audience as it was to Mr. Harrington himself.

I have waited some time in the hope of seeing this matter elucidated in the pages of one of the Dental journals; but, as no one has as yet done so, I trust I shall not be deemed presumptuous in offering a simple explanation of this apparent anomaly.

Every scientific Chemist is familiar with the fact that many metallic oxides, when formed in the dry way under the influence of heat, are almost, if not absolutely, insoluble in the most powerful acids, although readily soluble when precipitated from a solution; and that these very precipitates, on being exposed to a full red heat, pass into the insoluble condition, and are unassailable by any of the ordinary chemical re-agents.

Now, alumina is one of those oxides which exhibit this phenomenon; and when aluminium is exposed to a high temperature, as in casting, its surface probably becomes covered with a thin film of this hard insoluble oxide, which protects it from the action of the saliva, etc.; but, as it appears from Mr. Harrington's statement, the cast metal when cut or drilled into is readily acted on, showing that the power of resisting chemical action is due to the condition of the surface alone—not to any alteration in the metal itself. I am, &c.

HENRY LONG JACOB, M.R.C.S.

Bridgwater, April 28, 1859.

Remarkable Consistency.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The following parallel passages from your remarkable contemporary afford an instance of consistency so unparalleled, that I venture to submit them to general admiration:—

"THE MIDDLESEX HOSPITAL AND TREATMENT OF CANCER.

"We understand that Dr. Fell, the American Physician whose treatment of this disease has of late been so much spoken of in London, has made an arrangement with the authorities of the Middlesex Hospital, by which he has taken charge of a certain number of cases in the cancer wards of that establishment, for the purpose of subjecting them to the action of his remedies.

"Dr. Fell has communicated, in confidence, the particulars of his treatment to the Surgical staff, who will watch the cases and report on the results.

"*This experiment reflects great credit on the Medical officers of the Middlesex Hospital.*"—*Lancet, January* 31, 1857, vol. i. p. 128.

"Let our readers recollect how energetically we protested against the experiments carried on at the Middlesex Hospital; let them remember the position which the Medical officers of that institution made for themselves in that affair; let them think of the infamous impositions of the Paris charlatan; and they will see how thoroughly we were on the right side of the question. The merit we claim over the French Medical press is, that we found fault with the sanction given in London to the experiments *before* they were begun, while our Paris contemporaries deferred their reproof until *after* the quack had been exposed. Let, therefore, the principle we defended be upheld; let new remedies be made public, and *then* tried by respectable and trustworthy members of our Profession."—*Lancet*, April 16, 1859, vol. i. p. 397.

The extreme convenience of a short memory is thus made very apparent to many others besides your obedient servant,

St. George's Library, April 18, 1859. YOUNG WIDEAWAKE, M.D.

Naval Medical Officers.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The liberal concessions recently made by the military authorities to the Medical officers of the army leave those gentlemen nothing to desire, and the service (as was wisely intended) will largely benefit by the certainty with which it will hereafter command a full supply of the best Medical talent from the rising generation of British Surgeons; for by the new regulations the position of the Army Medical officer has been rendered so advantageous, that the appointment of Assistant-Surgeon is now an object worth the ambition of any man of first-rate education and abilities.

The consequences to the Naval Medical service are foreseen by the present enlightened First Lord of the Admiralty, who, in his late masterly exposition in the House of Commons of the condition of the Royal Navy, has intimated that some changes will be required in the Medical department of the service over which he presides.

Untrammelled by the narrow-mindedness of his predecessors in office, who have long exercised their ingenuity to degrade the Medical Profession as far as in them lay, Sir John Pakington knows that a fair appreciation of Medical talent and liberal treatment of its professors is not only just, but, in the end, the most economical policy. He sees that if something is not soon done to equalise in some degree the condition of Naval Medical officers with those of the "*sister* service," the inevitable result must be the monopoly by the army of all those Medical men who are worth having, and the navy become a refuge for the destitute—constrained to accept those who have been rejected by the Army Medical Board as incompetent.

Sir John Pakington has candidly and honourably admitted that the grievances of Naval Medical officers are of long standing. He has, no doubt, given some attention to them, and will endeavour to apply suitable remedies; but there is one to which I desire to draw attention, because it does not appear to have been considered by the few who would willingly render the navy attractive to Medical men.

It is the position in which a Naval Surgeon finds himself landed on completing the 50th year of his age, after wasting the prime of his life amid the unavoidable discomforts and irksomeness of the sea service.

A kind of trap is kept baited at the Admiralty to catch "doctors," in the shape of a promise of a retiring pension of fifteen shillings per diem, after they shall have completed thirty years' service in the navy. This plausible offer decoys many thoughtless young men into the service; who discover, when too late, that it was never intended by their Lordships of the Admiralty that such peace and plenty should bless their latter days—not one in a thousand of those who enter the navy, and sacrifice the vigour of their life to it, obtain this reward, because the task set before them is rendered simply impossible by their Lordships to accomplish.

The service of the Naval Surgeon is broken every two or three years by the annoyance of being placed on half-pay, when he is left to undergo the *otium sine dig.* for a period of from six months to two or three years on each occasion, as his good or evil fortune, or the exigencies of the navy may happen; and during these times he is required on his pittance of half-pay to hold himself constantly prepared to take to the water at a day's notice, in a state of uncertainty which necessarily prevents him from resorting to the private practice of his Profession to eke out a livelihood, and all this while he is obliged to waste and fritter away the most valuable days of his existence, which are taken no account of at the Admiralty, because nothing but full-pay service is reckoned by their lordships in the thirty years which are to entitle him to a retiring pension of fifteen shillings a-day. In consequence of this loss of time by incessant recurrences to half-pay, by the time the Surgeon has been thirty years in the navy, he may perhaps be able to reckon fifteen or eighteen years of what is termed "active service," the remaining years are all lost to him, and he is "put on the shelf" with the munificent stipend of eight shillings per diem; for, if he entered the navy at 22 years of age, he has now passed the 50th year of his age, and the Lords of the Admiralty have decided that he is too old at that age to be efficient as a Naval Surgeon—a sufficient acknowledgment that he is worn out in the service, and unable to do any good for himself by beginning the world afresh in the exercise of his Profession in private life.

From this disastrous lot the Army Medical officer is most justly protected. He can, without difficulty enjoy full-pay continuously from the beginning to the end of his career in the army, and feel certain of attaining to the retiring pension, of which by a cruel hoax the Naval Surgeon is defrauded.

This is perhaps the most serious grievance under which the Naval Medical officer labours; and considering that the annoyance of being frequently rusticated on half-pay, for no fault of his own, but for the convenience of the service, is to him no light matter; the just and fair remedy should be the assignment of the full amount of the promised pension to every Surgeon, who from the age of 22 to 50 years has held himself at the disposal of the Admiralty, provided he have not during the thirty years evaded or declined any appointment or service their Lordships may have required him to undertake. I am, &c. A NAVAL SURGEON.

April 17, 1859.

COMMUNICATIONS have been received from—

PROFESSOR SIMPSON, Edinburgh; Dr. FLEETWOOD CHURCHILL, Dublin; Dr. MACKENZIE, Glasgow; Dr. ROUTH; Dr. ALEXANDER SIMPSON, Edinburgh; Dr. SAVAGE; Mr. BUTCHER, Dublin; Dr. OGILVIE, Aberdeen; Mr. OLDFIELD, Odessa; Dr. GRAILY HEWITT; Mr. WILDE, Dublin; Mr. WORDSWORTH; Mr. JARDINE MURRAY, Edinburgh; Mr. V. HOLBERTON; Mr. HENRY THOMPSON; Mr. HOLL; Mr. S. S. SMITH; Mr. DRAMER; Mr. GOWAN; Mr. ANDERSON; Mr. MCDERMOTT; Messrs. ALLEN and Co.; Mr. D. TAYLOR, Manchester; Dr. STIRLING; Mr. DERRY, Plymouth; Mr. FARQUHAR; Mr. BOWLEY; Mr. VINCENT; Mr. HARLOW; Mr. HUGGESEN; Mr. MANNS; Dr. DEVENISH; Dr. CREGEEN.

APPOINTMENTS FOR THE WEEK.

April 30. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

May 2. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

EPIDEMIOLOGICAL SOCIETY, 8 p.m. Dr. Milroy "On the successive Epidemics of Yellow Fever among the Garrison of Bermuda, during the last Forty Years"

ENTOMOLOGICAL SOCIETY, 8 p.m.

ROYAL INSTITUTION, 2 p.m. Annual Meeting.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Discussion of Clinical Cases.

3. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

PATHOLOGICAL SOCIETY, 8 p.m.

ROYAL INSTITUTION, 3 p.m. Professor John Morris "On Geological Science."

4. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

GEOLOGICAL SOCIETY, 8 p.m.

HUNTERIAN SOCIETY, 8 p.m.

OBSTETRICAL SOCIETY OF LONDON, 8 p.m. Dr. Elkington "A Report of Cases of Polypus Uteri, with Observations."

5. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

ROYAL SOCIETY, 8½ p.m.

HARVEIAN SOCIETY OF LONDON, 8 p.m.

LINNÆAN SOCIETY, 8 p.m.

CHEMICAL SOCIETY, 8 p.m.

ROYAL INSTITUTION, 3 p.m. Austin H. Layard, Esq. "On the Seven Periods of Art."

6. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON, 8 p.m. (Council at 7 p.m.) Annual Meeting; Election of Officers for next Session; Conversazione.

MEDICAL SOCIETY OF LONDON, 8 p.m. Council.

ROYAL INSTITUTION. (Meeting at 8, Lecture at 9 p.m.) Dr. Robert Druitt "On Houses in relation to Health."

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Grosvenor Place School of Medicine.

The SUMMER SESSION will COMMENCE on TUESDAY, May 3rd.

Midwifery—Mr. Bloxam and Dr. Priestley.
Materia Medica—Dr. Leared.
Operative Surgery—Mr. Spencer Wells.
Practical Chemistry—Dr. Thudichum.
Forensic Medicine—Dr. Francis Webb.
Botany—Mr. Bainbridge.
Military Surgery—Mr. Blenkins.
Comparative Anatomy—Mr. Hulme.

PRACTICAL ANATOMY.

During the Summer, Mr. Pittard, Teacher of Practical Anatomy, will conduct a Course of Demonstrations for Gentlemen preparing for the examining Boards. The Demonstrations will be conducted daily from 9 a.m. till noon. Fee to the Course, £5 5s.

DISTRIBUTION OF PRIZES.

The Prizes of the School for the past session will be presented on Tuesday, May 3rd, at 3 p.m. Sir John Forbes, M.D., F.R.S., D.C.L. will preside. Ladies will be admitted to witness the distribution of Prizes. The Lecturers, Students, and Friends of the School, will afterwards dine together at the Freemasons' Tavern, at Half-past Six p.m. Sir John Forbes in the Chair.

For prospectuses of the School, apply to the Honorary Secretary, or to the various Lecturers. B. W. RICHARDSON, M.D. Hon. Sec.

12, Hinde-street, W. April 12, 1859.

London Hospital Medical College.—

The SUMMER SESSION commences MAY 2nd.

Guy's. — The Summer Session

COMMENCES on MONDAY, the 2nd of MAY.—Gentlemen desirous of becoming Students must produce satisfactory testimony as to their education and conduct. They are required to pay £40 for the first year, £40 for the second year, and £10 for every succeeding year of attendance. One payment of £100 entitles a student to a Perpetual Ticket. Clinical Clerks, Dressers, Ward Clerks, Dressers' Reporters, Obstetric Residents, and Dressers in the Eye Wards are selected according to merit from those students who have attended a Second Year. A Resident House Surgeon is appointed every six months from those students who have obtained the College Diploma.

Demonstrations on Cutaneous Diseases—Dr. Addison and Dr. Gull.
Medical Jurisprudence—Dr. Taylor.
Materia Medica—Dr. Habershon.
Midwifery—Dr. Oldham.
Ophthalmic Surgery—Mr. France.
Pathology—Dr. Wilks.
Comparative Anatomy—Dr. Pavey.
Botany—Mr. Johnson.
Practical Chemistry—Dr. Odling.
Manipulative and Operative Surgery—Mr. Bryant.
Clinical Medicine—Dr. Habershon, Dr. Wilks, and Dr. Pavy.
Clinical Surgery—Mr. Poland, Mr. Cooper Forster, and Mr. Bryant.

Mr. Stocker, Apothecary to Guy's Hospital, will enter students, and give any further information required.

Guy's Hospital, April 14, 1859.

Westminster Hospital School of

MEDICINE.—The SUMMER SESSION will COMMENCE on MONDAY, the 2nd of May.

Materia Medica—Dr. Radcliffe.
Forensic Medicine—Dr. Fincham.
Midwifery and Diseases of Women and Children—Dr. F. Bird.
Botany—Mr. Syme.
Practical Chemistry—Dr. Marcet, F.R.S.
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, F.R.S.

Clinical Lectures by the Physicians and Surgeons.

Further information may be obtained from the Secretary of the Hospital,
F. J. WILSON.

St. Mary's Hospital Medical School.

The SUMMER SESSION will COMMENCE on MONDAY, MAY 2nd.

LECTURES.

Clinical Medicine—Dr. Aldersen, F.R.S.
Clinical Surgery—Mr. Ure.
Midwifery—Dr. Tyler Smith.
Practical Chemistry—Dr. Albert J. Bernays.
Botany—Mr. Robert Bentley, F.L.S.
Materia Medica—Dr. Sieveking.
Medical Jurisprudence—Dr. Burdon Sanderson.
Military Surgery, &c.—Dr. James Bird.
Ophthalmic Surgery—Mr. White Cooper.
Aural Surgery—Mr. Toynbee.
Dental Surgery—Mr. Sercombe.
Comparative Anatomy and Zoology—Dr. Grailly Hewitt.
Natural Philosophy—Mr. G. R. Smalley, B.A.

The Hospital contains 150 beds. It is a distinctive characteristic of St. Mary's Hospital that the following Medical Appointments are annually conferred upon the pupils free of every expense. The advantages of five of these appointments far exceed in money-value as many Scholarships of Fifty Pounds each. There are Four Resident Medical Officers, who board (free of all expense) in the Hospital; three of whom are appointed for twelve months, and one (the Obstetric Officer) for six months; four non-resident Medical Officers; a Medical and Surgical Registrar; all of whom are appointed by the Weekly Board of Governors, on the recommendation of the Medical Committee. Clinical Clerks and Dressers are selected from the best qualified Students. All the above offices are awarded, after competition, among the qualified Perpetual Pupils of the Hospital.

Further information may be obtained on application to
SPENCER SMITH, Dean of the School.

St Mary's Hospital, April 6, 1859.

Sydenham College Medical School,

Summer-lane, Birmingham, opposite the General Hospital.—The Summer Session, 1859, will commence on MONDAY, the 2nd May next.

Midwifery and the Diseases of Women and Children—Francis Elkington, M.D. Consulting Accoucheur to the Lying-in Hospital; and V. W. Blake, F.R.C.S. Medical Officer to the Lying-in Hospital.
Therapeutics—J. Russell, M.D.
Materia Medica and Pharmacy—J. Bassett, M.R.C.S.E.
Practical Chemistry and Toxicology—Alfred Hill, M.D.
Botany—Frederick Westcott, Assoc. L.S.
Forensic Medicine—W. C. Orford, Medical Officer to the Lying-in Hospital.

Further particulars may be obtained on application to the Principal, Dr. Bell Fletcher, Waterloo-street; to the Treasurer, Dr. Russell, Newhall-street, who is authorised to receive students; or to the Secretaries, Mr. F. Jones, 42, Newhall-street, and Mr. Bassett, 1, St. Paul's-square, Birmingham.

Royal Medical Benevolent College.—

(Incorporated by Act of Parliament.)

NOTICE is hereby given that the ANNUAL GENERAL MEETING of the Governors of the College will be held on THURSDAY, the 12th of MAY, at two o'clock precisely. Ten Members of the Council will go out of office on that day, in accordance with the provisions of the Act of Incorporation. The Council will propose to the meeting that eight of these gentlemen, viz. Dr. James Bird, Dr. Chowne, G. T. Dale, Esq.; Henry Hancock, Esq.; Charles Hogg, Esq.; J. H. Lance, Esq.; G. M. Robinson, Esq., and Francis Webb, Esq., be re-elected, and that Edward Headland, Esq., of Upper Portland-place, and John Sims Smith, Esq., of Croydon, be elected to fill the vacated seats.

The Council have received notice from some Governors that it is intended to propose that the following gentlemen, viz. Dr. Edward Ballard, Myddleton-square; Dr. William Cholmeley, Russell-square; John F. Harding, Esq., Highbury; Timothy Pollock, Esq., Hatton Garden, and Dr. Charles Taylor, Camberwell, be substituted for some of those in the Council's List.

Notice is also given that at the Meeting the following Resolution will be moved by the Treasurer, viz.:—

"That with the view of completing the College, Ladies be admitted as Life Governors on payment of Five Guineas before the 1st of September next."

The Annual Report and Balance Sheet will be ready three days before the Meeting, and may be obtained by Governors on application to the office. By order of the Council.

ROBERT FREEMAN, Secretary.
HERBERT WILLIAMS, Assist. Sec.

Office, 37, Soho-sq., London, W., April 26, 1859.

Comparative Anatomy and Natural

HISTORY.—A COURSE of THIRTY LECTURES upon these subjects will be be DELIVERED at the WESTMINSTER HOSPITAL, London. By HENRY POWER, M.B. University Med. Scholar, in accordance with the regulations of the University of London and the E. I. Co's. service. The typical forms of the Animal Kingdom will be described and illustrated by living specimens contained in fresh water and marine Aqua Vivaria, and by numerous drawings and dissections. To commence 3rd May at Half-past Eleven a.m. Fee, one Course, £2 2s. Two Courses, £3 3s.

City Orthopædic Hospital, Hatton-

Garden.—A COURSE of 12 Lectures will be delivered during the ensuing Summer Session, at this Hospital, by Mr. CHANCE, on the Nature, Causes, Variety, and Treatment of BODILY DEFORMITIES.

The Course will commence on THURSDAY, the 12th day of MAY next at Three o'clock, and the remaining lectures will be given on each succeeding Monday and Thursday, at the same hour. Medical Practitioners or Students of any recognised School of Medicine, may obtain cards of admission (free) on application to Mr. Chance, 59, Old Broad-street, or to the Secretary at the Hospital. By order,

April 6th. FREDERICK BELL, Secretary.

Midwifery and Diseases of Women and

CHILDREN.—Dr. MATTHEWS DUNCAN, F.R.C.P.E. will commence, on 3rd May, a COURSE of LECTURES on the above subjects, in the MEDICAL SCHOOL, No. 4, High School Yards, Edinburgh. Class Hour, Ten A.M.

Also will continue to give instructions in PRACTICAL MIDWIFERY, at the Royal Dispensary, on Tuesdays and Fridays, at One P.M.

A Class for Females will be commenced at the same time. Intending Pupils to apply at No. 55, North Castle-street, at 1 P.M.

Royal Orthopædic Hospital,

315, OXFORD-STREET.—Mr. TAMPLIN will deliver the ANNUAL COURSE of LECTURES on the NATURE and TREATMENT of DEFORMITIES at the above Hospital, commencing MONDAY, MAY 2nd, 1859, at Three o'clock, and continuing each succeeding WEDNESDAY and MONDAY, at the same hour, until completed. The Course will embrace—

Contractions and Deformities, Congenital and Non-congenital, of the Feet.
Ditto " " " " " of the Knee.
" " " " " " of the Hip.
" " " " " " of the Bones.
Scrofulous and other Diseases of the Joints.
Lateral and other Distortions of the Spine.
Disease of the Spine.
Wry-neck and Deformities of the Upper Extremities.
Contractions of the Toes and Fingers.
Contractions from Burns.

Legally-qualified Practitioners are invited to attend.

Admission Tickets may be obtained from Mr. Tamplin, and from the Secretary, at the Hospital.

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ADDRESS TO THE STUDENTS

OF THE

Grosvenor-place School of Medicine,

ON THE OCCASION OF THE PRESENTATION OF THE PRIZES ON THE 3RD OF MAY, 1859.

By Sir JOHN FORBES, M.D. D.C.L. F.R.S.

GENTLEMEN STUDENTS,—I hope I am fully sensible of the great honour done to me by the Professors of this school, in asking me to preside on the present occasion; and I only regret that I cannot more adequately fulfil the duties which the occupation of this chair imposes. These duties I consider as having exclusive reference to that portion of my audience who are pupils in this school; and I hope that I shall be forgiven if, in what I have to say, there shall be found little to interest others.

The sole grounds on which I can prefer any claim to sit in this chair, on this occasion, are my advanced age, and my long experience in the practice of the Profession for which all of you, gentlemen, have been preparing yourselves, and on the arduous duties of which some of you are about to enter. I wish I could truly say with the poet that in all cases, "long experience renders sage," so that any advice I may venture to give might be received with reverence, and be cherished as wisdom ought. I can, however, say that my words shall be, at least, sincere, and be dictated by the convictions of a long life devoted to the pursuits on which you have been hitherto engaged, or on which you will soon enter. May you, in hearing them, profit as much I sincerely hope you may do!

The Profession which you have adopted is certainly one of the best and noblest and most important avocations exercised by man. Its exclusive practical object is to benefit your fellow creatures; and its exercise demands the perpetual activity of the mental powers; and thus by satisfying at once the cravings of the intellect and the heart, it affords one of the most abundant and surest sources of human happiness. That the practice of Medicine is unattended with occasional distress, from the immense responsibilities it involves, I am far from saying; but I maintain that, compared with many other pursuits, it is to the thoroughly competent practitioner, one of the happiest of man's occupations. But I need hardly add, that to ensure its being so, there must not only be competency of knowledge in the Practitioner but the consciousness of giving to every case all the care and attention, and patience and kindness which it requires.

In addressing the select body of students who have just received testimonials of their proficiency and good conduct, during the past session, I most cordially congratulate them on the honour they have attained. That they have deserved this honour I have a right to infer from what I know of the scientific knowledge and high character of those who have selected them; and I have no doubt that each individual so distinguished will, in after time, mark this as one of the whitest days of his youth. The prizes you have now received, however small in money value, will, I am sure, be cherished by you through life as precious evidence that you had not neglected that most important of all the duties of students,—assiduity in work. Indeed, I have no doubt that, in qualifying yourselves to merit these prizes, you have felt that work in itself is a surpassing reward, and far dearer than any material prize can be. And if you carry into your future career the conviction you now feel, and make it a persistent rule of life, you will thereby attain the greatest of all prizes—a life of happiness. I do not mean to say that mere mental activity or labour can of itself produce solid happiness, if not accompanied by a conscience void of offence towards God and towards man; yet I do say that this is the surest and most prolific and commonest source of happiness, and one not to be dispensed with even by the most virtuous and religious of mankind. Consider it, therefore, not as a misfortune, but as a great blessing that you are being educated for a profession, which compels you to labour for the means of life, and clearly points out to you the kind of labour you must pursue. Be assured that, generally speaking, it is a great misfortune for a man to have already provided for him the means of mere competency, if this tempts him, as it so often does, to forego the acquisition of knowledge such as is necessary for professional life. It is very true that a man may find sufficient occupation in a thousand pursuits, out of the circle of any profession; but it is surprising how very small is the proportion of men who really do so. You are, therefore, as I have said, fortunate in having in your Profession the best means of happy occupation laid out for you, and no less so if your worldly circumstances render it an imperative necessity for you to avail yourselves of them. If it were not for experience it would seem almost incredible that men, even those most disposed to work, should find it difficult to select—and still more difficult to adhere to—occupations calculated to make them happy. Hence, as I have said, the importance of a profession in ministering to human happiness.

The work imposed by the Medical Profession on its votaries may be said to be threefold; 1st. The primary studies, teaching the elements of Medicine; 2nd. The actual practice in preventing and treating disease; 3rd. Studies during practice at the bedside, and in books. You will all of you find when you have entered on actual practice, that what you have learned in the schools are the mere principles, I might almost say the mere grammar or even alphabet of Medical science and Medical art: the chief part of the knowledge that is to make you learned members of your Profession and skilful and successful Practitioners, must flow from your future studies and your own experience derived from the careful observation of disease. Happily for you, the great principles that ought to regulate both your studies and your practice have been taught you here. These will suffice to guide you right in commencing your career: time, care, industry, study, and reflection will complete the knowledge necessary to make your practice a blessing to your patients and yourselves.

And here, with the permission of your learned teachers, I would beg leave to call your attention to one or two things which I am sure you will find of much importance in your future practice, though I fear they do not receive in every school that attention they so richly deserve.

First of all, I would have you to be deeply impressed with the conviction that the Profession of Medicine is a learned, not a money-making, Profession. Every labourer is worthy of his hire, and assuredly no labourer is more worthy of it than the Medical Practitioner. A fair amount of remuneration is necessary for his sustenance in life, according to the rank he occupies in society, and for the support, and maintenance, and education of his family. And such remuneration, I make bold to say, every Practitioner who really deserves it is, with very few exceptions, sure to obtain. Knowledge, diligence, kindness, attention, and other analogous practical virtues essential to the Medical Practitioner, are never lost on the public, as all experience shows. If the more successful should become rich, as occasionally happens, they are not to be blamed, provided they have preserved their souls unsullied by avarice or other debasing practices so often involved in money-making. But the man whose chief object is to make a fortune, and who practises Medicine mainly with this view, is unworthy of the noble Profession to which he belongs, and ought never to have joined its ranks. I am far from thinking that a Medical Practitioner should be actually poor—that is, without the means of enjoying life, and sustaining himself and family comfortably and genteely, and bringing up the latter with a good education, to make their way in the world. Without this it is impossible, almost, for a man to feel his lot to be a happy one—and to be unhappy is almost the same as to be useless. But competency is a very different thing from wealth, and is to be sought as an almost indispensable good by every honest means.

Secondly, I would impress upon you, as one of the most important doctrines of our Profession, that it is as much the duty of the Practitioner, if not more the duty, to prevent as to cure diseases. That this is often in the power of the family Physician or Surgeon, is certain; and let it never be believed that there can be any member of our noble Profession so sordid and despicable as wilfully to neglect this duty, because it may be more profitable to treat actual disease. Such conduct, if it exists at all, as the enemies of our Profession sometimes assert, is unutterably base and vile: instead of legitimate physic, it might be termed a branch of the slave-trade, a traffic in the blood and the lives of men. I name this from no fear that any who now hear me should be guilty of such a horror, but in hopes of stimulating the desire to look out for the means of prevention in every case seen in daily practice. The means most effectual in this case, are the

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regulation of the habits of life generally, and not the use of mere medicinal agents; although these may be occasionally useful. These means have been taught you in the lessons of Hygiene, and need not be here repeated. It cannot, however, be too often repeated, that this branch of Medical doctrine and practice is, at once, the noblest and most satisfactory. And here I would beg to say a word in favour of the same *Hygienic Practice* in actual disease, as I believe you will find that it is by no means adopted in proportion to its value. It has unfortunately been the prevalent opinion among Medical men from the earliest times, that the substances specially termed medicines, medicaments, or drugs, are almost the only means we possess for combating disease. The consequence has been, that the main part of Medical practice has consisted in the prescription and administration of drugs, of some kind or other, to the sick person: and I regret to be obliged to say that this is too commonly the practice of Medical men of the present day. There is no doubt that a certain number of drugs have a positive and a beneficial action over the derangements of the body constituting disease; but it is equally certain that of the remaining hundreds employed habitually in practice, in this and other countries, we have no positive evidence that they have any remedial power whatever, while we have frequent proofs of their being injurious, either directly or indirectly. I would therefore beg of you in entering on practice, to believe that hygienic measures are of as much importance, at least, as drugs, and that the best drugs without these are often inefficacious—often injurious. In regulating the diet, the exercise, the work, the sleep, the mind,—in prescribing only such active internal medicines as are positively indicated by the symptoms, or dictated by positive experience, you will attain a much more satisfactory result than in subjecting your patients to the monstrous evil of polypharmacy—or over-drugging—an evil often worse than the disease itself.

Where you are certain that any medicine is beneficial, it is your duty, in any severe or dangerous case, to employ this in the manner and the dose that science and experience have shown to be most effective. In such a case let there be no hindrance as to the frequency of its repetition, whether it be four, six, or ten times a-day—or even every hour—if necessary. What you consider to be essential to your patient's recovery, must be the sole guide in such a case. But things must be regarded in a very different point of view, in the ordinary run of cases. When there is no danger threatening, and you are at all doubtful as to the indications of treatment, and your experience teaches you that all that is essential for the cure is time and the restorative powers of nature, you are bound, alike, by your allegiance to science and to humanity, not to torment your patient by the incessant swallowing of unnecessary and nauseous drugs. If the patient and the friends of the patient are sufficiently enlightened, and have sufficient confidence to be entirely guided by you, you should content yourself occasionally, at least, with hygienic treatment only, or, if drugs are administered, they should be given as seldom as may be, and in as agreeable a form as possible. A simple saline draught, a dessertspoonful of acidulated syrup in a glass of water, or half an ounce, or an ounce of a pleasant bitter, taken once or twice daily, can do no harm at least, and may do good. But for a rational and learned gentleman to force his patient to take some nauseous draught thrice daily, or every four or six hours, when this is altogether unnecessary, and still more, when this Medical course is made the ground of daily visits to be paid for—is, surely, a line of conduct degrading to a man of science and a gentleman. May you all be saved from such degradation!

In certain cases, however—and they are numerous—it is essential, if not for the disease, for the satisfaction of the patient's mind—a most important element in the cure of many diseases—to give medicines. In such cases let this be your rule—to give medicines that are incapable of doing harm by deranging the functions essential to health, trusting to the sanative operations of nature, until some positive indication arises for the employment of active medication. At first, no doubt, you will be frightened for the result, in leaving a disease of apparent severity and danger to the operations of nature; but you will soon learn from experience that this may be done in a great many cases, not only with safety, but with advantage. It is to be hoped that the time will yet come, when patients and the friends of patients, by having more confidence in the powers of nature and less confidence in drugs, will allow Medical men to follow resolutely the dictates of science, and not oblige them, as at present, to prescribe medicines when none are indicated. But as long as the present opinions of the non-professional prevail, it is the duty of the medical man, if forced to prescribe drugs, to prescribe as few as possible, and such only as he knows to be harmless. It is, certainly, somewhat degrading to be under the necessity of prescribing drugs of any kind, if they are unnecessary; but it is assuredly the Physician's duty to do so, if he feels it requisite for the comfort or recovery of his patient. It is, in this point of view, that studying the *diagnosis and natural history of diseases*—that is, making oneself thoroughly acquainted with their true character, natural progress and terminations, when not influenced by remedies, is so important to the practitioner, by teaching him in what cases he may trust to nature with safety at least, if not with positive advantage; and therefore I would impress upon your minds the extreme importance of this study. I venture to say that you will be surprised to find how large a proportion of diseases may be safely left to the operations of nature.

And here I cannot refrain from addressing a word or two to such of you as are to enter into *general practice*, as it is called, and particularly to such as keep their own medicines. I believe the time is fast approaching when General Practitioners in towns where there are competent druggists, will, in a great measure, renounce the preparation of medicinal remedies in their own houses. I say *in towns*, because in many parts of the country this would be impracticable. But, wherever practicable, it would be most advisable that our noble Profession should be freed from this badge of trade. At any rate, if this practice is retained by the General Practitioner, that other practice, which used to be a part of it—to wit, the claiming remuneration for Medical services by sending in bills for the amount of drugs prescribed—will be abandoned by all, at once and for ever, as a custom altogether degrading to our noble Profession. Besides assimilating the Medical Practitioner with the tradesman, it is a temptation and a snare to the poor man and the feeble man to send out more drugs than are proper, in order that his remuneration may not be altogether inadequate to his labours in practice. I am happy to know that of late years this trade-like mode of remuneration has been abandoned by almost all respectable practitioners; and that it is now made by fees, according to the visits. Many respectable gentlemen, who are so remunerated, still send in bills; but without any specification of particulars as to the medicines prescribed. They are thus freed from all temptation to send to their patients more medicines than are necessary; and what is of almost equal importance, from the injurious suspicion that often arises in the minds of their patients, that they are doing so.

I am happy to say that there has in my time been an immense advance in Medical science, of which you will have the benefit. Diseases are much better discriminated by their symptoms and signs; their real characters, that is to say, the actual alterations of substance and functions in which they consist, are much better known; and their treatment, in many cases at least, more scientific and more successful. In former times, the practice of Medicine was in a great measure empirical, or at least traditional. It was assumed that for every particular disease, the administration of some particular drug or some so-called remedial measure was the proper practice; insomuch that the very name of the disease sufficed to show what was to be the treatment. The power of nature in repairing what was wrong in the body was entirely ignored, and an endless administration of drugs was believed to be essential. Although with many practitioners this is still unfortunately the case, those really learned in their profession prescribe more according to their knowledge and belief of the actual changes that exist in the diseased body,—that is, according to their knowledge of physiology, pathology, and rational therapeutics, and with a degree of success, in most cases, proportionate to the improved knowledge of the prescriber. One of the most striking features of this system is the comparative paucity of drugs deemed necessary for the cure of diseases. This mode of treatment, which may be called *rational* or *physiological*, I know you have been taught in this school; and it is to be hoped that it will never be superseded, in your minds and

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sections, by the old empiricism. Not that you are to overlook or disregard positive experience, although you are unable to explain *how* any remedial measure may operate on the body. If you have positive evidence of beneficial action of a medicine or remedial measure, it is your duty to prescribe it, though you do so in utter ignorance of its mode of action. We may have theories of the mode of action of bark or quinine in ague; of iron in certain diseased states of the blood: of mercury and some of the salts of iodine, etc. etc.; yet we prescribe these remedies, not from such theories, but from the knowledge we possess of their efficacy. In such cases of special disease and specific action of remedies, the practice is facile and satisfactory; but, alas! in the vast majority of diseases, we have no such experience to guide us. What is too often regarded as experience is totally undeserving of the name, being merely the ancient fallacy of *sequence—post hoc ergo propter hoc*. But a Practitioner who is aware how unaided nature can cure many diseases, will be safe from falling into this despicable error. And here it is important to observe that, in the uncertainty of our knowledge and our theories, we must, at least, never run the risk of doing evil to our patients, if we cannot do them good. In cases, therefore, where we have neither the guide of rational experience nor of rational theory, we must temporise with inactive and innocent means, resolute not to do harm, at least, and trusting to the great curer of many diseases—*Nature*—in other words, the reparative action inherent in the living system. It is to be hoped that in the lapse of time the non-professional part of the public will learn this lesson also, and not render it imperative on their Medical attendants to prescribe drugs when they are not needed and may be injurious instead of useful.

Gentlemen,—In concluding these remarks, exclusively Professional, I cannot feel justified in omitting to notice a subject not at all peculiar to our Profession, but incalculably important to the members of all professions. I will merely allude to this subject here. You have, no doubt, already found, and will hereafter find, much better teachers of this subject than I profess to be; but no one can feel more strongly than I do its vast importance, not merely to individual happiness, but to Professional success. I refer to the subject of an honourable, moral, and virtuous life, as bearing on our Profession. To say nothing of the importance of such a life to individual happiness, no one who has had much experience of the world will for a moment doubt that a good character is a powerful element in professional success. A bad man may be a learned and even a skilful Practitioner, but he can never be what is properly called a good Doctor—the friend and counsellor as well as the Medical adviser of families. By virtue of his position, the Physician or Surgeon becomes the depository of many secret troubles, and evils, and distresses; and if he is not possessed of a virtuous and kind heart, as well as of good sense, he cannot give the relief and help and comfort, for the attaining which his counsel is sought. He is thus deprived of the luxury of doing much good, as well as of the great professional advantage of binding to him for ever most valuable friends. Be assured, therefore, my young friends, and believe the words that come from a professional experience of more than half a century, that to be a successful and happy Medical Practitioner—Virtue, a good character, and a kind heart, are as necessary as knowledge and skill.

EXTENSION OF OPHTHALMOLOGICAL EDUCATION.—The Board of Trinity College, Dublin, has recommended its students to take out a course of Ophthalmic Surgery.—The Governors of St. Mark's Hospital, Dublin, in their twelfth report, just published, beg to strengthen Dr. Mackenzie's Memorial on this subject, by expressing their entire concurrence with the principles it advocates.

ADDRESS TO Mr. SAMUEL MACLEAN, LATE OF DUBLIN.—Mr. Maclean, who during a period of about forty years held the first position in the Irish Metropolis as a scientific dentist, having recently been compelled by ill health to retire from professional life, it was determined by the members of the King and Queen's College of Physicians, and of the Royal College of Surgeons in Ireland, to present him with a suitable address. A very numerously attended meeting of the subscribers to the address was held at the College of Surgeons on the 25th ult., for the purpose of receiving Mr. Maclean's answer.

ORIGINAL COMMUNICATIONS.

TURNING *v.* THE LONG FORCEPS.

ILLUSTRATIVE CASES.

By ALEXANDER R. SIMPSON, M.D. Edinburgh.
Formerly President of the Royal Medical Society, etc.

ALTHOUGH often spoken of as the most stationary department of the art of Medicine, and although often looked upon as but little susceptible of further improvement, Midwifery is in our day undergoing a series of progressive changes, and is now passing through an era of reform, the end of which it is difficult to foresee and to foretell. Fatal and formidable operations, which were formerly considered to be of paramount importance, and which were only too frequently called into requisition, are now being greatly restricted in their application, and are gradually becoming supplanted by other operative procedures, at once more simple in their nature and more calculated to effect the great aims of the educated obstetrical practitioner. Not only so, but the class of cases in which any operative interference is required, is becoming always more distinctly defined; and operative measures of every kind are being daily improved and simplified. We now annul the pains of labour; and many men are beginning to ask themselves whether the parturient process as we see it in nature might not be safely interfered with, and whether they might not use means to expedite delivery with advantage to their patients and with comfort to themselves. Some have answered this question in the affirmative, and in the privacy of their own practice they have acted up to their conviction with safety and success; or, scornful of the ancient dogma as to the evils attendant on meddlesome midwifery, they have even dared to come forward and boldly maintain that artificial interference in every case of labour should form the universal rule of practice. While the main principles of Midwifery, and the great rules that guide us in obstetric practice, are thus undergoing a revision, and sometimes complete reversal, the comparative merits of the several operative procedures are being subjected to a closer scrutiny, and the cases are being more clearly defined in which one or the other variety requires to be had recourse to. The relative value of two of the most important of these operations, viz. the operation of pedalic version and extraction, and the operation of delivery with the long forceps, has never yet been finally determined; and the following cases appear to me to be of sufficient interest to demand their publication, because of the very distinct data which they afford us in our efforts to form a proper estimate of the relative value of these two operative measures.

I. On December 5, 1858, I saw for the first time Mrs. B. aged 27, who has been married for nine years, and has given birth to five children, most of them still-born. Her obstetrical history is shortly as follows:—

In April, 1851, she passed through her first labour, which lasted two days, and ended in the birth of a dead male child. —Her next labour, in January, 1853, was likewise of two days' duration, and resulted in like manner in the birth of a still-born boy. — In her third confinement she was more fortunate; for the able assistance of Dr. Graham Weir having been obtained, he performed the operation of pedalic version, and by this means delivered her in a short time of a female child, who still lives, and is a healthy thriving little girl.— That fortunate event took place on March 8, 1855; and it was exactly two years later, namely, March 10, 1857, that her fourth child, a girl, was born. On this occasion, fate was again adverse, for the case was a footling one, and the feet were born, or, at least, presented at the birth, according to the account of the patient, for four hours before the arrival of the Surgeon, who had been sent for from the Maternity. That gentleman extracted the infant, which showed some signs of life; but it was found impossible to resuscitate it altogether.

It was to aid her in her fifth labour, which occurred on December 5, 1858, that I was called in. Her pains had commenced about 10 a.m., and gone on steadily during the day. The Surgeon who was in attendance ruptured the membranes about 7 p.m. and afterwards, as he himself told me, made several ineffectual attempts to bring down the head with the long forceps. When I arrived, about half-past

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nine o'clock, I found the uterine contractions vigorous, but without causing any appreciable advance of the head. This was of large size, presented in the first position, and was tightly jammed into the pelvic inlet, which was slightly contracted. The Medical attendant had just listened to the fœtal heart, and found it beating distinctly, but slowly. Deeming further delay unadvisable, I had the patient put under the influence of chloroform, applied the long forceps to the fœtal head—one blade over the left eyebrow, the other behind the right ear—and by using considerable extractive force, I delivered the child speedily, and without any unusual degree of difficulty. The child, however, was dead, its heart had ceased to beat, and although I perseveringly tried all the usual methods for resuscitation, I failed completely in reviving it, or even in once eliciting any sign of vitality.

Should that patient again fall in labour, I need hardly add, that in the event of my being called in to deliver her, I should adopt the treatment so skilfully and successfully carried out on the occasion of her third confinement by Dr. Weir; that is, I should turn the child and extract it by the feet so soon as the passages were sufficiently dilated, in preference to employing the long forceps to effect delivery.

II. Mrs. T. aged 25, the second patient whose history I here take leave to record, has likewise given birth to five children; but in her case the majority of them were born alive; and yet her pelvis was more contracted than that of the patient of whom I have already spoken. For while in the latter the conjugate diameter of the pelvic brim was contracted to nearly 3¼ inches, and the rest of the bony canal was of normal dimensions, the conjugate diameter of the brim in the case of Mrs. T. measured barely 3¼ inches in length, and the cavity and outlet of the pelvis were also of unusually small dimensions. Was there any difference in the modes in which these women were delivered of their children to account for the difference in the mortality of these children at birth? The history of the two patients seems to me to furnish a sufficient answer.

Mrs. T. was delivered of her first child on August 11, 1853. The labour was a tedious one, and was terminated by the long forceps, which were applied by one of the most skilful Accoucheurs in this city. The child was a female, still-born.—In her next labour which took place on July 4, 1854, my uncle, Professor Simpson, was called in, and delivered the patient by pedalic version of a healthy boy, who lived for three years.—Her third confinement occurred on July 4, 1856, when she was on a visit in Ireland. She had only been about eight months pregnant, when labour was prematurely induced by the fright or injury which she received in consequence of being thrown out of an Irish car. On this occasion the child was born before any Medical man arrived. It was very small when born, but is now a strong and healthy girl. Accident performed for her the operation to which she ought to have submitted at the hands of a skilled practitioner.—The history of her fourth labour is involved in an obscurity which can only be cleared up by the gentleman who delivered her, and he is now acting as Assistant Surgeon to a regiment in a foreign station. On this occasion my uncle again saw her, and gave her a piece of advice, which I have no doubt he offered her on that occasion also when he himself operated so successfully upon her, and which he is in the habit of giving to all patients in whom the pelvis is so contracted as to render some operative interference necessary for the delivery of a full-grown fœtus. I mean, of course, that he recommended her in the event of her again becoming pregnant, to have labour brought on prematurely, and that he gave her instructions to show herself so soon as she should again have become certain of the presence of a child in her womb. It was in consequence of this injunction that she presented herself in the early part of January last, announcing that she had again fallen in the family way, and soon thereafter I called on her to try to ascertain the exact term of utero-gestation. Her data were not very precise, but having reckoned that she was then in the seventh month of her pregnancy, I told her that I would come and bring on labour in the beginning of February, when according to my calculation, she would have approached the termination of the eighth month. With this view I visited her, sound in hand, on the 6th of February; but although the nature of the operation had been fully explained to her already, and its objects and advantages were shown forth to her anew, she positively refused to submit to any operation that would interfere with the natural course of pregnancy. Although it was not the first time that I had had an opportunity of inducing premature labour, I was, as I believe most young practitioners would have been, extremely annoyed at losing such a good opportunity for the repetition of the operation, and I used every argument at my command, and tried every possible means of persuasion to induce the patient to submit to it, all the more that I was firmly convinced in my own mind that it offered the greatest guarantee of safety to her child, and the best chance of recovery to herself. But no kind of argument or entreaty proved of any avail; she was sure she was near the time when she would "get better" of herself, and it was of no use to interfere. And I may take this opportunity of remarking that the obstinacy displayed by my patient in this instance, and the determination with which she set herself against the induction of premature labour, are by no means rare phenomena among the child-bearing women of the lower classes—at least in Edinburgh. How it comes to pass I do not know, but it is a matter of not unfrequent observation here that patients will not subject themselves to this operation, even although they may already have suffered more than once from all the dangers and the pains of long and tedious labours and of instrumental deliveries; and, although they have been clearly told that by having labour brought on a little earlier, these may be all avoided and averted. The moral inertia of the class to which they belong may be in part to blame. In some cases the cause is to be found in the common habit of procrastination; some patients object from mere obstinacy of disposition; and some from the fear with which they ever associate any procedure that can possibly be spoken of as an "operation." The only argument I have ever heard adduced was, that to interfere with pregnancy and bring on labour before the full time was a proceeding opposed to the course of nature. A strong argument truly, when rightly used! From our higher platform of scientific knowledge we are entitled to judge these people, and we justly condemn the use they have made here of this argument; but let us, too, be chary of its employment, lest a succeeding generation, from their vantage-ground of still higher and wider knowledge, constitute themselves our judges, and find us likewise guilty of having used it wrongly.

Having declined, as I have stated, the chances held out to her by the induction of premature labour at an appropriate period, my patient was allowed to carry her child to the full time, and labour did not supervene till the 16th of March. I was summoned to her about six o'clock in the morning of that day, and on going I found that the pains, which had begun about three hours previously, were neither very strong nor very regular, and had only had the effect of dilating the os uteri to about the size of a shilling. This dilatation had been effected by the pressure of the bag of membranes, an elongated portion of which was protruded into the pelvic cavity, while the head was resting high up on the promontory of the sacrum, almost beyond the reach of the exploring finger, and exerted no influence whatever towards the dilatation of the orifice. I left, intending to return in three or four hours; but at nine o'clock I was again sent for, and on arriving at the patient's bedside, I found the pains strong and steady, a long hernial pouch of the membranes filling the vagina, and protruding externally, the os uteri well dilated, and easily dilatable, and the head beginning to press down in the first position between the promontory of the sacrum and the symphysis pubis. I had already made up my mind as to the course to be pursued, so I proceeded at once to put the patient under the influence of chloroform, and then having introduced the right hand into the uterus, and ruptured the membranes, I turned the child, and extracted it at once. It was a female, of large size, and its respirations were for some time so few and feeble that I found it necessary to make use of alternate baths of hot and cold water for nearly half-an-hour before it gave any very vigorous symptoms of vitality; but at the end of that time it began to breathe more freely, and to cry, and was then consigned to the care of an attendant. This infant is now thriving to admiration; and the mother herself made a good recovery.

The lessons which these two cases teach us are sufficiently obvious, and the facts brought out in the history of these two women's confinements are of themselves too striking to call for any further comment here. The last labour of the second of them shows with what safety and success the operation of

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turning may be performed in a patient with a greatly contracted pelvis, if only the operation be had recourse to at a sufficiently early stage of labour. I add now the history of a third patient in whom the pelvis was of normal dimensions, but in whom it was judged expedient to perform the same operation at a period of labour when the head had already advanced to some extent through the pelvic brim.

III. This third patient is a strong healthy-looking woman who has given birth to six children. Her first child was born (in 1853) prematurely, and lived only for a fortnight.—In her second pregnancy, death of the fœtus seemed to have supervened soon after stirrage was first felt, but it was not expelled till towards the close of the eighth, or beginning of the ninth month. From her rather obscure narrative, I gather that it was on the occasion of this miscarriage that some lesion of the cervix uteri occurred which led to the peculiar condition of the os to be afterwards described.—Her third pregnancy resulted likewise in the expulsion of a dead fœtus, when she had arrived nearly at the full term of utero-gestation.—On the occasion of her fourth confinement (in 1856) a girl was born four weeks before the full time, which was alive at birth, but lived only a very few hours.—Her fifth labour was a tedious one, and the child was still-born.

Her sixth labour was terminated on Tuesday, March 29, on which day I saw her for the first time. Dr. J. Alexander Smith was in attendance on the patient, and the labour having become tedious, he sent to my uncle requesting his aid and advice for the completion of the delivery. In his absence I went instead, and found that the patient had been already two days in labour, the membranes had been ruptured many hours, and the head had passed about half through the pelvic brim, at which point it had long remained without making any advance. The head was tolerably large, and rather firmly ossified, but by no means to such an extent as to account for the long delay. The only circumstance by which this delay could be accounted for, was the unusual condition of the os and cervix uteri. The os was very unequally dilated, and the lips were divided into three irregular lobes, which were now soft and much swollen, by three deep fissures, which were evidently of old standing, and the margins of which felt thin and membranous. The largest lobe was placed in front, behind the symphisis pubis, and felt somewhat like one of those folds on the anterior lip of the cervix, which are not infrequently found to be a cause of delayed labour; but in this case the tumid portion of the cervix was too mobile to be long mistaken for such a fold, and besides it could be felt to be distinctly limited by the deep indentations on either side. As the pains were pretty strong, I endeavoured to push this up behind the head, with the hope that it might slip past during a pain, but the attempt succeeded no better with myself than it had done in the hands of Dr. Smith, who had already made many efforts to attain the same object. The uterus then was contracting regularly, sometimes even powerfully; the passages were free and well dilated; the head was not abnormally enlarged, and yet it made no progress. I see no way of accounting for this delay, except by supposing that the irregular condition of the cervix prevented the uterus from exerting its powers with the full purchase necessary for the expulsion of its contents. However that may be, labour had now been going on for many weary hours, the position of the head had long remained unaltered, the patient's powers and patience were getting exhausted, and it was agreed that delivery with the forceps should be had recourse to. Dr. Smith kindly volunteered to fetch his instruments, as his house was nearest at hand. He brought a pair of long straight forceps, such as I had never before had an opportunity of using, and I at once expressed my doubts as to the possibility of applying them in such a case. I made an effort, however, to introduce one blade, but finding its proper adjustment impracticable, I did not push the attempt further. When the fingers of the left hand, which I had used to guide the point of the instrument, had been introduced within the os uteri, I found that the head was still mobile, although it had descended, as I have already said, half-way through the pelvic inlet. This suggested to me the possibility of turning the child, and delivering it by the feet; and Dr. Smith, having given his assent to the proposal, I performed the operation at once, and delivered the child. The mother, I need hardly say, was in a state of anæsthesia. The labour was terminated about 10 a.m. The child breathed only at intervals, and means had to be used for its resuscitation for more than two hours before it was given to the nurse to be dressed. In the evening Dr. Smith saw it, and it then seemed to be quite well, and had several times swallowed some sack-whey, which he had ordered to be administered to it. On calling next morning, however, with Dr. Smith to see our patients, we found that the infant had died about 4 a.m., without any appreciable cause. It was lying on its nurse's knee, and, as they told us, "it had gone out like a candle." I do not know how far the death of the child is to be attributed to the mode of its delivery. I believe that had it been delivered earlier, either by turning or with the long forceps, its chances of life would have been greater. But lest any one should feel inclined to attribute the death entirely to the operation, let me remind him that the infant was in a state of full vitality for a very considerable period after its birth, and that the previous history of the mother showed a great tendency among her progeny to early and unacccountable death.

52, Queen-street, Edinburgh.

ON DEFECTIVE LACTATION AND ITS REMEDY.

By C. H. F. ROUTH, M.D.

Physician to the Samaritan Hospital for Women and Children.

In a series of papers, many of which were read before the Medical Society of London, and since published, I have had occasion to consider some of the effects of lactation in the human female upon the *life* of its offspring, and of suggesting several recommendations for its better fulfilment. The object of the present paper is the consideration especially of those cases, where the secretion of milk is so scanty, that it is insufficient to support life, and to point out the proper treatment by which it may be increased; and, secondly, as a matter of inference or a corollary, to show in a subsequent paper, that while the mother is being treated, the child may be artificially fed in part; thus setting aside the old dogma that it is wrong to mix two milks; so that in fact, the principle may be admitted that even when you cannot produce in the human breast milk in quantity sufficient to feed a child exclusively by it, you are in fact to act so as to produce in the mother as much milk as is compatible with her well-being, in the intention of giving the child the best chance of life.

In proof of these two propositions I will shortly recall attention to some points previously discussed and proved in former papers. These are four in number, and may be simply stated.

1. The results obtained in the Foundling Hospital of London, where children are partly suckled at the breast and partly fed on milk, are most encouraging. 2. The tables of Messrs. Merci and Whitehead (pp. 27 and 28) prove that in proportion as the amount of breast milk is large or preponderating over other artificial food, in like proportion is the number of well-developed children increased, and the number of badly-developed children diminished. 3. As the additional food mostly given in such cases is bread food, which, from its containing alum, is a slow poison to infants, the strong preservative influence of human breast milk is still further manifested. 4. And lastly, there is a strong tendency to death from all causes, but particularly from hand feeding in the first quarter after birth, and early months generally (p. 31.)

Therefore it is clearly our duty to prolong suckling for the sake of the child's life, so long as is compatible with the safety and health of the mother.

The principal objection usually brought forward against such a course is, that you induce great debility, and other signs of marked exhaustion in the suckling mother. That hyperlactation, by which term I understand lactation unduly prolonged, does give rise to serious functional, and sometimes organic lesion, I am free to admit. In an able paper by Dr. Ashwell in "Guy's Hospital Reports" (v. 1840), this has been well shown; still in these cases Dr. Ashwell lays down as a proposition, that, "although lactation to be morbid need not be long, and that evil consequences may ensue occasionally after a few weeks of suckling, still these symptoms occur more frequently when the period is protracted beyond nine months."—(P. 60.) This is so far a ground for comfort tos mother who is anxious to try her utmost (as I think it is always her duty to do) to suckle her child, and thus give it a

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better chance of life; unless, indeed, there be present such hereditary or inherent disease in her organism, as to render that impossible. As I have said before, I would never think of weaning a child as a rule before eight months, *i.e.* entirely to deprive it of its mother's milk. But there are many exceptions where this rule cannot be observed, and it is to these that I must advert. I will, therefore, lay down as the groundwork of my argument the two following major propositions:—I. Do all you can to increase the flow of milk in the mother by dietetic and Medical means; and this subject only will be discussed in the present paper. II. Assist the mother by giving the infant animal milks or animal substitutes for it. The reasons for so doing, and the best way of effecting it, will form the subject of some future paper.

1. *Dietetic and Medical means for increasing milk.*—It is singular enough that modern authors on Materia Medica scarcely allude to lactagogues in any way. We hear, it is true, of cholagogues, emmenagogues, and sialagogues, and the like, the simple reason being that practitioners, besides adopting a few general and popular rules connected with alimentation, seldom turn their attention to the special employment of any medicines which may have the power to increase the secretion of milk. It was not so during the last two centuries. The authors of these periods had galactopoietics and galactides (their word for lactagogues) in their Materia Medica, and used them to advantage. This omission of a useful class of medicines, and the wish to bring them again into more general use as a means of saving life, must be my apology for this paper, or the length to which it may extend.

In Dr. Merci and Whitehead's First and Second Clinical Report of the Children's Hospital, the results of the analysis of insufficient supply of breast milk are given as follows:—

Of 952 mothers examined as to their sanitary condition, in the Clinical Hospital at Manchester, there were 629 strong and healthy, or 66 per cent. and 323 delicate or sick, or 34 per cent. Of the strong and healthy (629, of which) 420, or 66·7 per cent. had abundant milk to six months and upwards, some even to two years; 114, or 17·8 per cent. medium milk; 95, or 16·5 per cent. scanty or no milk at all. Of the (323) delicate or sick, 88, or 27·2 per cent. had abundant milk, etc. as before; 69, or 21·5 per cent. medium milk; 166, or 51·3 per cent. scanty or none.

These results prove that among healthy mothers, as we should naturally expect, only 16·5 per cent. will be affected with defective lactation, whereas, among diseased as much as 513 would be so affected. But when we come to compare the cases of defective lactation among themselves as to the causes of the insufficient supply, the figures tell a different tale. I have here taken two tables of Drs. Merci and Whitehead from the First and Second Report:—

	First Report.	Second Report.	Total.
	p. c.	p. c.	p. c.
Mothers going out to work ..	32 or 24·9	152 or 29·7	184 or 28·7
Constitutional debility	..	132 or 25·8	193 or 30·
Suckling irregularly and immoderately	22 or 17·		
Illness or disease in mothers ..	..	39 or 7·6	or 33·4
Advanced age			
Destitution, want of sufficient or suitable food	19 or 14·7	52 or 10·2	71 or 11·9
Domestic troubles			
Natural scantiness of secretion without obvious reason ..	56 or 43·4	136 or 26·6	192 or 30·2
	129 or 100·	511	640

My experience is pretty nearly the same, although I cannot yet as satisfactorily reduce my results to figures as Drs. Merci and Whitehead have done. For convenience, however, I may speak of them more generally as follow:—

There are three varieties of defective lactation—1st. One arising from a state of hyperæmia, or over-feeding. This is the rarest variety, and by far the most remediable. 2nd. One accompanied with a weakened or anæmic state of the body. This is usually supposed to be the most frequent variety, and it is from among such examples that the effects of hyper-lactation are most generally observed. The 3rd variety is however by far the most common. It usually obtains among middle-aged women, or those who have married at a late period in life, or who may be rather masculine in form and character. It commonly happens in these cases that during suckling periods the secretion of milk is never properly established, or, if present, soon disappears. As in the cases of obstinate constipation of the bowels, there is difficulty in secreting milk, although the body itself is well developed and the physical powers good. These three varieties require separate notice and treatment.

1. *Defective lactation from hyperæmia or plethora.*—This is a variety which I have chiefly observed among *hired wet-nurses* selected from the poorer classes, and admitted into wealthier families. It is a peculiarity of many of our London poor, indeed domestic servants generally, that when obliged to support themselves, or are put upon board-wages, they live, as it were, upon the smallest quantity of food possible; but when feeding at the expense of a master or mistress, the amount they devour often surpasses all moderate imagination. They, in fact, love to gormandise. If in such instances a wet-nurse is given all she asks for, she will be found to eat often quite as much as any two men with large appetites; and as a result she becomes gross, turgid, often covered with blotches or pimples, and generally too plethoric to fulfil the duties of her position. The plethora, as first induced, is of the sthenic variety, but it soon assumes an asthenic character; and as the immediate result, the breast no longer secretes its quantum of milk. There may be good milk secreted, but it is in small quantity; and this quantity diminishes daily. The breast may also enlarge, but it is from a deposition of fatty tissue in and about it, as in other parts of the body. The veins on the surface become less apparent, always a bad feature in a suckling breast, till finally, the flow of milk ceases altogether. It is remarkable how in such cases the administration of a simple purge does good; particularly castor oil. The tension on the vessels is removed, and a copious secretion follows. So also a mere change of diet, and the substitution of a more farinaceous and a less exciting food; the stopping of all alcoholic and fermented liquors, particularly the latter, will frequently in mild cases suffice for the removal of many of the symptoms of this plethora, and a copious flow of milk from the breast will be the result: speaking generally, the treatment should be mildly antiphlogistic; but at the same time, care must be taken that a due amount of nutritious matter be daily conveyed to the wet-nurse, lest the treatment carried out should produce by its excess a complete suspension of the secretion of milk.

(To be continued.)

REMARKS ON A CASE OF

EXTRACTION FROM THE PHARYNX OF A NEEDLE WHICH HAD PENETRATED THE NECK.

By J. JARDINE MURRAY, M.R.C.S. Eng.
Resident Surgeon in the Royal Infirmary, and formerly Senior President of the Royal Medical Society of Edinburgh.

On the evening of December 6, 1858, my colleague, Mr. Dewar, requested me to see with him a woman who had been conducted by her friends to the waiting-room of the Surgical Hospital. It was stated that a sewing-needle had been thrust into the patient's neck, whence it had not been removed. As she was considerably intoxicated, there was much difficulty in collecting from her rambling statements an intelligible account of the circumstances in which the accident had occurred; but I have since ascertained the following facts:—

M. B., aged 44, having been drinking, quarrelled with her husband, who was also intoxicated. In a scuffle which ensued, he roughly seized her by the throat and pushed her from him; and this push caused a needle, which had been used to fasten the woman's shawl, to penetrate the skin of the neck. The entrance of the needle caused acute pain, and she screamed loudly for assistance. A neighbour entered the room, and, on uncovering the neck, found that the needle was so far imbedded in the tissues that only its eye could be seen projecting through the skin. Her friends having been unsuccessful in their endeavours to extract the foreign body, she came to the Hospital about half an hour after the accident had occurred.

On examining the skin of the neck, the point at which the needle had entered was found to be distinctly indicated by a dark spot, situated on a level with the space between the lower margin of the cricoid cartilage and the first ring of the trachea, and about three-quarters of an inch to the right side

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of the mesial line. This spot was surrounded by slight redness and swelling, and exhibited tenderness on pressure.

The patient talked incessantly in a drunken, maudlin manner, and often complained loudly of lancinating pain in the region of the neck: but when requested to indicate the exact locality in which the pain was felt, she seemed quite unable to do so.

Relaxing the muscles by position, we carefully examined every portion of the neck by palpation, but no indication of the presence of the foreign body could be detected. The trachea and chest were carefully examined by the stethoscope, and the respiratory sounds were ascertained to be quite normal.

On the whole, then, we were disposed to believe that the case formed one of that numerous class in which the sensation remains after the foreign body has been removed. The woman was therefore recommended to return home for the night, and to revisit the hospital on the following morning. Previous to her dismissal, however, the forefinger was passed far down into the pharynx, and on the left side of the lower portion of its anterior wall, both Mr. Dewar and myself distinctly felt a thin, hard, wiry substance, which might be the missing needle. The exposed portion was felt to be about three-quarters of an inch in length; and by pressing on it with the finger-nail, was ascertained to have both its extremities firmly fixed in the adjacent tissues.

The long curved forceps, which are generally considered suitable for the removal of such bodies from the pharynx or œsophagus, were quickly procured, and with these means, Mr. Dewar and myself made repeated attempts at extraction. To seize a small piece of thin wire, lying close to the lower portion of the anterior wall of the pharynx, was an operation of considerable nicety; but the seizure was rendered much more uncertain and difficult by the unruly condition of the patient. Once and again a portion of the needle was fairly between the blades of the forceps, which were forthwith firmly closed; but, on attempting to extract the needle, the forceps lost their hold. From the flattened form and great length of the blades of the common œsophageal forceps, they seemed unfitted to grasp, with any degree of firmness, such a small body as that now under consideration. A long pair of curved forceps, with strong handles and comparatively short blades, were therefore procured, and, with them I was fortunate in seizing the needle, which was first freed at one extremity, and then extracted by a slightly wriggling movement. The offending body proved to be a stout sewing-needle, two inches in length; it was slightly curved when extracted, but was otherwise uninjured.

As I supposed that the irritation, caused by the presence of the foreign body, and also by the means used for its removal, might give rise to inflammatory swelling in the pharynx, I sent the patient to bed, and ordered small doses of tartrate of antimony to be administered to her at intervals during that night and next morning. Twenty-four hours after the extraction of the needle, she returned home, at her own request. During the four following days she had slight dysphagia, and pain on the larynx being pressed against the bodies of the cervical vertebræ. Since that time she has been in perfect health, and free from all uneasiness.

In this case it is evident that the foreign body, after having penetrated the skin of the neck, had been forced onwards towards the pharynx by muscular contraction. Had the needle remained undetected, or unextracted, it might possibly have been afterwards ejected by vomiting. But, from the manner of lodgment in the pharynx, it seems much more probable that, if interfered with, the needle would either, 1, have maintained its position; or, 2, have again found its way to the surface; or, 3, have been conveyed into the stomach; or, 4, have penetrated the chest.

1stly. That the needle could not have remained long in the pharynx without considerable risk to the patient's life is sufficiently shown by a case related by Mr. Joseph Bell of Berrhead (a). A lad of eighteen years of age swallowed a sewing needle in his food; and though he afterwards suffered considerable uneasiness in the right side of his throat, the accident was not considered to be of a serious nature, till, on the ninth day, he began to spit up mouthfuls of blood. On the tenth day great hæmatemesis occurred, and the patient expired a few minutes afterwards. On examination, the larynx and trachea were found to be filled with clotted blood, but no abnormal opening could be detected in their walls. The stomach was distended with dark coagulated blood. The pharynx was found to be transfixed, opposite the middle of the thyroid cartilage, with a fine sewing-needle, three inches long. The point of the needle had caused ulceration of the coats of the common carotid artery; and, through the opening thus made, blood had passed along the course of the needle into the pharynx. Mr. Bell very properly remarks that the timely extraction of this needle would, in all probability, have saved the patient's life.

Had it been found impossible to extract the needle by the mouth, in the case which forms the subject of this paper, the Hospital Surgeons would have been called on to decide whether other operative proceedings were warrantable, or at all advisable. But I may remark that Sir Benjamin Brodie has cautioned the Surgeon against the apparently easy operation of cutting down upon a needle in the tissues. He had found from experience that ordinary pressure or manipulation in a wound may cause the needle to change its position, to slip out of reach, and so render extraction impossible. And he contends that "no attempts should be made to take needles out of the human body until they are close to the surface, and when with a light hand they can be felt under the skin" (b).

2ndly, The needle might have again found its way to the surface of the body; for it is well known that metallic substances, such as needles and pins, have been safely expelled in this way, after having coursed through the tissues during a long period (c).

In August last I extracted from a girl's foot nearly the whole of a sewing-needle, which had been present in the tissues during three years and four months, without causing more than occasional uneasiness; and, under similar circumstances, I have since then repeatedly had occasion to extract from the tissues portions of needles or other metallic foreign bodies.

Sir Charles Bell describes the case of a woman who had an abscess in her chest, from which was extracted a pin two inches in length. It was supposed that the pin had been swallowed. I find several cases recorded in the German veterinary journals, where needles, pins, or pieces of wire, which had been swallowed by cattle, have been extruded from the elbow, or from a superficial abscess on some portion of the animal's body (d).

But such fortunate expulsion of the foreign body is not always effected. Dr. J. Fayrer, of the Bengal Service, has directed my attention to the published account of a case in which the operation of lithotomy was performed by him at Lucknow, on a man aged 19 years (e). The calculus, which was partly adherent to the bladder, consisted "of a deposit of phosphates round a common sewing-needle which had served as the nucleus." The patient, who was an intelligent young man, could not account for the presence of the needle, which he had no recollection of ever having swallowed; nor was he aware that it had ever been run into any part of his body. His father was equally at a loss to account for the presence of the needle in his son's bladder. The foreign body had most probably been swallowed during childhood.

3rdly. The needle might have found its way into the stomach; and then also a safe termination might have been hoped for, but could not have been confidently expected.

Cases are not wanting in which needles and pins which had been swallowed have been safely evacuated by stool.

A strange medico-legal case is related in the *Gazette des Tribunaux* for November 16, 1838. A servant girl caused a child 2½ months old to swallow ten pins. After much suf-

(a) The *Medical Gazette*, 1842-3, p. 694.

(b) The *Lancet*, 1843-4, p. 500.

(c) The *Medical Gazette*, 1842-3, p. 362.

(d) An abscess formed on the inner side of the right shoulder-blade, about its middle, and out of this came a large sewing-needle, supposed to have been swallowed.—*Zeitschrift für die gesammte Thierheilkunde und Viehzucht.* Von Dietericha, Nebel, und Vix, 13 band, p. 78. An abscess of the size of a hen's egg, formed above the right elbow, between the sixth and seventh ribs; and the abscess was found to contain a pointed piece of iron wire.—*Wochenschrift für Thierheilkunde und Viehzucht.* Herausgegeben von Theodor Adam und Georg Nicholas, 25th November, 1858, p. 393. An abscess formed behind the left elbow; a saddler's needle and a quantity of pus were evacuated. In fourteen days the animal was perfectly restored to health.—*Hirt in Restatt*, referred to in Canstatt's *Jahresbericht über die Leistungen in der Thierheilkunde*, 1843, p. 47.

(e) The "Indian Annals of Medical Science," vol. iv. p. 640. 1857.

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fering three of the pins were discharged by stool on the morning of the fourth day, in the evening four more, and next day the remaining three.

Women and children often swallow pins; and although they generally pass away without doing harm, such is not invariably the case. A woman was brought into St. George's Hospital with a tumour in the right iliac region. She died; and on examining the body, Sir Benjamin Brodie found an abscess connected with the cœcum, and in the middle of that abscess there was a pin (f).

4thly. The needle might have found its way into the chest, either directly from the neck, or by piercing the coats of the œsophagus, or by passing through the stomach and diaphragm. In this class of cases death seems most frequently to result, both to man and animals, from the presence of the foreign body in the pericardium.

In the *Recueil de Médecine Vétérinaire* for June last, M. Boizy relates six cases in which pins or needles, which had been swallowed by cattle with their food, penetrated the pericardium or the walls of the heart, and so caused death. That such cases are most frequent among ruminants, M. Boizy ascribes to the manner in which these animals swallow their food almost unmasticated, and to the fact that they are generally tended by women, from whose dresses the pins and needles probably proceed.

In the following cases, pointed metallic bodies, which were supposed to have been swallowed with the food, proved fatal to ruminants in this way.

Frei found a knitting-needle penetrating the pericardium of a cow, to the extent of half an inch.—Canstatt's *Jahresbericht über die Leistungen in der Thierheilkunde*, 1851, p. 40.

Fischer found a nail transfixing the reticulum and heart of a cow, which had died after a short illness.—*Ibid.* p. 40.

A piece of iron wire, two inches long, was found in lymph connecting the reticulum, pericardium, and heart in a cow, which had, for some period, suffered from constant cough, but had eaten heartily till the day before death.—*Archiv für Thierheilkunde, von der Gesselschaft Schweizericher Thierärzte.* Neue Folge, 8 Band, p. 25.

A case in which similar appearances were discovered, but in which the foreign body had disappeared, is related by Brennwald.—*Ibid.* 1850, p. 62.

In a like case, Mauer found a piece of iron wire in the wall of the left ventricle.—*Ibid.* p. 25.

Von Sindenberg gives the case of a cow in whick a plank-nail, four inches long, surrounded by pus, was found to transfix the reticulum, diaphragm, and heart, which were agglutinated by lymph.—*Magazin für die gesammte Thierheilkunde.* Herausgegeben von Dr. E. F. Gurlt, and Dr. C. H. Hertwig. Berlin, p. 190.

Von Eckerdorf cites a case in which the reticulum and diaphragm were found transfixed by half a roofing-nail (Schindelnagel).—*Ibid.* p. 417.

Körber found a needle penetrating the adherent pericardium and left side of the heart of a cow.—*Ibid.* 1850, p. 398.

In the same journal (1847, p. 147), Schöle describes three analogous cases. In the first the reticulum was adherent to the diaphragm, through which there was a small fistulous opening. The foreign body was not discovered, having probably again found its way into the second stomach. In the second, the pericardium was enormously distended, and a hair-pin transfixed the heart, pericardium, and reticulum. In the third, a sewing-needle was found transfixing the reticulum and diaphragm, injuring the pericardium at its apex.

Zimmerman observed three cases of traumatic disease of the heart as the result of penetration of its walls by sharp bodies. — *Thierärztliche Zeitung.* Herausgegeben von den Lehrern der grossherz. Badishen Thierarzneischule Red. C. A. Fuchs. 4 Jahrgang, Carlsruhe, p. 21.

Werner gives a case in which a table-knife, 7½ inches in length, passed from the reticulum to the left ventricle of the heart, penetrating its substance to the depth of two lines.—*Centralarchiv für die gesammte Veterinärmedicin und die Veterinärärztlichen Standes- und Vereinsangelegenheiten..* Herausgegeben von Dr. J. M. Kreutzer, Prof. in München, 1848, p. 165.

Franzisci relates a case of emphysema extending over the whole body from a ramrod, fourteen inches long, having passed through the diaphragm, and wounded the under surface of the left lung and thoracic walls.—*Thierärztliches Wochenblatt*, redigirt von Niklas, Landgerichtsthierarzte im Neu-Ulm. 1 Jahrgang, 1849, p. 29.

Rainard says that needles frequently pass from the œsophagus to the heart, in some cases sticking in the substance of the heart, and in others remaining free in the pericardium. He describes a case in which it is probable that the needle passed through the vena cava into the substance of the heart. —*Journal de Médicine Vétérinaire de Lyons*, 1849, p. 425.

Murray records a case in which a headless brass pin, three inches in length, had transfixed the pericardium and left ventricle, causing death.—*The Veterinary Record and Transactions of the Veterinary Medical Association for* 1849, p. 244.

Several other such cases are alluded to in the "Dictionnaire de Médecine, de Chirurgie, et d'Hygiène Vétérinaires," par M. Hurtrel D'Aboval. Tome 1°, p. 578, et seq. Article "Corps étrangers."

Similar cases have also been observed in the human subject. Dr. Sklarsky relates a case of aneurism of the aorta occurring in a woman, aged fifty, and proving fatal by rupture into the pericardium. On examination, a sewing-needle was found imbedded in the right auricle, and so corroded that it broke into several pieces on an attempt being made to extract it. Dr. Sklarsky supposes that the needle had been swallowed, stuck in the œsophagus, then passed into the aorta, and there caused the aneurism, whence, by the movements of the heart, it was thrust into the auricle (g).

In the *Philadelphia Medical Examiner*, Dr. Leaming relates a somewhat analogous case, in which the progress of the needle appears to have been indicated by the symptoms:— "A young woman, when stooping over a table, ran a needle into the right breast; a month subsequently she was suddenly seized with pleuritis, after stooping to pick something from the floor. Five months after this she had pneumonia, with bronchitis of the right lung; and within another month spasms of the diaphragm, which were succeeded by obstinate vomiting, and subsequently by pain about the heart and pericarditis. The needle was found after death in the heart, passing from the back, through the right ventricle into the left (h)."

From these considerations it is quite evident that the presence of needles in at least the neck, thorax, and abdomen, is attended with risk to life.

Whatever might have been the result, therefore, if the needle had been allowed to remain in our patient's neck, I presume there could be but one opinion as to the expediency of employing every legitimate means for its removal.

HYPERTROPHY OF THE HEART DURING PREGNANCY.—In 1826 and 1827 Dr. Larcher determined, from the results of 130 operations made at the Maternity Hospital of Paris, that the left ventricle is enlarged during pregnancy. There was not a single exception to the rule in the 130 cases examined. Twenty years later Dr. Beau investigated this subject anew. At his request, M. Ducrest, Interne of the Maternity, carefully examined the question in 100 cases, and his results fully confirmed the views of Dr. Larcher, who laid down as a law: That there was a coincidence between hypertrophy of the heart and of the uterus during pregnancy.

ARMY MEDICAL DEPARTMENT.—It is rumoured that no Irish need apply at this Department. This is contrary to statistics. We believe that the following is a very near approximation to the numbers of gentlemen that have been admitted into the Army Medical Department since Mr. Alexander became Director-General in June last:—Irish, 68; English, 47; Scotch, 27; Welsh, 2; Canadians, 2; Channel Islands, 1; Corfu, 1; British Guiana, 1—Total, 149.

ANNUAL MEETING OF THE BELFAST MEDICAL SOCIETY. —On Monday the annual meeting of this society was held in the Library of the General Hospital, Frederick-street. After the usual business had been transacted, the following gentlemen were elected office-bearers for the ensuing year:—President—Dr. Patterson. Vice-Presidents—Drs. Wheeler and Dill. Members of Council—Drs. Moore, Halliday, Mulholland, Stewart, Rea, and Murney. Treasurer—Dr. Smith. Secretary—Dr. Drennan.

(f) The *Lancet*, 1848-4, p. 460.

(g) *Oesterreich. Med. Wochen.* 1848, p. 464. Quoted in *British and Foreign Medical Review*, 145, vol. xx. p. 224.

(h) *British and Foreign Medical Review*, vol. xx. p. 224.

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THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

THE ROYAL OPHTHALMIC HOSPITAL.

AMAUROSIS SLOWLY SUPERVENING AFTER A WOUND OF THE EYEBROW.—OPHTHALMOSCOPIC EXAMINATION.

(Under the care of Mr. DIXON.)

The occasional sequence of amaurosis after injuries to the eyebrow, affecting the frontal nerve or its branches, has long been acknowledged. In some instances it has been rapidly developed, and in others much more slowly. In a large number of cases the evidence of coincident disease of the brain has been unequivocal and quite sufficient to warrant the opinion of many ophthalmic writers, that the term sympathetic is wholly inapplicable to the retinal phenomena, they being directly due to cerebral changes. Majendie even went so far as to maintain that mere irritation of the frontal nerve had no ill effect upon vision, and endeavoured to show by experiment that it might be pricked, etc. with perfect impunity. According to him, the amaurosis occasionally noticed after accidents, is due rather to injury, concussion, etc. of the bony parts inducing cerebral disease. On the other hand, Beer believed this symptom to be connected solely with the trunk of that particular nerve, and has strongly recommended, as the only efficient measure of treatment, that it should be cut across at the seat of injury. Dr. Mackenzie, who, as usual, gives, in his work on Diseases of the Eye, an excellent summary of facts and opinions on this question, concludes his chapter by saying, "The consideration of these facts"—Majendie's experiments—"naturally leads us to regard with still greater doubt the alleged occurrence of purely sympathetic amaurosis from slight injuries of the fifth pair, and to suspect that in all the supposed cases of this sort there has been, in addition to the external injury, either concussion of the eyeball, or disease excited within the cranium." Cases of the class referred to are undoubtedly very rare. On this account, as well as from its being a good illustration of a form of amaurosis after injury to the frontal nerve, in which, if cerebral disease exist, it must be of a very limited kind. The following case is of much interest. It is also, we believe, the first in which any information as to the actual state of the retina has been obtained, at any rate during life.

Thomas S., aged 33, a hostler, applied among Mr. Dixon's out-patients on May 2, 1859, on account of failing sight in both eyes. With his left eye he could only just tell light from darkness, with the other, though he could see sufficiently to walk about and avoid running against things, he could not distinguish the largest letters. Nothing whatever abnormal could be observed on inspection of the globes, excepting that both pupils were sluggish, that the left was a shade larger than the right, and that there was a degree of convergent squint affecting the left. He was of heavy aspect and of slow intelligence. Over the left eye was observed a crescentic scar of some width, which commenced a little to the left of the bridge of the nose, and arched outwards, passing through the eyebrow. He stated that this scar was from an injury received in a fall during slippery weather ten years ago. The original cut was a severe one, and much bleeding followed. Before this accident his eyesight had been perfect, but ever afterwards it had slowly declined. He was quite certain that he had retained the power of vision in the left for some years after the injury, and thought that it was only quite recently that it had failed so completely. He had never suffered much from headache, had had no pains in the eyeballs, and had never been subject to fits or other symptoms of cerebral disease.

Atropine having been used, an examination with the ophthalmoscope was made. It was observed that although a strong solution had been used, and two hours had elapsed, yet the pupils were but very moderately dilated. The condition known as atrophy of the retina and optic nerve was exceedingly well marked in both eyes, but most advanced in the left. The optic entrances looked small; and instead of the cream tint of health, showed a dead, or blueish-white hue, not unlike that of skimmed milk. The blood supply was very small, the branches of the arteria centralis being shrunk to a third of their normal size. The retinæ looked thin, and patches of black pigment were abundantly seen. It was curious that these pigment patches were more abundant in the eye in which the other atrophic changes were the least advanced.

Does the discovery thus made of the existence of atrophy of the optic nerves and their expansions after injury to the frontal nerve tend to support the sympathetic or the cerebral theory of the mode in which this form of amaurosis is brought about? As yet we know too little of the intracranial changes with which this atrophic lesion usually co-existed, not to speak at all positively. It is clear, however, from the history of the case, that if cerebral disease does exist, it is very limited in extent, probably restricting itself to the optic ganglia.

THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING 1858.

(Continued from page 446.)

The subjoined report includes as usual the following hospitals:

The Royal Berkshire (Reading), the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Glasgow Royal, the Gloucester, the Hull, the Leeds, the Leicester General, the Liverpool Southern, and Toxteth, the Newcastle-upon-Tyne, the Queen's, Birmingham, the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the West Norfolk and Lynn (Lynn), the York County.

EXCISION OF THE BREAST, OR OF TUMOURS CONNECTED WITH IT.

Number of cases 27; recovered 26; died 1.

Case 1.—The Norwich Hospital: Mr. Nichols.—A woman, aged 37. Excision of an adenocele (chronic mammary) from the upper part of the right breast. It was the size of a bantam's egg, and had existed for ten years. Recovered. *Case* 2.—The Norwich: Mr. Cadge.—A woman, aged 41. Excision of the entire gland on account of a small scirrhous tumour. Recovery. *Case* 3.—The Norwich: Mr. Firth.—A woman, aged 47. Excision of the right breast on account of a small scirrhous tumour. The woman suffered a good deal of constitutional disturbance, but ultimately recovered. *Case* 4.—The Derby.—A woman, aged 34. Excision of a small adenocele from the left breast. Recovery. *Case* 5.—The Newcastle Infirmary.—A woman, aged 60. Excision of the entire breast on account of scirrhus. Recovered. *Case* 6.—The Newcastle.—A woman, aged 40. Excision of the entire breast, on account of "strumous disease." Recovery. *Case* 7.—The Newcastle.—A woman, aged 55. Excision of the entire breast for scirrhous. Recovery. *Case* 8.—The Newcastle.—A woman, aged 49. Excision of the whole gland for scirrhus. Recovery. *Case* 9.—The Gloucester: Mr. Wood.—A woman, aged 65. Excision of the entire breast on account of scirrhus. Recovery. *Case* 10.—Anon.—A woman, aged 33. Excision of the entire breast, on account of what was believed to be cancer, but which proved afterwards to be only inflammatory induration. Recovery. *Case* 11.—The Glasgow Infirmary.—A woman, aged 51. Excision of the whole gland on account of cancer. Recovered. *Case* 12.—The Glasgow.—A married woman, aged 61. Scirrhous tumours from the breast had been twice before excised during the previous two years. A second recurrence had taken place, and the entire gland was now accordingly removed. Recovered. *Case* 13.—The Glasgow. A married woman, aged 46. Excision of the whole gland on account of scirrhus. Recovery. *Case* 14.—The Glasgow.—An unmarried woman, aged 40. Excision of the whole gland on account of cancer. Recovered. *Case* 15.—The Glasgow.—An unmarried woman, aged 65. Excision of the whole breast on account of scirrhus. Recovery. *Case* 16.—The Dorset Infirmary: Mr. Tapp.—A woman, aged 54, unmarried. Excision of the whole left breast on account of infiltrated

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scirrhus. An enlarged gland in the axilla was left. The wound healed very slowly, and the axillary gland showed a tendency to increase. *Case* 17.—The Dorset Infirmary: Mr. Carme.—A married woman, aged 45. Excision of the whole breast on account of cancer. Recovered from the operation, but remained in a very feeble state. *Case* 18.—The Leicester: Mr. Paget.—A healthy woman, aged 48. Excision of a tumour (cystic adenocele) the size of a hen's egg, and of three years' duration. Recovered. *Case* 19.—The Leeds: Mr. Teale.—A healthy-looking woman, aged 32. Excision of the breast on account of scirrhus. Recovery. *Case* 20.—The Leeds: Mr. Teale.—A single woman, aged 30. Excision of a small adenocele from the breast. Recovery. *Case* 21.—The Leeds: Mr. Teale.—A single woman, aged 20. Excision of an adenocele of the breast about the size of half an orange. Recovery. *Case* 22.—The Reading Hospital: Mr. May.—A healthy widow, aged 49.—Excision of a small scirrhous tumour from the breast. Recovery.—*Case* 23.—The Birmingham (Queen's): Mr. Langston Parker.—A woman, aged 44. Excision of the breast on account of scirrhus. Recovery. *Case* 24.—The Birmingham (Queen's): Mr. Langston Parker.—A woman, aged 48. Excision of the entire gland on account of infiltrated scirrhus. The wound had nearly healed, and all seemed doing well, when on the seventeenth day a very profuse secondary hæmorrhage occurred. She sank into a very feeble state, and died six days afterwards. *Case* 25.—The Queen's, Birmingham: Mr. Sands Cox.—A woman, aged 63. Excision of the whole gland on account of cancer. Recovered. The disease soon recurred, and she sank under secondary developments in the lungs and liver. *Case* 26.—The Queen's, Birmingham: Mr. Sands Cox.—A woman, aged 57. Excision of the whole gland for cancer. Recovery. The disease soon returned. *Case* 27.—The Queen's, Birmingham. A woman, aged 41. Excision of the breast on account of scirrhus. Recovery.

REMOVAL OF NON-MALIGNANT TUMOURS.

Number of cases, 20. Recovered, 20.

Case 1.—The Norwich Hospital: Mr. Cadge.—A woman, aged 50; excision of a painful subcutaneous tubercle from the leg. It appeared to be a neuroma had existed for several years, but was of very small size. Recovered. *Case* 2.—The Norwich Hospital: Mr. Cadge.—A man, aged 46, the subject of a recurrent fibroid tumour situated in the walls of the abdomen. Several previous operations had been performed, but the growth had always reappeared in the cicatrix of the wound. On the present occasion three distinct tumours were excised. Recovered. *Case* 3.—The Norwich: Mr. Nichols.—A woman, aged 42. Excision of a fibroid tumour the size of a walnut, of several months' growth, and situated between the scapulæ. Recovered. *Case* 4.—The Derby.—A woman, aged 38. Excision of a fibroid tumour the size of an orange from over the left ancle. Twenty years before a tumour had been excised from the same situation, and the recurred one had been slowly growing for nineteen years. The wound healed slowly. *Case* 5.—The Reading: Mr. Moxhay.—A robust child, aged 6. A fibrous tumour the size of an orange, and of a year's growth, was excised from over the lower ribs of the right side. The child recovered well. *Cases* 6, 7, 8, 9, 10, and 11.—In these, fatty tumours of considerable size were removed from patients of the ages respectively of 67, 53, 50, 45, 34, and 23 years. All recovered quickly. *Cases* 12, 13, and 14.—In these encysted tumours were excised; the wounds in all instances healing quickly. *Cases* 15, 16, 17, and 18.—Excisions of fibro-cellular tumours or cutaneous hypertrophies. Recovery in all. *Cases* 18 and 19.—Excisions of thickened bursæ from the front of the patella. Recovery. *Case* 20.—A woman, aged 30.—Excision of an epulis of small size. Recovery.

OPERATIONS FOR STRICTURE OF THE URETHRA.

Number of cases, 2. Recovered, 2.

Case 1.—The Norwich Hospital: Mr. Cadge.—A man, aged 37, the subject of an old and very intractable stricture. In October 1857, on account of retention of urine, and catheterism being impracticable, Mr. Cadge had cut into the prostatic urethra from the perineum. It was now determined (Feb. 1858,) to divide the strictured tract. This was done upon a Syme's staff. The man recovered well, and left the Hospital six months later, able to pass a number 10 easily for himself. *Case* 2.—The Dundee: Dr. Crockatt.—A man, aged 58, for many years the subject of a tight stricture. He was admitted with retention of urine, and a fluctuating swelling in the perinæum. This abscess was opened, and urine with pus escaped. The wound healed almost completely. A month later he was re-admitted with the fistula still open. External division of the strictured tract upon a Syme's staff was now performed, and he made a good recovery.

EXCISIONS OF MALIGNANT TUMOURS.

Case 1.—The Derby: Mr. Johnson.—A man, aged 72. Excision of a malignant tumour, the size of a bantam's egg, from near the zygoma. Left the Hospital, the wound not being healed. *Case* 2.—The Derby: Mr. Johnson.—A healthy looking man, aged 24. Excision of a tumour, the size of a cocoa-nut, from the outer side of one thigh. It is nodulated, and considered to be a malignant fibroid. Recovered. *Case* 3.—The Derby: Mr. Gisborne.—A woman, aged 28. Excision of a recurred malignant growth from the parotid region. The former operation had been but six months previously. Recovery. *Case* 4.—The Norwich: Mr. Nichols.—A man, aged 70. Excision of a malignant tumour from one cheek which had existed two years. Recovery. *Case* 5.—The Cheltenham: Dr. Wright.—A woman, aged 40, the subject of epithelial cancer on the bridge of the nose, which was extending rapidly towards each eye. It was freely excised on April 1, and the wound healed. Within a month, however, the disease returned. It was now destroyed by free applications of nitric acid, and a sound cicatrix was obtained.

For the particulars of other operations for the removal of cancers the reader is referred to Amputations, Excisions of the Breast, and Excisions of the Testicle.

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Medical Times & Gazette.

SATURDAY, MAY 7.

THE EAST INDIA MEDICAL SERVICE.

On recent occasions we have adverted to the hardships to which the Medical officers of her Majesty's Indian service are exposed, in comparison with the Medical officers of the British Army; and we again allude to the subject, in the hope that our remarks may attract attention in the proper quarters, and that the existing anomalies may be satisfactorily adjusted, so as to place the two branches of the Medical Service in the East Indies upon an equal footing.

It is well known that by the Royal Warrant of the 1st of October, 1858, the Medical officers of the army have obtained certain advantages, with respect to rank, pay, and retirement, which have given general satisfaction. Now by the abolition of the exclusive privileges hitherto possessed by the East India Company, the whole of the Military forces in the East Indies have been placed under the control of the Government of the British empire, and consequently the Medical officers of that service have become the servants of the Crown. It might, therefore, be expected that an equal measure of justice would be dealt out to the Medical officers of both services, as they are both equally amenable to the same central jurisdiction; and we cannot but believe (as indeed we have already expressed) that it is only necessary to point out the inequalities which still exist to lead to their speedy removal.

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In order to exhibit the hardships to which the Medical officers of the Indian Service are exposed, we may observe in the first place that an Assistant-Surgeon in this service can become a Surgeon, and thereby rank with a Captain, only after from 15 to 17 years' service; that a Senior Surgeon can rank with a Major only after 30 years' service; and that a Superintending Surgeon ranks from the date of his appointment as a Lieutenant-Colonel. Now an Assistant-Surgeon in her Majesty's British army may attain to the rank of a Captain after only six years' service, and after about 10 or 11 years' service he may reach the position of Surgeon and the rank of a Major; while a Surgeon-Major after 20 years' service ranks with a Lieutenant-Colonel; and a Deputy Inspector General, after 5 years as such, ranks with a Colonel.

Now, by the present rate of promotion, an Assistant-Surgeon in the Madras Medical Department has no prospect of promotion to the superior grade of Surgeon and the relative rank of Captain, until from eighteen to nineteen years of service; and thus, a Medical officer under such circumstances (and we write from knowledge of such a case) may, after more than sixteen years' service, be superseded, not only by his brother Medical officers of the same length of service in the British army, but by others far junior to himself, and even by Lieutenants of her Majesty's Indian army, who, by favour of the assignment to them of the Brevet rank of Captain after fifteen years' service, possess a superior rank to his own.

Again, the Royal Warrant of October 1, 1858, has considerably improved the position of the Medical staff of the British army by fixing shorter periods of service and a higher scale of retiring allowance than are at present assigned to the Medical officers of the Indian army, whose whole period of service is passed within the tropics: the allowances in her Majesty's English army being regulated by rank, and those in the Indian army by length of service only. Thus, the highest pension which a Medical officer in the Indian army can obtain after twenty-nine years' of service is only £365, although he may have attained the rank of Director-General; while in the English army, a Deputy-Inspector, after twenty-five years, can claim £410 12s. 6d., and after thirty years £465 7s. 6d. per annum; and an Inspector-General, after twenty-five years, obtains £611 7s. 6d., and after thirty years, £684 7s. 6d. per annum.

All other officers of her Majesty's Indian army and navy are allowed the option of retiring either on the pension of their ranks after twenty-two years' service, or according to length of service, whichever may be more favourable to their particular cases; but no such option is allowed to the Medical officers of these services. The injustice of this distinction is apparent from the fact that a military officer of the rank of Major or Lieutenant-Colonel can retire on the full pay of those ranks after only twenty-two years' service; while a Medical officer, who necessarily enters the army at a more advanced age, is obliged to serve twenty-five years for the equivalent of a Major's pay, and twenty-nine years for that of Lieutenant-Colonel.

That the inequality thus existing between the Military and the Medical Service of the Indian army has not been altogether overlooked by those in authority, may be proved by the following quotation from the remarks made in a Minute written by Lord Dalhousie, the late Governor-General of India, although we are sorry to find that no attention has been paid to his stringent remonstrances:—"It is impossible to conceive how such a system can have been maintained so long on the strength of no better argument than '*it has been*,' and therefore '*it ought to be*.' It is impossible to imagine what serious justification can be offered for a system which, in respect of external position, postpones service to inexperience, cunning to ignorance, age to youth; a system which gives a subaltern, who is hardly free from his drill, precedence over his elder, who perhaps has served through a campaign for thirty years; a system which treats a member of a learned Profession, a man of ability, skill, and experience, as inferior in position to a Cornet of Cavalry, just entering on the study of the Pay and Audit Regulations;—a system, in fine, which thrusts down grey-headed veterans below beardless boys."

But it is generally more easy to point out defects in any given system than to suggest appropriate remedies; and we may, perhaps, be asked what measures would be likely to give satisfaction to the Medical Department of the Indian Service, now suffering indubitable hardships when compared with the Military branch of their own Service, and with their more favoured brethren of the British army.

We believe, in the first place, that the present distinctions of Assistant-Surgeon, Surgeon, and Senior Surgeon might advantageously be abolished, inasmuch as all Medical officers, before entering the Service, have passed through the same Professional education, and are, therefore, on a footing of Professional equality. Instead of these invidious distinctions, the Surgeons might be classified, according to length of service, as Officers of the 1st, 2nd, 3rd, 4th, or 5th class; and in each of these classes, a suitable rank, in relation to the Military officers, should be assigned. We willingly leave the details to be arranged by the competent authorities; but we have good reason for believing that a movement in this direction would relieve many present causes of just complaint, and give general satisfaction to a most meritorious class of public officers.

It is certainly not too much to expect that the rules regarding precedence, honours, and all advantages attaching to relative rank, as well as honorary rewards for meritorious or distinguished services, should be made applicable to the Medical officers of her Majesty's Indian army, equally with those of her Majesty's English army, on the basis laid down in the Royal Warrant of Oct. 1, 1858; and that thus the present position and future prospects of the Indian Medical officers may be made equal to those of the Medical officers in the British army.

THE WEEK.

We have, on more than one occasion, called the attention of the Profession to the enormous abuses which involve the system of gratuitous Medical services in this country. The extent to which the Profession thus assists in robbing itself is almost incalculable; and what is so sad is, to know that the evil is every day increasing prodigiously. We showed, in the articles referred to, that, traced to their origin, gratuitous Medical services were simply and solely the offspring of competition between members of the Profession,—in fact, were really underselling by them of their Medical knowledge, in order to get custom at any price. We also said, that we could see no way out of the difficulty through reform initiated in the Profession itself. It is therefore solely through the good sense of the public that we must hope to see the evil abated. Every small reform in this way is cheering; and we have therefore heard with great pleasure from Dr. W. T. Robertson, that the Committee of the Nottingham Dispensary have decided to pay their Surgeons and Physicians fees for their attendance. We think the fact most important and significant. It is a distinct admission on the part of the public, not only that the labourer is worthy of his hire, but that the public ought to pay him. Ninety out of ninety-three governors present voted in favour of the resolution, which makes it still more satisfactory. Now a reasonable man might surely ask,—If it could be made so clear and evident to ninety gentlemen, governors of the Nottingham Dispensary, that it is right and proper

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that the Medical officers should receive payment for their services,—why should not the governing bodies of all other Medical charities equally admit the proposition, and act upon it, if it were brought properly before them? Why should not this be right and proper in other persons' eyes besides those gentlemen of Nottingham? We trust the fact may not be thrown away upon the Profession; but that it may be well brought before governing bodies, and so fructify and bring forth good fruit.

The *Athenæum* gives the following account of the fine portrait of John Hunter, which has just been added to the National Portrait Gallery:—

"When John Hunter died, it was believed that Sir Joshua had provided a lasting monument to his memory, in the glorious picture of him, so admirably engraved by Sharpe, and the wreck of which still hangs in the Council-Room of the College of Surgeons. At the present time scarcely any part of it remains to be distinguished. A few more years, and the whole picture will appear like one mass of flattened coal. Even experienced picture restorers—cleaners are out of the question—have laid aside all hopes of arresting the fatal progress of decay. Jackson, whose executive strength and keen perception of excellence all lovers of portraiture at once admit, made a copy from this fine picture whilst yet in full glow and before time began to tell upon it. This copy is the portrait now secured for the nation. Hitherto the trustees have declined, and for good reasons, to receive modern copies of portraits; but this exception, considering the combination of circumstances, is a most justifiable one."

Dr. Lankester is delivering a course of six lectures on "Food," at the South Kensington Museum. They commenced on the 2nd inst. The object is to explain the nature and sources of human food, to demonstrate its chemical properties, and to describe and illustrate the natural history of plants yielding it. A visit to the Food Department of this Museum will well repay any of our readers.

We are glad to find that a member of our Profession, Dr. Noble, has been returned as one of the Representatives in Parliament for Leicester. Dr. Michell's return for Bodmin is not a subject for congratulation, as he does anything but credit to the Profession in the House.

A few weeks ago we called attention to the great neglect of hygienic rules in our Navy. Here is a note from a Naval Medical Authority. He says that all sorts of improper things, prejudicial to the health of the men, are done on board ship, because the Surgeon has no power, and has no powerful chief to appeal to for support.

"It is lamentable to think how these things are managed in the Navy: at the time when it engrosses so much of the public attention, the present degraded state of its Medical Department appears to escape observation. How I sigh for your Special Correspondent to be among us; he would enlighten you and the public on the state of the British navy, and the adoption of a more sanitary system in our fleet would be the earliest result of his revelations; and, I venture to predict, he would do more, by his truthful and eloquent narration of facts, to improve the state of the Navy in its several departments, than all the commissions we have yet had on the subject. Then we should hear, instead of 'Army Hygiene,' 'Army Medical Department,' 'Sanitary State of the British Army,' a word or two on 'Naval Hygiene,' and some startling facts about the sanitary state of the fleet, which I feel assured would not be less interesting to the British public.

"At the present time there can scarcely be said to exist a Naval Medical Department; nor can its present chief, nominally called a Director-General, be considered anything but as a sort of chief clerk, because he is not invested with the power and authority which should pertain to his position, and is almost rendered powerless in his efforts to improve that department of the service over which he presides, and hence we remain a degraded service."

REVIEWS.

Lectures on Chancre, delivered by M. Ricord, Surgeon to the Hospital du Midi, Paris. Published by M. Fournier, with Notes and Cases; and translated from the French by C. F. Maunder, F.R.C.S. Octavo, pp. 244. London: 1859.

In noticing this translation of M. Ricord's work, we may state at once that the author appears to have given the results of his most mature consideration and of his most recent experience. It is for this reason that a great value will be placed upon these lectures, because in such an intricate and difficult subject as the study of the various morbid phenomena depending upon the manifestations of syphilis, no reliance can be safely placed upon the opinions of any man who has not had very extensive opportunities of observing the disease. M. Ricord doubtless, like other Surgeons of great observation, may be wrong in some of his conclusions; but those who attentively study these lectures cannot but feel that they contain a large amount of information, the more valuable and the more correct insomuch as it is the result of careful experiment and sound reasoning.

In the first part of the work the general doctrine of syphilis is considered, and especial reference made to the views of Hunter and Carmichael. M. Ricord lays down the proposition that there exist two forms of chancre—the simple, soft, and non-infecting sore, and the indurated or infecting chancre. The characters peculiar to each of these varieties of chancre are pointed out with remarkable clearness.

Of the two forms of chancre, that which is much more frequently met with is the simple sore. Some statistics are given by M. Fournier, the French editor of the work, which show the relative frequency of occurrence between the two kinds of chancre,—thus, out of 341 cases observed at the Midi, 126 were indurated, while 215 were simple sores. The following are the characters pointed cut by M. Ricord, as peculiar to the simple chancre:—The base of the sore has either no induration at all, or if this exists, it is merely the result of inflammation, and can readily be detected from the hardness belonging to the specific chancre. Bubo is not a very frequent attendant upon the simple chancre, for out of 207 patients affected, 65 only had bubo. The bubo moreover is generally confined to one gland, and almost always suppurates.

The aspect of the simple sore is peculiar. "A practised eye," says M. Ricord, "recognises it by its borders, neatly shaped and cut perpendicularly, as if the wound had been punched out; by its floor, remarkably irregular, worm-eaten, fretted," etc. This sore is also very commonly multiple: thus, out of 254 patients affected, 48 only had single, while 206 of the patients had several sores, ranging from two to twenty. The one great feature, however, of this kind of sore, according to M. Ricord, is that it never produces constitutional syphilis.

"The simple chancre, with soft base, is an affection purely local, which limits its effects to the region which it attacks; which never exercises a general influence upon the system; which is never accompanied by constitutional affections. In other words, it is a chancre which does not infect the economy, a chancre without syphilis."—P. 34.

Before we go on to consider the much more important subject of the infecting chancre, we may give an outline of the treatment recommended by M. Ricord, for the simple form of the disease. It is true little treatment is frequently required; but, as the author says, "If, on the one hand, the simple chancre respects the economy, on the other hand it manifests a great disposition to extend itself, to multiply, to produce acute bubos, almost certain to suppurate, and that suppuration virulent; and lastly, to undergo the terrible complication of phagedænism;" and therefore he goes on to say, "It is against the form and local complications that we must direct all our curative resources."—P. 35.

The destruction of the chancre is to be effected as soon as possible by a powerful caustic; if this fails, or the patient

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will not submit to it, M. Ricord recommends frequent ablutions with an emollient or slightly astringent lotion; or if the suppuration is abundant, the use of the "aromatic wine;" which, however, Mr. Maunder discards for a lotion consisting of one drachm of the muriated tincture of iron, to one ounce of water; for the aromatic wine consists of a "tincture of about twenty different herbs." In those cases where destructive or phagedænic ulceration complicates the sore, M. Ricord strongly recommends both the general and local application of iron, and above all things strongly deprecates the employment of mercury, "as most apt to favour the development of phagedænism."

As the other variety of chancre, the infecting, is of a much more serious nature, so a large consideration is given to it by the author in these lectures; and the observations of M. Ricord on the several important and debatable points connected with the nature, the diagnosis, the various manifestations following it, and the treatment of the infecting chancre, are worthy of the most attentive study.

In the first place, the infecting chancre always possesses an indurated base; the induration being peculiar, and, according to M. Ricord, never appearing, as has been asserted, previous to the ulceration. This form of sore is generally solitary, thus a strong contrast existing between this and the simple chancre. Out of 456 patients affected 341 had the indurated chancre single, while only 115 had multiple sores. According to M. Ricord, the cicatrix of an indurated sore is peculiar—especially when seated on the integuments—in having a bronzed tint, which is not found after simple chancre. The bubo is peculiar, consisting of a chronic induration of the chain of glands connected with the sore, painless, indolent, and hard, and possessing no tendency to inflammation or specific suppuration.

Important as it is, however, to study the local characters of this kind of sore, they shrink into insignificance when compared with the general and constitutional results to which the system is liable. Hear what M. Ricord says: "Let us suppose a chancre thoroughly and evidently indurated; the patient—and I mean a patient in Paris—submitted to climacteric conditions known to us; the patient, I repeat, is left without treatment. I affirm with the greatest certainty that six months will not elapse without manifestations coming on of syphilitic *intoxication*."—P. 91. *Poisoning* would have been the correct translation here.

With the terrible gravity of this constitutional poisoning our readers are well acquainted. Thanks, however, to the more enlightened and rational treatment pursued in modern times, its manifestations have lost most of their dreadful features, but they still retain for the pathologist their most interesting aspects. One great question of interest relates to the possibility of true syphilis being acquired a second time. M. Ricord on this point says:—"The indurated chancre never relapses, and syphilitic diathesis is no more reproduced than any other kind of diathesis." Inoculation with the matter of a true chancre in a person affected with syphilis, does not produce any specific effect; in fact, as a general rule it is shown that no effect at all is produced; and if ulceration occur at the seat of puncture, the chancre presents all the characters of a simple sore.

We pause here one moment in order to do justice to one of the most laborious and trustworthy investigators in this domain of Surgery — Mr. Henry Lee, who is not even mentioned by name in this work. We must remind our fellow-countrymen that Mr. Lee published in the *British and Foreign Medico-Chirurgical Review* for October, 1856, the opinion founded upon careful experiments, that the primary infecting sore cannot as a rule be inoculated upon a patient possessing it. We are glad to have this opportunity of calling attention to a fact which, as far as we know, was demonstrated originally by Mr. Lee, and one which to a thoughtful observer, is of the utmost importance; for the diagnosis, upon which the treatment of the disease so much depends, may be accurately established by the inoculation test, although it may be extremely difficult to arrive at the true nature of the sore from the induration upon which M. Ricord lays so much stress.

There is one new and very important point of doctrine with regard to the transmission of syphilis entered into by M. Ricord,—viz. as to the possibility of a syphilitic individual who has contracted *a fresh and simple chancre*, imparting the syphilitic poison to a healthy individual. This question is pretty satisfactorily settled in the affirmative, by the narration of facts which if correct leave no doubt that, a simple sore existing in the person of a syphilitic patient can transmit an indurated and infecting chancre to a sound individual.

We have not space for the consideration of other important and interesting points discussed in this work, but must conclude our notice by a reference to the treatment which is recommended for the infecting chancre by M. Ricord. In the first place, he most emphatically recommends the adoption of cauterisation when the patient presents himself before the fifth day of the existence of the sore. "Of all the chancres which I have seen cauterised or cauterised myself, not one has ever been followed by the special symptoms of constitutional syphilis."—P. 147. This is very strong testimony, indeed, to the value of early cauterisation. We may mention that the agent employed by M. Ricord is a mixture of sulphuric acid and charcoal.

If, however, induration be produced, it is too late to cauterise with the hope of destroying the virus, and in this case M. Ricord strongly recommends the use of mercury. He usually employs the proto-iodide of mercury, and commences by administering one grain every evening. The rules for administering it, and the precautions necessary, are given by M. Fournier, succinctly and clearly in a separate note, to which we would especially refer the reader. Some important points connected with its action in syphilis, the time at which and the period during which mercury should be given, are also discussed by M. Ricord, who evidently places the greatest faith in its powers as antagonist to the poison of syphilis. He especially recommends it in the earlier manifestations of the disease.

"If I could follow with you, the evolutions of syphilis in each of its phases, I could show you that the energy of mercury diminishes and exhausts itself, the greater the distance from the commencement of the infection. I could show it you extraordinarily efficacious in the first stage of syphilis, less powerful against the symptoms of a more advanced period, finally becoming almost inert, and at times even hurtful when the last forms of diathesis are present."—P. 156.

It is in these latter forms that the French Surgeon, like our own countrymen, so highly lauds the iodide of potassium; in fact, he perhaps not improperly speaks of it "as the specific for tertiary syphilis." He, however, gives the salt in much larger doses than it is given in here; from two to three scruples are prescribed daily, and even a much larger quantity in some cases. We feel certain, however, that such large doses are not necessary, and they may certainly be injurious. Sir Benjamin Brodie is of opinion that large and long-continued doses of iodide of potassium may injure the substance of the brain and predispose to insanity; and he is not the man to indulge in groundless fears.

We now conclude our task, which has been a very pleasant one; and we can strongly recommend to every Surgeon employed in the treatment of syphilis, not only the perusal, but the attentive study of these valuable and practical lectures. The name and character of M. Ricord are a guarantee, if not for the soundness of the doctrines inculcated, at least for the talent, industry, and conscientiousness which have been employed in their investigation; and with the vast experience he has enjoyed, it is impossible to believe otherwise than that there must be a great deal of truth in what he has inculcated. Errors no doubt there are—perhaps some important ones—which he may have to correct at a future time. Some critics also may consider that there are some very important omissions; but it must be borne in mind the treatise is on Chancre, and does not assume to extend over the whole domain of syphilis. We cannot conclude without adding a word of praise, both to M. Fournier and Mr. Maunder; to the former for the valuable notes with which the work is enriched, and to the latter for the manner in which it has been translated into our own tongue.

On Diphtheria: its History, Progress, Symptoms, Treatment, and Prevention. By Ernest Hart. Pp. 36. London: 1859.

Diphtheria: a Lecture delivered at the Norfolk and Norwich Hospital. By W. H. Ranking, M.D. Pp. 30. 1859.

Mr. Hart's essay is a reprint from a series of papers on the subject of Diphtheria, which have already appeared in the pages of a contemporary. It is an able *resumé* of what

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is known concerning this mysterious and fatal disease, tracing the epidemic from its appearance at Tours in France in 1826, down to the present day. The rules laid down by Mr. Hart for the treatment and prevention of the disease, are, if not novel, sound and judicious.

Dr. Ranking's lecture on the same subject presents to us many of the same facts, viewed from a different aspect; for whereas Mr. Hart's essay consists, for the most part, of an analysis of the writings and reports which have appeared on the subject of diphtheria, Dr. Ranking states that he merely communicates the results of his own observations upon cases which have occurred in his practice. The results, however, are pretty nearly the same, the disease having apparently exhibited the same features in this country as it did in the various epidemics in France. The treatment is now pretty uniformly agreed upon among English authors; consisting in the employment of local applications, especially nitrate of silver and hydrochloric acid, in the first instance, in conjunction with a tonic regimen. The value of tracheotomy in the advanced stages of diphtheria has not yet been ascertained in this country.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE ARTIFICIAL PRODUCTION OF BONE BY TRANSPLANTATION OF THE PERIOSTEUM, AND BY OSSEOUS GRAFTS.

By M. OLLIER.

The following is a brief abstract of the papers by M. Ollier which have recently excited so much attention at the "Académie des Sciences."

Notwithstanding that the experiments by Flourens and others may be considered to have decided the question of the agency of the periosteum, M. Ollier, in order to elucidate certain undecided points, determined to institute new series of experiments of a very varied and novel character. All the details of these experiments have been laid before the Biological Society; and those of them which relate to transplantation in the same animal are given at length, with illustrations, in Brown-Séquard's *Journal de Physiologie* for Jan. 1859. Here are the results:—

I. *The artificial production of bone by means of the transplantation of periosteum.* (1.) *Transplantation in the same animal.*—Although the experiments were also performed on other animals, the rabbit was especially the one selected. The strip of periosteum was generally detached from the tibia, as being very accessible; and wherever this strip was grafted or secured, there was bone produced. *a. The flap of periosteum retains its attachment to the base* by one of its extremities, the rest of it being lodged within the muscles, under the skin, etc.; and consequently it continues to receive some vessels from the bone. A strip may be obtained from the tibia, long enough to wind round the bone or to twist into a spiral or figure-of-eight form, around the deep muscles, a cavity in these having been first hollowed out. If the rabbit be young and vigorous, immediate union usually takes place, and the animal seems scarcely to have suffered from the operation. The periosteum contracts adhesions with the tissues, amidst which it is placed, and new bone is formed at its under surface, this new bone assuming the form and disposition of the periosteal flap. The amount of bone thus formed diminishes in quantity, however, with the age of the animal. Thus in a five-year-old rabbit, a mere trace of osseous tissue was found, the remainder of the periosteum being still fibrous. The new bone adheres to the old bone whence the periosteum has been borrowed, and that by so considerable a base as to give it the appearance of an apophysis. *b. The communicating pedicle of the flap is excised* three or four days after the transplantation, so as to cut off all communication with the bone. The ossifiable exsudation continues none the less, and new bone is produced, which is adherent or moveable accordingly as the strip is reapplied to the bone or left quite independent. *c. The flap is completely divided at the time of the operation*, and transplanted amidst neighbouring or distant parts. Thus the strips have been transplanted under the skin of the groin, the back, etc. or placed in the midst of the crest of a cock; and in all instances ossifiable secretion has resulted—the osseous production being large in proportion to the size of the animal and the extent of the periosteal strip. Bones of from 1 to 3 centimetres in length, and of varied form, have been produced. The nature of the medium in which the transplantation was effected influenced the result; and the crest of the cock, owing to its rich vascularity, constituted an excellent soil for this artificial osteogenesis.

(2.) *Transplantation of the periosteum of one animal to another of the same or of a different species.*—These interchanges have been tried between the dog and the rabbit, the rabbit and the guinea pig, the fowl and the rabbit, and the dog and the fowl. Periosteum transplanted under these circumstances may comport itself in different ways: *a.* Occasionally it may become absorbed soon after the transplantation: *b.* it may become gangrenous, and be discharged by suppuration—and this was almost constantly the case at Paris with respect to rabbits, in which the periosteum of the dog had been applied: *c.* the flap may remain encysted without giving rise to suppuration; the cysts after awhile being found to contain only fatty matter or concrete pus: *d.* the periosteum adheres to the surrounding tissues, and is penetrated with new vessels, but it has lost its osteogenic properties, and continues only as a vascular and fibrous membrane: *e.* The periosteum not only contracts fibrous and vascular adhesions, but produces osseous tissue. This is brought about with much more difficulty than in the case of transplantation in the same species, depending upon conditions which require to be more accurately ascertained.

(3.) *External appearance and structure of the bone produced by transplantation.*—The bone thus produced is not a mere calcareous concretion, or even an unformed mass of osseous substance. Its texture presents a disposition analogous to that of normal bone, and the microscope shows that the bony corpuscle is the fundamental element. Externally, the bone is clothed with periosteum. It is hollowed into medullary spaces (filled with a substance resembling fœtal medulla), which afterwards unite into one large cavity. The new bone may be adherent or not to the old one. In the former case it is no production of the old bone, but a new bone added to the old one, increasing side by side with it, but not living at its expense. Tracing the development of this new bone from the commencement, we may convince ourselves that it is formed from a subperiosteal blastema, issuing from the under surface of the periosteum; and if we scrape one-half of this surface with a scalpel, we then destroy the germs of future bone, and the osseous tissue will only be produced by the half that has not been scraped.

II. *Osseous Grafts.*—M. Ollier has performed a series of experiments, in which bones entirely separated from the soft parts, but surrounded by their periosteum, have, when transplanted, continued to live in their new localities, increasing according to the laws of their normal development. This, however, as yet, has only obtained with regard to the bones of the same species of animals; the bone under other circumstances, only apparently grafting, becomes encysted. The preservation of the periosteum is the one thing essential for the success of the transplantation. Without this, the osseous tissue does not appear to possess sufficient vitality for the contraction of vascular adhesions; and although it offers more or less resistance to absorption, it at last disappears.—*Gazette Médicale*, 1859, Nos. xiv. and xv.

EXCERPTA MINORA.

Mercurial Ulcers of the Mouth in Salivation.—Frommuller strongly recommends touching these with a solution of sulphate of copper, or employing a garde of one grain to the oz. Amongst the quicksilver workers this is regarded as a specific.—*Frorieps Notizen*, 1859, No. 21.

Subcutaneous operation in Dislocation of the Thumb.—Dr. Fleischer refers to a case in which the thumb had been dislocated for four weeks on to the solar surface, at the point of juncture with the metacarpus. The extreme tension of the flexus and ligaments and the exudation which had taken place defeated all attempts at reduction, until a subcutaneous section of these parts had been performed, when it at once became practicable.—*Berlin Zeit.*, 1859, No. 12.

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GENERAL CORRESPONDENCE.

HOW TO VACCINATE.

Letter from Dr. Husband.

[To the Editor of the Medical Times and Gazette.]

Sir,—The "Instructions for Vaccinators" lately issued by order of the Privy Council are calculated to be useful in reminding Medical Practitioners of various precautions connected with vaccination which are apt to be neglected. I may be permitted to doubt, however, whether they express in every instance the unanimous opinion of those best acquainted with the important subject of which they treat.

There is one of the rules in particular upon which I am anxious to make a few remarks. Under the 2nd head the vaccinator is instructed to "vaccinate directly from the vesicle of a previous subject wherever there are proper means of doing so." And no one will question the propriety of this advice. But it is added, "moist lymph conveyed from case to case in a phial or in other like manner must not be used for vaccinating later than 18 hours (or in very hot weather 12 hours) after it has been taken from its source."

I have not the slightest objection to this summary disposal of the stoppered phial, which I never used, and have no good opinion of; but the words "in other like manner," are doubtless intended to apply to the capillary tubes, and to include them in the same condemnation. Whether this prohibition is generally acquiesced in by Medical men in England I do not know; but it has excited not a little surprise here where the tube method is in common use, and highly valued for its simplicity and efficiency. The "Instructions" are not, indeed, addressed to us, there being no Vaccination Bill for Scotland; but, high as is the authority under which they emanate, they are not above criticism, from whatever quarter it may come; and one is even doing a service to his Medical brethren and to the cause of vaccination when he states reasonable objections to any portion of them.

My objection to the second rule then is, that it condemns, and actually prohibits the use of a method which has been proved by ample experience to be safe, simple and efficient in a very high degree. Of course it will be admitted that to restrict the time of keeping the fluid lymph to twelve or eighteen hours is equivalent to condemning the use of the tubes altogether, just as a similar restriction in the case of the ivory points would be equivalent to suppressing the use of them. I do not know precisely by what argument this sweeping prohibition is justified, or whether the public vaccinators of England acquiesce in it as so reasonable, so manifestly right, as to need neither argument nor evidence to support it; but on the other hand, I can refer to the experience we have had of the method for the last ten years in Edinburgh, where it is, as I said, in common use, and is admitted on all hands to facilitate greatly the practice of vaccination, particularly by enabling us to keep reliable lymph by us for indefinite periods, and thus to provide against the scarcity which used to prevail previous to its introduction. I began to use it in the year 1848 at the Royal Dispensary and Vaccine Institution. A year or two later it was adopted at the New Town Dispensary, and it has been in constant use at both dispensaries ever since. At our Institution since 1849, we have vaccinated upwards of 5000 infants exclusively under the use of the tube method, and with the entire approval of the managers and Medical officers. Ten years is a long period, and has afforded time for a large inspection of cases, and for putting the method thoroughly to the test of observation and experience. With me it has been one long experiment, carried on at no small expense of time and labour, the labour, however, greatly lightened by the extreme facility and expedition with which all the manipulations connected with the use of the tubes are performed. The Institution has never once borrowed from the National Vaccine Establishment, or from any other quarter; but its lymph has been renewed times without number from its own stock, scarcely ever from tubes which had been kept for less than three days (for we vaccinate only twice a-week).

Indeed, I was for several years in the constant habit, for the sake of testing the method to the utmost, of purposely selecting old lymph which had been sealed up, not for hours or days, but for months and years. Some of it, I may add, exposed on purpose for months together to a temperature of 90° of Fahrenheit; and what has been the result? It is this: I find that it does not signify how long the lymph is kept. Whether for two hours, or for two or more years, it makes no material difference. My chance of success in vaccinating, that is, of producing perfectly normal vaccine vesicles, is the same, or nearly the same in every case. It is not perceptibly affected by the length of time the lymph has been kept; and I have, in consequence, found it impossible to run short of vaccine matter, while at the same time I have distributed it largely both at home and abroad. But I may still be asked, "Is the method safe?" For this is the question which the Instructions raise, or rather, which they take for granted to have been long ago decided in the negative to every one's satisfaction. I reply, that all my experience has gone to prove that it is quite as safe to vaccinate with old fluid lymph, which has been hermetically sealed up in capillary tubes, as with fresh lymph transferred directly from arm to arm.

But I must not trespass further upon your space, and shall therefore conclude with hoping that what I have said may interest some of your readers, and lead them to inquire into the claims of a method which, while it is, beyond doubt, the easiest and least troublesome of all the methods at present in use, has such evidence as I have indicated to produce in favour of its being second to none in point of safety and efficiency.

I am, &c.

William Husband, M.D. F.R.C.S.E.

Royal Dispensary and Vaccine Station, Edinburgh,
April 20, 1859.

PAYMENT OF DISPENSARY SURGEONS.

Letter from Dr. Robertson.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have much pleasure in transmitting you the following resolution, which was carried on the 18th ult. at a large meeting of the subscribers to the Nottingham Dispensary, by a majority of about 90 to 3.

Resolved,—"That one of the honorary Surgeons shall be required to attend in rotation one day in each week, for the purpose of being consulted by the Resident Surgeon in any cases in which his opinion may be thought desirable, and the Honorary Surgeon shall visit such patient, and the case through.

"Each Surgeon shall on the week of his attendance be entitled to a fee, and the Consulting Physician shall attend when required by the Honorary or the Resident Surgeons, and shall receive a fee.

"The amount of the fee and the mode of payment, and the expediency of continuing it, or the contrary, to be regulated by the Committee."

You will perceive that the "principle" of payment to the Medical officers has been initiated by the Committee, and most cheerfully assented to by the governors of that institution; and though the fee is at first a small one (viz. a guinea for an hour's attendance, and an occasional consultation), I am in a position to state, that it is the intention of the Committee, whenever the state of the funds will allow them to do so, to increase it to such a sum as will fully repay the Medical officers for the attendance so required of them. You will see also by the letter from a subscriber to the Committee (which I annex), that half of the first year's surgical fees were at once provided, without any tax upon the usual resources of the institution; and it is very gratifying to be able to add, that immediately upon the publication of that letter in the local papers, the other moiety of the required sum has been at once given by another gentleman of the town, who highly appreciates this (I believe the first provincial) step to do away with a system of gratuitous services by hard-working men—a system, as Mr. Gamgee most truly remarks, "contrary to the Scriptural dogma that 'the labourer is worthy of his hire,' and no less contrary to every established canon of economical science."

Hospitals and dispensaries are springing up in all our large towns, as fast as the population increases to require them. Thus the system of gratuitous advice seems to "have reached its culmination." It is one on which pages might be written,

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and enormous is the evil it creates. This it is which induces me to place upon record the practical protest of the Committee of the Nottingham Dispensary against its continuance.

I am, &c.

Wm. Tindal Robertson, M.D. L.R.C.P.
Physician to the General Hospital and the Dispensary, Nottingham.

P.S.—I should not omit to add, that the system of payment of the Medical officers has long been earnestly striven for, and has at last been mainly secured by the efforts of the Senior Surgeon, Dr. Massey, to whom, I think, the Profession is under no small obligation for his energetic perseverance in this good cause.

To the Rev. Canon Brooks.

"Weekday-cross, Nottingham, April 18, 1859.

"Rev. Sir,—I so highly appreciate the importance of the result of last general meeting, relative to the allowance of fees to the Medical officers for visiting the patients at their homes, and seeing the cases through, and also the benefits derived by the poor from this valuable charity, that I beg permission to enclose a donation of £26 5s. in aid of those fees, or the funds of the Institution.

"Probably some benevolent individual will contribute the other moiety of the fifty guineas.

"I remain, Rev. Sir,

"Your obedient servant,

"Samuel Doubleday."

THE ABUSE OF MEDICAL CHARITY.

Letter from Dr. Ogle.

[To the Editor of the Medical Times and Gazette.]

Sir,—The very flattering terms in which you refer (April 23, 1859) to my "plan" for remedying some of the abuses that obtain under the present mode of administering Medical charity, induces me to offer a few additional remarks. I must on the very threshold warn your readers that they must be prepared to encounter much opposition, and (which is harder still to bear) misrepresentation, if they would engage heartily in this work of Medical reform. They must, in fact, forget themselves as individuals, and remember only their existence as *members* of an honourable Profession.

It will enable them to understand me better if they will refer to your Journal Dec. 26, 1857, and observe carefully the words that are marked in *italics*, in a letter to which you directed attention. They will observe that the *principles* which I now maintain are the very same that I advocated eighteen months ago; and lest any should think of adopting a plan merely on my authority, I beg they will notice the remark which I made in speaking of the praiseworthy efforts of Mr. Smith:—"It is safer to discuss *a principle and to follow where it leads* than to give yourself up blindfolded to any man."

It is only by an unflinching adherence to sound principles that a man can know when he is right, and can keep himself free from the trammels of partizanship. Let a man adopt a principle—I care not what principle it is, so long as it is a good one—and it will lead him safely as far as, and wheresoever, that principle is applicable, and no further. If the work is not complete; if he must go further than his principle will take him, he will find that in company with the one principle which he has followed others have associated themselves, and that one or other of these will furnish the clue where the former one has failed.

This is the history of "the plan" to which you refer. Forty years ago and more, Mr. Smith, of Southam, introduced a new principle into the dispensary system. Fortunately my own attention has been directed to another concurrent principle of wider application. Mr. Smith's one idea was "providence," but in a question of Medical aid "efficiency" is a point of the *first* importance, and Mr. Smith did not perceive that this principle would conduct him safely, when the provident principle would at best speak with an uncertain sound. Hence it is that his institutions have not avoided some of the evils that are so notorious in the club system; and hence, no doubt, the (wholesome) opposition that has been manifested against Provident or Self-Supporting Dispensaries. They are a step in advance of Medical Clubs, and if they are organised with the care that has been taken at Coventry, they are a very considerable step. But at the same time they are not defensible on the broad principle of justice to every man. *The advantage of the few is obtained at the expense of the many*—so that although they may be, and I believe are, steps in the right direction—they are nothing more.

While therefore I thankfully acknowledge the good that has been done by them in showing the great advantage of using the principle of providence, and maintain that the name of Smith should receive our first acknowledgments, I rejoice that my own attention has been fixed on wider principles; and, looking at Mr. Smith's failures, I urge upon all my friends to beware of committing themselves to plans.

Medical charity is the object we have in view. In its very nature it presents itself under three aspects, and must be regarded socially, medically, and morally. We deal with large masses of the people; our acts must of necessity have a social influence. The medical aspect is self-evident; and the term charity is a distinctly moral characteristic. Any plan, therefore, which professes to deal with the question, must be the expression of principles which, in the abstract, will bear examination in these three respects. *Our social principles should be unexceptionable—our Medical aid should be efficient—and our charity undeniable.*

The same method of applying sound and appropriate principles, and fearlessly following them out, has given me more than a hope that we shall be able, ere long, to deal satisfactorily with quackery, special practice, Poor-law Medical reform, counter practice, the restriction of the sale of poisons, and the thousand other difficulties which disturb the harmony of the Profession, and lower it in the estimation of the public.

I am, &c. William Ogle.

Lower Belgrave-street, May 2.

QUARANTINE.

Letter from Dr. Milroy.

[To the Editor of the Medical Times and Gazette.]

Sir,—As the Honorary Secretary to the Quarantine Committee of the Public Health Department of the Association, I have the honour to enclose to you a copy of the queries, etc., which have just been drawn up for circulation, and to solicit the favour of your giving them insertion in the columns of the *Medical Times and Gazette*, in order that they may be made widely known to the Profession, and with the view of inviting co-operation in an inquiry of great Medical as well as general interest, and one which, at the same time, stands much in need of authentic and accurate information.

I may mention that, upon the application of the Earl of Shaftesbury (the President of the Public Health Department of the Association) the Foreign and the Colonial Secretaries of State have undertaken to transmit officially copies of the queries to all British Consuls abroad, and to all the Governors of our Colonies, and thus to bring them under the direct cognisance of those gentlemen. Other influential channels of information are now being applied to by the Committee.

I am, &c.

Gavin Milroy.

National Association for the Promotion of Social Science.
3, Waterloo-place, S.W., 18th April, 1859.

Department of Public Health.

President.—The Right Hon. the Earl of Shaftesbury.

Sub-Committee on Quarantine.—T. Alexander, C.B.; B. G. Babington, M.D. F.R.S.; Thomas Bazley, Esq., M.P.; Walter Buchanan, Esq., M.P.; A. Bryson, M.D. F.R.S.; Sir James Clark, Bart., M.D. F.R.S.; John Davy, M.D. F.R.S.L. and E.; W. Farr, M.D. F.R.S.; T. B. Horsfall, Esq., M.P.; Sir John Liddell, M.D. F.R.S.; J. Ranald Martin, F.R.S.; J. O. M'William, M.D. C.B. F.R.S.; Gavin Milroy, M.D. F.R.C.P.; Richard Owen, F.R.S.; Sir William Pym, M.D.; T. Southwood Smith, M.D. F.R.C.P; T. Spencer Wells, F.R.C.S.; John Wiblin, F.R.C.S.

Queries, &c.

Drawn up by the Sub-Committee, for Transmission to Governors of Colonies, British Consuls in Foreign Countries, and others.

I. What, if any, are the countries or ports from which arrivals in the port of are at all times, or in certain seasons of the year, subject to quarantine, whether the bill of health from the place of departure be clean or foul?

II. What are the diseases which render all arrivals without

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exception, whether sick or well, from a place or country where such diseases are existing, subject to quarantine in the port of ?

And what are the quarantines imposed?

III. What are the other diseases which, from having occurred during the voyage of transit, render individual arrivals only subject to quarantine, irrespective of the bill of health from the last place of departure?

And what are the quarantines imposed?

IV. Can you procure a tabulated list of all the vessels put in quarantine in the port of during the last three or five years (or, if not for so long a period, during the last twelve months), specifying:—

(*a*) Whence the vessel came, the length of voyage, and date of arrival.
(*b*) The bill of Health, whether clean, suspected, or foul.
(*c*) The cause of detention in quarantine.
(*d*) The length of quarantine imposed.
(*e*) The number of crew and passengers on board.
(*f*) Cargo, the nature of.
(*g*) Whether any, and how many cases of disease, and of what nature, had occurred during the voyage?
(*h*) Whether any, and what, disease occurred on board during the detention in quarantine.

V. Is any difference, as to the quarantines imposed, made in favour of vessels having a Medical officer on board?

Is any difference made between men-of-war or private yachts, and merchant vessels?

And is any exception in the performance of quarantine made on the arrival of royal personages, ambassadors, or high military and naval authorities, couriers, etc.?

VI. When a disease, which renders all arrivals from an infected or suspected place liable to quarantine, has been officially certified to have ceased, and when clean bills of health are issued by the local authorities, what period, if any, must elapse before free pratique is granted to arrivals from the place in the port of ?

VII. Is there a lazaret at or near to the town or port of ?

Is it floating or on shore? Please to describe its position—distance from the nearest inhabited dwellings—construction and accommodation—its sanitary condition, and that of its environs—means of exercise for the inmates—means of supply of food and other necessary requirements.

Is there a tariff of charges for accommodation, food, etc.

VIII. State the number of persons received into the lazaret during the last three or five years at least.

IX. Have any diseases occurred among the persons received? If so, what diseases? How many cases, and when?

X. What number of deaths, if any, have occurred in the lazaret among the persons received into it, or among the officials of the quarantine establishment, during the last three or five years; or, if possible, for a much longer period, say 20 or 30 years?

And from what diseases, and when?

XI. Have any instances occurred in recent years of the spreading of a disease from persons, or from goods, undergoing quarantine, to other inmates of the lazaret, or to the officials of the establishment, or to the inhabitants of the nearest dwellings?

If so, please to give the dates and other particulars briefly.

XII. Are cargoes sent to the lazaret? If so, what cargoes or articles of merchandise are considered to be "susceptible"? And what means are used for their purification?

XIII. When sickness occurs in a vessel while undergoing quarantine, and there is no Medical officer on board, how is Medical assistance provided, or to be obtained? Is Medical assistance provided at the public cost?

XIV. When a vessel arrives from a suspected port, or in a sickly condition, rendering her subject to quarantine, is any inspection then made of her state, as regards cleanliness and ventilation? And, if found filthy or badly ventilated, what means are taken to remedy such defects? Is any record kept of the sanitary condition of vessels put in quarantine?

XV. When a clean Bill of Health is given to a vessel on leaving the port of , is she previously inspected by any officer to ascertain her sanitary condition, and that of the crew and passengers? And is any certificate of such inspection given to the captain?

XVI. Have any of the diseases for which quarantine is liable to be imposed in the port or town of occurred among the inhabitants of the place or of the neighbourhood during the last 10, 15, or 20 years? If so, under what circumstances?

It is very desirable that the exact dates of the earliest cases, and other authentic particulars respecting the origin or development of the disease, should be stated in a narrative of the circumstances.

XVII. Have instances of the invasion or infraction of quarantine in the town or port of come to your knowledge? Have they been of frequent occurrence? And what penalties have been inflicted for the offence?

XVIII. What, if any, quarantine measures by land, such as sanitary cordons, etc., have been adopted, or are considered advisable, in the town or port of against the introduction of pestilential diseases, or for arresting their progress?

If such measures have been of recent years employed, what have been the results?

Observations.

Please to append a copy of the quarantine Act and regulations at present in force in the town or port of

Also of any annual or other reports illustrative of the working and results of quarantine there, or containing evidence elucidatory of the importation or non-importation of the diseases for which quarantine is imposed;

And to add any remarks thereon from yourself, and from any resident Medical officer or other gentleman acquainted with the subject, with suggestions for the amendment of quarantine regulations and practice in general.

Information is likewise very desirable on the following points:

(*a*) The general sanitary state of the town, and of the port or harbour, docks, etc., of and of the diseases mostly prevalent on shore, and among the shipping.
(*b*) The general sanitary state of the vessels frequenting the port of and the hygienic condition of the crews, as to their accommodation on board, their food and drink, etc.
(*c*) The average annual number of vessels arriving from abroad in the port of
(*d*) The average amount of dues or fines levied on vessels and individuals while in quarantine, and the estimated annual amount of charges imposed.

GENERAL HYPERTROPHY OF THE GLANDULAR SYSTEM.

Letter from Mr. Witten.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have forwarded this remarkable case of general hypertrophy of the lymphatic glands, having an account of it from its earliest commencement to its termination; should you deem it sufficiently interesting, you will oblige me by giving it a place in your journal.

Valentino Pedroli, an Italian, aged 16 years, was the subject of enlargement of the submaxillary, the parotidean, and mastoidean glands, on the right side, one year ago: two weeks after the corresponding glands on the opposite side became similarly affected; about a fortnight afterwards those in both axillæ became spontaneously enlarged, extending from thence within ten days to those below the clavicles; and lastly, affecting the inguinal and femoral, on both sides, about the same time—the whole affection taking about three months for its full development. My patient sought advice in the City at about the fourth month from the first appearance of those glands situated in the mastoid region. He was ordered iodide of potassium internally, and the iodide of potassium ointment externally, and also the application of the tincture of iodine. This treatment was continued for the space of seven months, with but little alteration in the size of the glands.

It was noticed by the friends of the boy that swellings about the face and axillæ were decidedly smaller monthly, when the moon was at its full, and rapidly became larger as soon as the moon had arrived at its last quarter. One month ago I was sent for to see him, as he was unable to go so far as from Clerkenwell to the City, and I found him suffering from general hypertrophy of all the superficial glands; and, more-

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over, from his difficulty in breathing, and the suffused eyeballs and congested look of his countenance from impeded circulation, it was evident that the diseased action had extended to the deeper-seated glands, implicating those in proximity with the larynx and bronchi. He had recurrent bleeding from the nose; his tongue was clean; pulse accelerated between 80 and 96—during the last month of his existence, small and weak. The secretions were normal, although diminished in quantity, with the exception of the saliva, which was greatly increased. Appetite good. Sleeps well.

Mr. Bateman saw him with me in consultation, and confirmed my observations as to the nature of the affection; he advised a continuation of the iodide of potassium internally, and friction with the iodide of cadmium ointment externally, over the enlarged glands; there was marked decrease of the size of glands, but the breathing was not much benefited. Three days before death he vomited at least a pint of arterial blood, and gradually sank from dyspnœa and exhaustion. I regret to say that an autopsy was not permitted me, as his parents were then residing in Italy, and the friends resisted every effort I made to procure an examination. The most interesting features about this case are—the extension of the disease from the upper to the lower extremities in so short a time, the monthly alteration in the size of the external glands, the bleeding from the nose recurring principally when the glands were apparently at their largest size. I have noticed more than once with females suffering from bronchocele, that the tumour becomes larger as the period for menstruation arrives, and decreases after that state has passed by; a similar analogy stamps the interest of this case, for the boy was in appearance effeminate.

I am, &c.

E. W. Witten, M.R.C.S.E.

72, St. John-street-road.

TREATMENT OF PUERPERAL CONVULSIONS.

Letter from Dr. Kealy.

[To the Editor of the Medical Times and Gazette.]

Sir,—"F. C." in query 302, does not say what the cause was which placed his patient in an epileptico-convulsive state, and, therefore, one does not learn whether or no the sufferer was in labour. It is especially necessary to make out, if possible, to what cause is to be assigned the malady. By way of example: in August, 1857, I was called to attend Mrs. ——, ætat. 30, whom I found suffering from œdema of the extremities, which was of some standing, and for which she had been treated as a disease of debility. Her abdomen was large; and, while walking, or sitting about, the casual observer would have considered her a pregnant woman. She, however, did not consider herself so, but that she was simply dropsical; and to this opinion she was strong, having once before been told by her Medical attendant that she was pregnant, when the fact turned out otherwise. Having eliminated all causes but one for the œdema, I examined the urine, both microscopically and chemically, and came to the opinion that the effusion was secondary to "granular disease of the kidney." Now came the question of pregnancy, which was decided affirmatively at between six and seven months. There was also ascites. She was under treatment six or eight days, expressed herself improving, when, on a sudden, a lodger heard a peculiar noise proceeding from Mrs. ——'s chamber; and, on entering, found her on the floor, in a convulsive fit. In this state I found her. After one or two more attacks, she remained comatose, and died in a few hours. There was no dilatation of the os uteri. I made a *post-mortem* examination of the abdomen: its walls contained a thick layer of fat, and in its cavity was some fluid. The uterus held a fœtus, of the period above-mentioned, recently dead. The kidneys were large, and showed extensive fatty degeneration. Now had I not known that the patient was suffering from uræmic poisoning, in the failure of the usual treatment, I should have reflected that I ought to have tried chloroform; not doing so, gave no opportunity to bring opprobrium upon that ofttimes valuable obstetric anæsthetic.

Where, however, convulsions are produced by manifest uterine action, or at a period when the uterus is expected to take on labour (so to speak), I have found chloroform of great use—never fatal—but the recoveries all good.

In a case where the convulsions had come on at five o'clock in the morning of Friday, while the patient was about to empty her bladder, on my visiting her soon after, I found no dilatation of the os uteri; the usual treatment was adopted, the fits continued, and when, after a few hours, I found some indication of dilatation, chloroform was administered, and as soon as possible I delivered by turning. This was effected by 9 p.m. of the same day. As long as the convulsions continued I administered chloroform; their cessation took place about 8 or 9 the following morning. The patient remained asleep until 9 a.m. on Sunday, when she awoke comfortably while I was at her side, and smiled in recognition of me. I assured her friends of the favourable issue of the case, in consequence of what I witnessed in the one reported in Vol. XXI. of the *Medical Times*.

I have attended at least 800 cases of Midwifery, and do not remember one fatal one of "puerperal convulsions." Of course the issue must be fatal where they arise from a cause so potent as that of Mrs. —— mentioned above; therefore, save valuable and benign chloroform from opprobrium.

I am, &c.

John Robert Kealy, M.R.C.S. Eng. L.S.A.
Fellow of the Obstetrical Society of
Gosport, March 2, 1859. London.

THE CONSTRICTOR, OR WIRE ECRASEUR.

Letter from Messrs. Whicker and Blaise.

[To the Editor of the Medical Times and Gazette.]

Sir,—We beg to draw your attention to an article in "La Clinique Européenne" of the 22nd of January last, entitled, "Mémoire sur la ligature extemporanee et sur les instruments convenables pour son éxecution," by Mons. le Docteur Maisonneuve. We think it an act of justice to state that the instrument in question was made by us according to instructions received from Mr. Spencer Wells on the 10th of March, 1858, adapted for use with wire, thread, catgut, or any kind of ligature.

Seeing it described in the above periodical as the invention of Dr. Maisonneuve, we feel it our duty to make you acquainted with the above facts.

We have written to the editor of "La Clinique Européenne," to inform him of the above, as we think it but just that as the instrument is of Mr. Spencer Wells's suggestion, the credit for the same is due to him.

We are, &c.

Whicker and Blaise.

67, St. James's-street, May 3, 1859.

PHYSIOLOGY OF THE LIVER.

Letter from Mr. Duggan, of Hong Kong.

[To the Editor of the Medical Times and Gazette.]

Sir,—Allow me as a subscriber to your periodical, to call your attention to the article, "Physiology of the Liver" (Dr. Mosler), contained in the number for November 6, 1858. In the concluding paragraph it is stated, under head No. 3, "That other substances, sulphate of copper, for instance, pass more readily by the urine than by the bile." Referring to the observations in direct reference to the experiments, it is stated:—"On the third day the copper was found in the urine and the bile; and most abundantly in the bile." How is this contradiction to be explained? Does the error exist in the paragraph relating to the experiments, or in that wherein the conclusions are given? We are left in doubt on the physiological action of the substance, which you may be, perhaps, able to correct in a future number.

Under head 4, it is stated that "Nitrate of potass, sulphate of quinine, and benzoic acid, pass off both by the urine and the bile." Under the head, "Nitrate of Potass," we find the following:—"Six grammes were given to a dog in solution. The urine contained a notable quantity—the bile none. Ten grammes, given solid in raw meat, again, yielded no trace in the bile. This negative result confirms the idea recently given by Mr. Buckheim respecting

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the mode of action of nitrate of potass." How is this gross and absurd contradiction to be explained; and how are we to reconcile the still more absurd contradictions imposed upon us regarding benzoic acid? In the experiments this acid was not found either in the urine or the bile, and yet in the deductions it is stated that it "passes off both by the urine and the bile." Again, referring to the head "Quinine" we find the words, "but in no case was it found in the bile." Under the fifth head, "Calomel," and the most important of them all (since, should the result of the experiments be, as stated, the practice of the ablest Physicians in every country, countenancee and verified by the beneficial effects of the mineral in cases wherein this crude experimenter would lead us to believe it to be useless, must be absolutely pernicious), it is boldly and unqualifiedly stated, "That calomel does not pass off by the bile, nor increases its quantity." Too much commendation cannot be awarded to the experimenter who enlightens the Profession on the true physiological action of therapeutic agents. On the other hand, too much censure cannot be passed upon the man, who, for the sake of a passing notoriety has the presumption, in the face of long and well-established authority, and in direct opposition to the experience of the most learned Physicians and Pharmacologists of our own and other times, to deduce from crude, ill-conducted (and in this case, as it appears to me, scarcely honest) experiments, facts subversive of what the most accomplished observers daily prove to be true. I have been for many years practising as a Physician in tropical countries, and (owing to the frequency of liver affections in warm climates) have necessarily well considered the action of therapeutic agents on that important organ, the liver. I have made experiments also, perhaps on a more extensive scale, and as accurately as Dr. Mosler, on the subject of that organ's physiology, and I will say, that not in a single case have I ever been enabled to discover the fact "that mercury (calomel) does not pass off by the bile, nor increases its quantity." When in South America, and in the Southern States of North America, an ample field was afforded me for the investigation of the action of therapeutic agents in the treatment of yellow fever, tetanus, and indeed, of every variety of biliary disease; and I have found that although mercurials did not always succeed in treatment, yet that they never failed to increase the bilious discharges; and calomel more than any other preparation of the mineral. Any man, even not of the Profession, who has lived in tropical countries, is well aware of the fact. Now, if calomel do not increase the quantity of bile, and does not pass off the liver, how are its well-known effects on this organ to be explained?

Perhaps some more careful and modest observer than M. Mosler would give the Profession an explanation. But I may be doing M. Mosler an injustice by these remarks. I have, however, shown, and I think clearly, so many discrepancies to exist in the report of his experiments, and the deductions he has drawn from them, that but little faith should be put in what he asserts on the subject. I never heard of M. Mosler before, and should regret to speak harshly of his labours, which may have been conducted in good faith; but I could not allow to pass unnoticed experiments which, to my mind, can claim no importance further than that one of them insanely assumes to be subversive of a long established, well authenticated, and most important therapeutic agent.

When the Number of the 6th November reached me at Poochur, I was much engaged in practice, and so omitted to read it, and indeed many of the subsequent numbers; but being confined to a sick bed in Hong Kong, I solaced my pain with your periodical. This may explain why M. Mosler's experiments have been left so long unnoticed by me.

I am, &c. RICHARD W. DUGGAN.

Hong Kong, China, Feb. 1, 1859.

THE NAVAL MEDICAL SUPPLEMENTAL FUND.—An Act of Parliament was passed on the 19th ult. for the regulation of the annuities and premiums of the Naval Medical Supplemental Fund Society. The object of the Act is to continue the 11th and 12th of Victoria, which was to be in operation 10 years, for another 10 years, and thence to the end of the then next session of Parliament.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 26, 1859.

F. C. SKEY, Esq. President, in the Chair.

A paper by W. T. GAIRDNER, M.D., F.R.C.P. Edin. was read, detailing a

CASE OF ANEURISM OF THE THORACIC AORTA,

WHICH OPENED INTO THE TRACHEA AND LEFT BRONCHUS, AND IN WHICH HÆMOPTYSIS OCCURRED FOUR YEARS AND EIGHT MONTHS BEFORE DEATH.—WITH REMARKS ON THE CIRCUMSTANCES ATTENDING RUPTURE OF ANEURISMS, ESPECIALLY ON MUCOUS SURFACES.

The subject of the history was a merchant of robust frame of more than average intelligence, and who at the time of his death was about forty years of age. He was under the author's care during the latter four years of his life, and from his own statements a very distinct history was obtained, extending back to ten years before the fatal result. It was then that he first complained of pains in the left side and shoulder, which were regarded as rheumatic, and were always relieved by violent exercise. They were, however, unaffected by treatment; and after continuing in very much the same state for more than three years, he was for the first time informed that there was some affection of the great vessels. Pulsation became evident in the following year, and the sputa, though occasionally of a yellow colour, were never distinctly blood-tinged till the autumn of 1853, when hæmoptysis to an alarming extent occurred on two distinct occasions in the same day. After this, he submitted to a variety of treatment, and at length came under the care of the author in the following April. He then exhibited every sign of a large aneurism of the aorta, presenting itself in the left front just under the clavicle, and passing upwards and backwards so as partially to involve the left subclavian. The left pulse was at this time weaker than the right, and in the end became nearly lost. He was directed to take gentle exercise, and partially to resume business, which he had abandoned; to take light nourishing diet, and abstain from medicine; now and then, when the pain was severe, to put on two leeches over the tumour; and to think as little as possible of his complaint, except by way of caution against violent movements. Under this plan his general health improved, but the disease slowly made progress; and he continued to bring up a more or less tinged expectoration—sometimes rusty, sometimes purple—with only the intermission of a few weeks at most, during the remainder of his life. During the last year he had severe pain, almost like angina pectoris; he lost flesh; had occasional difficulty in swallowing; and brought up blood more copiously, though never in large quantity or unmixed. At length a small gush of blood, which probably did not exceed nine or ten ounces, occurred, which terminated his life by suffocation in a few minutes. On post-mortem examination, the aneurism was found involving the descending aorta from the origin of the left subclavian to the extent of several inches. It lay behind and above the left lung, to which it was firmly adherent. The left bronchus was stretched over the sac, and its posterior wall was absorbed throughout, the coagulated fibrin being freely exposed to view from the interior of the bronchus. Another small opening, with smooth edges, evidently of long standing, existed at the bifurcation of the trachea, and also rested upon firm, solid, laminated clot. The chief interest of the case consists in the two circumstances—first, the very long period which existed between the occurrence of rupture of the sac, and the ultimate fatal event; and secondly, the occurrence of hæmorrhage, in a modified form, at intervals, during the whole of that very long period. The author then discussed the question of hæmorrhage from aneurism generally, pointing out that the case of the late Mr. Liston, recorded in the *Lancet* for December, 1847, was, perhaps, the first to call the attention of the Profession to the possibility of hæmorrhage occurring from this source so long as five months before death, the minor

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discharges of blood which had occurred being before this time referred to other causes than perforation of the sac. He (Dr. Gairdner) had only been able to trace nine or ten instances in which severe hæmorrhage was recorded to have occurred more than one month before death, and only one exceeding the period in Mr. Liston's case — namely a preparation in Guy's Hospital pointed out by Dr. Sibson, in which the patient had severe hæmoptysis seven years before death. It happened to the author some years ago, to be able to place on record another instance, in which an aneurism of the superior mesenteric artery had given rise to hæmorrhage from the bowels twenty-two months before the patient's death. (*Monthly Journal of Medical Science*, vol. x. p. 83.) Dr. Gairdner then proceeded to recite cases in which aneurisms, opening externally, had ruptured, and given rise to very severe hæmorrhage at long intervals before death; one communicated to Mr. Syme (*Monthly Journal of Medical Science*, vol. x. p. 89), where the man lived four months, and died of typhus fever; another recorded by Mr. Stokes (Diseases of the Heart and Aorta," p. 582), in which frequent hæmorrhages took place during a year, after which the tumour became dense and hard, the cough and dyspnœa abated, and three weeks after the last attack, the patient left the Hospital, saying that "he felt quite well." Dr. Gairdner attributed the minor hæmorrhages, in almost all cases, to rupture of the sac; and this cause of hæmorrhage is very apt to be overlooked when it amounts to no more than an inconsiderable leakage, which may last for weeks or even months. He described four varieties of hæmoptysis likely to occur, and endeavoured to associate them with differences in the site and relations of the tumour, and the changes occurring in the lung structure. These he characterised as being very rarely of an inflammatory character, but more commonly either of the nature of collapse from pressure on a bronchus, or of chronic infiltration of blood directly or indirectly from the aneurism. He called in question the explanation usually given of these minor hæmorrhages, that they are produced by venous congestion—1st, because, when pressure on a vein has occurred, hæmorrhage has almost always been associated with direct pressure of the aneurism on the trachea or bronchi; 2ndly, because, in his experience, some of the most characteristic cases of slight and continuous hæmorrhage had been from aneurisms in which no pressure on the pulmonary veins was possible. He would not venture to assert that blood in the discharges of a patient affected with aneurism always indicated the communication of the sac with a mucous membrane, but he believed it generally did so, more especially when hæmoptysis occurred, if the aneurism pressed on the trachea, and if it were unaccompanied by indications of pulmonary change. Dr. Gairdner next pointed out the great importance of this conclusion with reference to diagnosis in obscure cases. He said that in aneurisms characterised chiefly or exclusively by laryngeal symptoms, it is often extremely difficult to arrive at a satisfactory conclusion as to the cause of the very distressing dyspnœa. In this class of cases, he considered the repeated presence of even small quantities of blood in the sputum a most valuable means of diagnosis; for if there be laryngeal dyspnœa and stridulous respiration, if the epiglottis be not thickened, if the mucous membrane of the larynx, so far as it is within reach of the finger, be sound, and if with these signs, positive and negative, there be a persistent tendency to even the slightest amount of blood in the sputum, while auscultation and percussion give negative results, both as regards the lungs and heart, aneurism may in the opinion of the author be predicated with as much certainty as is possible without the physical signs of tumour. Further such an aneurism may be assumed to be small, arising from the back part of the arch, or from the commencement of the innominate artery, and so placed as to entangle either the left or the right recurrent nerve. He concluded his communication by some remarks on a case which he thought exemplified the mode in which these minor hæmorrhages usually occurred. Five or six papillary eminences marked the surface of the trachea where its wall was thinned by pressure of the aneurism, and on each of these distinct pale orifices exist, only one of which was actually perforated; and the discharge of blood had been in this case very inconsiderable.

Dr. Sibson said he assented to the position laid down in the paper, with respect to the value of the hæmoptysis and stridulous breathing as diagnostic of aneurism of the descending aorta. From his own experience he could confirm Dr. Gairdner's view, for he might state that in one-fourth of the cases of aneurism which he had collected, hæmoptysis was present, and stridulous breathing. The symptoms alluded to were far more frequently connected with aneurism of the descending arch of the aorta than with any other part. Pressure on the par-vagum was, no doubt, in great part the cause of the dyspnœa in such cases, and, in a smaller degree, perhaps, pressure on the recurrent nerve, because the latter would only act during the exertion of speaking, coughing, or in the effort of lifting, while the former would constantly tend to produce it.

Dr. Brinton alluded to a case very much resembling one of those mentioned in Dr. Gairdner's paper, and which had come under his own observation. It was that of a costermonger, who had been suddenly seized with aphonia and stridulous breathing, through the over-breathing exertion of the vocal organs in shouting, while prosecuting his calling. When carefully examined, they could detect no sign of disease of the heart or lungs. Some time afterwards he died suddenly, his death being preceded by hæmoptysis. There was a small aneurism of the descending aorta pressing on the recurrent nerve.

Dr. Markham wished to mention a case, which would rather contradict Dr. Gairdner's results, being one in which aneurism was indicated by physical signs, and the expectoration of blood. The patient had gone into St. Mary's Hospital, suffering from aneurism; he left shortly after much relieved. Seven years subsequently he had a second attack of hæmoptysis, and re-entered the Hospital. Having lost a considerable quantity of blood, and not being able to go back to his work, he remained in the establishment in the capacity of porter, and so far recovered as to assist in some of the hardest work that a man could possibly do. He afterwards entered the Royal Artillery, and, as far as he (Dr. Markham) knew, he was still in that service. This case would show that aneurism might exist for a great length of time, without ending fatally.

Dr. Sibson believed that the case cited by Dr. Markham, though no doubt one of aneurism, was not aneurism of the descending aorta.

Dr. Gairdner since his arrival in town had had an opportunity of inspecting the preparation in Guy's Hospital, to which reference had been made. No doubt it was a case of aneurism, which had existed for seven years after hæmoptysis had occurred. It was that of a woman, 54 years of age, and a patient of Dr. Bright. She had been subject to palpitation, and pain between the shoulders. There was no statement in the report of the case as to the hæmorrhage there had been six or seven years previously. No tubercles were detected in the lungs, nor disease in the heart. That was a case then, which must be classed among those of aneurism continuing upwards of a year after the occurrence of hæmoptysis. His object had been to show that continuous, though moderate hæmoptysis, accompanied by stridulous breathing, was diagnostic of aneurism. They might conclude that when such symptoms were found, and no disease of the heart or lungs were detected, they were to be ascribed to aneurism. In one case to which he referred, that had come under his notice a few years ago, and having these symptoms, the diagnosis of aneurism was so obscure that tracheotomy was performed. In another case of aneurism, the patient was seen by Dr. Horace Green, who asserted that there was ulceration of the epiglottis, and advised the application of caustic. Both cases ended fatally, and in the latter the epiglottis was found to be healthy.

A paper by Ernest Hart, Esq. was read relating

A CASE OF POPLITEAL ANEURISM SUCCESSFULLY TREATED BY FLEXION OF THE KNEE-JOINT.

Mr. Hart had brought the case under the notice of the Fellows of the Royal Medical and Chirurgical Society, under the impression that they might be interested in the successful treatment of so formidable a disease as popliteal aneurism by the simple flexion of the knee-joint. J. S. aged forty-one years, consulted him in September 1858, having a popliteal aneurism in the right ham. It was globular, of the size of a small apple, and situated at the lower and outer part of the popliteal space. It had a full beat, but was

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not very near the surface. Placing the patient on the sofa, and baring the leg in order to make a careful examination of the tumour, Mr. Hart found that its pulsation was affected by the angle at which the leg was bent upon the thigh, and that when very complete flexion was effected, its thrill almost wholly ceased. Concluding that in this position the course of the blood through the tumour was greatly retarded, he conceived the hope of effecting the cure of the aneurism by the deposition of active clots, if the leg could be retained for a sufficient length of time in the bent position. After a week's preliminary rest, treatment was commenced by bandaging the leg from the foot to the knee (not covering the tumour), thoroughly flexing the leg on the thigh, and retaining it in that position by the application of a stout roller. He was a thin, wiry man, and the flexion produced no inconvenience to him at the time. He passed a better night than during the previous week, when severe pain had been present in the aneurismal sac. What pain or annoyance was complained of during the treatment was referred to the knee-cap, but it was very trifling, and "barely deserving to be called pain." The tumour was examined on the morning of the third day (about forty hours after flexion was enforced), and considerable solidification had occurred. On the fifth day, the tumour was hard and solid, and neither pulsation nor thrill could be detected. The leg was lightly attached to the thigh at a right angle. On the seventh day, the patient was allowed to move about, the foot being slung. On the twelfth day, the leg was completely straightened, and the patient walked on it with ease, limping from stiffness at the knee-joint consequent upon confinement. Six weeks subsequently, the tumour was hard and firm, and much smaller. After three months, it was barely perceptible, and there was pulsation in that part of the artery. The patient was seen at various stages by the author's friends, Mr. White Cooper, Mr. Coulson, Mr. Holmes, of St. George's Hospital, Mr. Flower, of Middlesex Hospital, and Mr. Buxton Shillitoe. The treatment by flexion in this case was perfectly and immediately successful. It was unattended with any difficulties, it offered no inconveniences, and was not followed by any other than satisfactory results. The case, however, was one particularly well suited for the essay of such a plan of treatment. The patient was not stout, which renders flexion difficult; nor was he aged, which makes it painful. The tumour was of average size and of average prominence; when the knee was bent, the aneurismal sac was below the line of flexure. These he believed to be all favourable circumstances. Cure was evidently effected in this method by the retardation of the current of blood, and the consequent deposition of active clots in the sac—the only manner in which satisfactory cures could be anticipated. This result was probably effected by the combined influences of pressure on the sac by the surrounding fascial and muscular tissues, and acute flexion of the artery. In so far as it was due to pressure, it appeared to be a return to the old method of treatment by direct pressure, but was free from the inconveniences of the screw and pad, which were open to the reproach of occasioning gangrene of the skin, rupture of the sac, and other accidents. Its simplicity and its success in this case appeared to strongly recommend it for further trial. If it were not always successful, there was not any other method free from the same objection; and there seemed reason to hope that the principle might admit of efficient application to a number of cases in which aneurismal tumours were developed opposite to the joints of the limbs.

A paper by Alexander Shaw, Esq. was read, giving a

REPORT OF A CASE OF POPLITEAL ANEURISM SUCCESSFULLY TREATED BY CONTINUED FLEXION OF THE KNEE-JOINT.

This communication consists of the narrative of a case of popliteal aneurism, cured by continued flexion of the knee-joint, according to the method described in the preceding paper by Mr. Hart. The patient, aged 30, first perceived a pulsating tumour in the left ham a week before his admission into the Middlesex Hospital. It was of the size of a lemon, occupied the centre of the popliteal space; was easily compressed; the pulsation was strong, and there were other signs of its being a recent aneurism. On December 1, the knee was secured in the bent position by a band brought round the foot and thigh, and fixed near the hip. The immediate effect of the flexion was that the patient ceased to feel the beating of the tumour, and that on inserting the oiled finger into the flexure behind the knee no pulsation could be discerned. On the fourth day, when the limb was unbound, the tumour was found to have lost about a third of its original size; its walls were thicker and denser, the force of the pulsation was considerably diminished, and the sac had receded more deeply into the popliteal cavity. Gradual improvement continued to take place. Between the third and fourth week from the commencement of the treatment the sac had become greatly reduced in size; its walls appeared nearly solid, and the pulsation was so faint that it was expected at each day's visit to find it extinct. The treatment was varied by occasionally undoing the strap, which confined the knee, for several hours together; but, owing to the stiffness caused by the long continuance of the flexion, the position of the joint was not much altered by the relaxation. It was not till the thirty-eighth day that the pulsation in the tumour altogether ceased. The sac was at that time about the size of a walnut. The patient gradually recovered the power of extending the joint. On the fiftieth day he could walk with only a slight halt, and on the fifty-sixth day he was discharged. During the first ten days the patient complained of the pain, as well as the irksomeness, of keeping his knee constantly bent; and for a slight swelling of the joint a lead lotion was applied. Afterwards he made light of the inconvenience, and he never at any time asked to have the bolt relaxed. At the close of the case, the author offered a few brief remarks on the principle on which the cure was effected; and, in illustration, added the observation that, by extreme flexion of the knee-joint of a sound limb, the force of the current of blood through the popliteal artery can be weakened to such a degree as to cause stoppage of pulsation in the tibial arteries.

Mr. Fergusson congratulated the authors on the success which had attended their efforts, and upon having made a very valuable addition to the practice of Surgery. He thought the treatment of aneurism was greatly benefited by the application of pressure, and also by "manipulation," and which he anticipated would often obviate the necessity of resorting to the knife. Though there might be some failure in the cases detailed, that very circumstance should act as an encouragement to them to persevere in testing the value of the method recommended. The plan had been tried three or four years ago in King's College Hospital, where one of the House-Surgeons had found in a case of popliteal aneurism, that pulsation in the tumour ceased during the flexion of the leg upon the thigh. The aneurism was of the size of the fist, and was treated by pressure on the groin, and flexure of the leg upon the thigh. No benefit, however, resulted from it, and the man becoming impatient of the treatment, went out of the Hospital, and died of another disease. There was another case of aneurism in the popliteal space, in which pressure gave encouraging, but tardy results. In this case it was discovered that on extending the leg to its full degree, after pressure was employed, pulsation had entirely ceased.

Mr. Birkett was sorry to have to record three cases in which aneurism had been treated by flexion and pressure in Guy's Hospital; but he must admit that that mode was not persevered in to the full extent to which it had been in the cases related in the papers read to the Society. In one of the cases, ordinary pressure on the groin was applied, and afterwards pressure by flexion, but without success; the femoral artery was then tied, and the patient recovered. In the second case, the application of pressure, in the first instance, was attended with beneficial results; the tumour, however, enlarged, and the femoral artery being tied, the patient recovered. In the third case which occurred to him, a male patient had an aneurism in the right popliteal space. Pressure was tried for fourteen days, and he seemed to have recovered. The tumour became contracted into a little hard ball. They then resorted to flexion, but abandoned it for pressure. The aneurism gave way; the popliteal space became distended, and it was found necessary to tie the femoral artery. The man seemed nearly well, but he complained of a pulsation of the popliteal region on the opposite side, and a small aneurism was found there. That must have been formed, he considered, during the time he was under treatment for the right side in a recumbent position in bed. The man would submit to no other treatment but tying the femoral artery, which being resorted to, he recovered.

Mr. Savory referred to the interesting nature of these cases in relation to the physiology of the bloodvessels. They all

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knew that an arterial wound in a transverse direction gaped widely, and that when an artery was completely divided the ends retracted. Important as those facts were, they seldom received more than a cursory attention, and no explanation had been given; so that they had yet to ask to what that retraction was owing? Its occurrence at a considerable period after death, as well as during life, showed that it was not due to the action of muscular tissue. Something beside elasticity was required to produce it, and that was tension. The arteries were elastic tubes, always tense; and hence, when once separated, could not by any possibility be brought into contact. Their tension was necessary to their purpose; but there were two exceptions to its presence, in the knee and elbow-joints; for in those regions, if an artery were separated, the ends could be brought into contact again by great flexion; but under these circumstances, the blood was stayed in its course, and pulsation ceased in the limb beyond. He conceived it was to that fact, and not to pressure, in the sense in which the term had been employed, that the cure of aneurism was to be ascribed. In other words, it was due to the fact that the circulation through the artery at a short distance on the distal side of the sac was arrested. Mr. Nunn had alluded, in a work of his, to the remarkably free anastomosis which existed around those joints, which was clearly for the purpose of compensating for the occasional interruption through the main channel. It was his own opinion that this plan was better than ordinary compression, because it did not interfere with the venous circulation; for, though the current through the main vein was interrupted during extreme flexion, still there was sufficient superficial anastomosis around.

Mr. Shaw said he was not acquainted with Mr. Fergusson's case. It might be that the youth of his patients had facilitated the success of his treatment. He would like to know the ages of Mr. Fergusson's and Mr. Birkett's patients.

Mr. Fergusson replied that the age of his patient was 60.

Mr. Birkett observed that in his case the patient was a young man.

Mr. Shaw said he had a case under his treatment in which the patient was of an advanced age. Flexion was employed, but, probably owing to that circumstance, and the great size of the tumour, it did not succeed.

MEDICAL NEWS.

Royal College of Physicians.—At the Comitia Majora, held April 29, 1859, the following gentlemen were admitted Licentiates of the College under the recently enacted Bye-Laws:—Drs. William Grover Carter, Clifton; Thomas Hitchcock, Week, near Winchester; Charles Radclyffe Hall, Torquay; Samuel Hitch, Sandywell-park, near Cheltenham; William Wadham Webb, Kirtley, South Lowestoft; Alexander Fleming, Birmingham; Edward John Tilt, York-street, Portman-square; Samuel Elliott Hoskins, Guernsey; Thomas Mather Ashton, Ormskirk; Gustavus Gidley, Sandgate, Kent; Sigismund Sutro, Finsbury-square; Richard Moore Lawrance, Connaught-square; Septimus Wray, Brixton; William Bell, George-street, Hanover-square; Charles Izard Beard, Brighton; John Cameron, Liverpool; Joseph Nash, Box, Wilts; William Henry Parsey, Hatton, Warwick; James Richard White Vose, Liverpool; Joseph Richie Lyon Dickson, Jermyn-street, St. James's.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 29th ult. viz.:—Messrs. Frederick Cook Jennings, Wakefield, Yorkshire; Thomas Richard Leeson, Blackburn, Lancashire; and James Hamilton Davies, Birmingham. At the same meeting of the Court the following gentlemen were reported to have passed their examinations in anatomy and physiology, and when eligible will be admitted to the final examination for membership, under the new regulations, viz.:—Messrs. Horace Jeaffreson, Alexander George Davey, John Williams Pridham, John Williams, Evan Evans Williams, Henry Davies, Henry Williamson, Evan Lloyd, Charles Arthur Patten, Henry Grant Sutton, Charles Harrison, William James Lancaster, George Ireland Russell, Robert Rosier Merry, Frank Browne, William Paine, and William Henry Dawson, students of St. Bartholomew's Hospital; James Stedman, Edmund Holland, Charles Edward Prince, John Celestin Bernard, George Henry Case, Isidore Bernadotte Lyrn, Richard May Miller, Francis Douglas Harris, and Samuel James Gee, University College; John Bourne Bromley, Richard Davey, Edward Fernie, Isaac Morris, Wm. Park, Hugh Bennett, Jas. Duce, Wm. Townley Duncan Caldwell, and Jno. T. Mercer, Guy's Hospital; Timothy Richardson, William Gayton, Danvers Ward Bush, Simon Cartwright Reed, Thomas Kitching, Henry John Hawthorne, Frederick Dawson, William Frederick Ruttledge, and Francis Henry Welch, London Hospital; William Henry Cox, Edwin John Winterbottom, Frederick Morton Manning, George Fisher Parker, Edward Olive, Frederick Stockwell, and Daniel Seaton, St. George's Hospital; William Travers, Thomas William Orwin, William Dancer Thane, Abraham Bowerman Kernol, Charles John Myers, James Reeves Shorto, and Charles Bennett, Charing-cross Hospital; Joseph Walker, Charles Hammond, Robert Wrixon, Richard Williams, Thomas Dane, and Corathwaite Hector Rason, Middlesex Hospital; Charles William Baines, Henry Ward, Thomas Usher Huxley, Augustus Robinson Hall, and George Fortescue, King's College; Thomas Knight, William Francis Fuller, and William Herbert Scott, St. Mary's Hospital; Mark Batt Tanner and Henry Kettle, St. Thomas's Hospital; Christopher Smyth, Westminster Hospital; James Foster Moore, Joseph Benn Marr, Henry Hume, and George Dawson, Newcastle School; John Erskine Chalmers, James Savage, and Henry Fitzgerald Reynolds, Hull School; Richard Norris and Charles Walls, Birmingham School; David Brown and John Cockcroft, Manchester School; John Albert Morgan, Bristol School; John James Walker Gisburn, Leeds School; Edwin Mason Sheldon, Liverpool School; John Short, Dublin; and John Watkin, Edinburgh.

Royal College of Surgeons in Ireland.—At a meeting of the Council, held in accordance with the Supplemental Charter, on Tuesday, the 3rd of May, the following were elected examiners for the ensuing year:—Mr. Smyly, Chairman; Messrs. Tuohill, Butcher, Byrne, Stapleton, Richardson, Stoker. Midwifery Court of Examiners, Messrs. Jameson, Johns, and Morgan.

Surgical Society of Ireland.—The session of 1858-59 was closed on Saturday evening, the 30th ult., with a very agreeable and numerously attended *conversazione*, held in the museum and spacious board-room of the College of Surgeons. In the absence of the President, Dr. Cusack, the guests, among whom was Dr. Valentine Heyerdahl of Christiania, were received by Dr. Fleming, the Vice-President. The tables in the board-room were crowded with objects of interest, many of which were from the Museum of the Royal Dublin Society. Numerous first-class Microscopes, chiefly of the manufacture of Smith and Beck, Ross, Grubb, Nachet and Oberhaüser, were in requisition; and several very beautiful preparations by Dr. Lionel Beale of London, Mr. S. A. Cusack, Mr. Hayden, Mr. Barker, Mr. O'Meara, Vickers, Porte, and Mr. Richardson, were exhibited. Mr. Horatio Yeates showed objects with the oxycalcium microscope, an instructive and amusing mode of demonstrating preparations to several persons at once. Refreshments were served in the Examination Hall, which has recently been greatly enlarged, and is now a very noble apartment.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, April 28, 1859:—Frederick George Aubin, London; Rea Corbett, Onsett, Essex; W. Birket Proctor, Kirkby Lonsdale, Westmorland; Thomas Harley, Cleobury Mortimer, Shropshire; John Horton Tylecote, Haywood, Staffordshire; Charles Thomas Blackman, London; Charles Albert Barrett, Kingston Bagpuize, Berks; D. Kennard, Lambourne, Berks; W. Sawkins, London; W. H. Taylor, London; C. J. Hellicar, Clifton, Bristol; W. Ravenscroft Heath, Oxford-street, Manchester; Robert Tiffen, Wigton, Cumberland; Thomas Morland Hocken, Dublin; Arthur Wyatt Mercer, West Drayton; Walter Abbey, Wellingboro'; John Howe, Marple, near Stockport. The following Gentlemen also on the same day passed their First Examination:—William Waring, St. Ann's-terrace, Brixton; Samuel Griffith, Tremador, Carmarthenshire.

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APOTHECARIES' HALL, DUBLIN.—The Examination for the Prize of Five Guineas, annually awarded by the Council of Apothecaries' Hall for the best answering on a given subject in Physiological or Pharmaceutical Chemistry, was held on Monday and Tuesday, the 2nd and 3rd inst. The prize was gained by Mr. Elliott, of Dublin, the certificate for distinguished answering by Mr. James Burke, of Stephens-green. The subject of the examination was, "the inorganic constituents of animals and vegetables, their chemical and physical character; the changes which they undergo in the organism, in health and disease; and the mode of detecting their presence."

UNIVERSITY COLLEGE, LONDON. — At a meeting of Professors and Students of the Faculty of Medicine, held on Monday, Professor Williamson, Dean, in the chair, the result of the class examinations at the close of the winter term was announced as follows:—Chemistry.—Gold medal, C. Houghton Gill; 1st silver, Thomas W. Bogg; 2nd silver, J. N. Miller; certificates, 4th, Thomas Griffiths; 5th, Lionel E. Vericas and J. Talfourd Low; 6th, Frederick George; 7th, Alexander Bruce and A. De Negri. Birkbeck Laboratory Students.—Gold medal, Michael Carty; 1st silver, James E. Mallinson; 2nd silver, William D. Hewitt; certificates, 4th, William L. Carpenter; 5th, James Sharples; 6th, John M. Ufford, and G. B. Robertson; 7th, W. F. Bickford and Thomas Kelly. Anatomy, Senior Class. — Gold medal, Samuel J. Gee; 1st silver, Isidore B. Lyon; 2nd silver, Henry C. Bastian; certificates, 4th, Edmund Holland; 5th, William J. Hunt; 6th, John Celestin Bernard; 7th, Henry C. Tofts. Junior Class.—Silver medal, John H. Hutchinson; certificates, 2nd, Thomas S. Smith; 3rd, Frederick T. Roberts; 4th, Thomas W. Bogg; 5th, M. Oscar Hurlston; 6th, Edmund C. King; 7th, Thomas Griffiths; 8th, Samuel Onley. Anatomy and Physiology.—Gold medal, Henry Finch; 1st silver, Henry C. Bastian; 2nd silver, John P. Baker; certificates, 4th, John Dustan and William John Hunt. Comparative Anatomy. — Gold medal, Henry C. Bastian; certificates, 2nd, Samuel Hoppus Adams; 3rd, Thomas Wilson; 4th, Sheldon D. Driver. Surgery.—Gold medal, Thomas Charles Kirby; 1st silver, John C. Bernard; 2nd silver, Samuel Booth; certificates, 4th, Richard M. Miller; 5th, Vincent Whitgreave. Medicine.—Gold medal, Francis William Gibson; silver, equal, Philip Sydney Jones and William Murray; certificate, Jean E. Arthur Le Déant.

GROSVENOR-PLACE SCHOOL OF MEDICINE.—The distribution of prizes at the School took place on Tuesday last, May 3, Sir John Forbes in the chair. The Honorary Secretary in his report observed that the school had been carried on with more than ordinary success during the past session. He alluded to certain changes which had been made in the Lectureships, and to the practical working of the new regulations of the College of Surgeons. He also referred to the political changes in the Profession, with special regard to its probable influence on education, and concluded by congratulating the students on the progressive social influence of Medicine, and the recognition of it by the State, in the Army and Navy services. In the course of this report mention was made of the mode in which the two principal prizes of the school were awarded. The custom had been of giving the first prizes to students distinguished in anatomy. The result was that the prize students studied anatomy to the exclusion of other sciences. To meet this, a General Proficiency Examination had been instituted. This was conducted during the last three days of the session, each lecturer taking a share in the task. The examination extended over twenty hours, and was carried on partly in writing and partly orally and from demonstration. The plan worked excellently. It gave the lecturers the opportunity of seeing what progress each pupil had made, and it trained the student into the way of the most difficult final examinations. After the Report the Prizes were awarded as follows:—*General Proficiency.*—Senior Division: H. B. Dow. Junior division: F. Schofield. *Class Prizes—Anatomy.*—Senior Prize: J. Lovegrove; Junior Prize: F. Schofield; Certificate: R. Risdon. *Physiology.*—Senior Prize: J. Lovegrove; Junior Prize: F. Schofield, E. Thomas, equal; Certificates: R. Roll, T. Tudge. *Medicine.*—Prize: H. B. Dow. *Surgery.*—Prize: H. B. Dow; Certificate: J. Lovegrove. *Botany.*—Prize: J. Lovegrove. *Chemistry.*—Prize: F. Schofield: Certificate: R. Roll. *Materia Medica.*—Prize: J. Lovegrove. *Midwifery.*—Prize Senior: J. Lovegrove; Prize Junior: H. B. Dow. *Medical Jurisprudence.*—Prize: E. Bucknill. *Military Surgery.*—Prize: E. Lanas. *History of Medicine.*—Prize: R. Roll. *Hygiene.*—Prize: H. B. Dow. After the distribution, the President delivered an address, which will be found at the commencement of this number, urging the students to the continuance of industry, and of an enlightened progress. Votes of thanks to the President, the Lecturers, and to Dr. Richardson, closed the proceedings. The large room of the school was filled with auditors, and the admission of ladies adding much interest to the proceedings. The lecturers, pupils, and friends, afterwards dined at the Freemason's Tavern, and rose not until an exceedingly pleasant evening had been spent.

APPOINTMENTS.

At the late meeting of the committee of University College Hospital, Dr. Edwyn Andrew was elected resident Medical officer to that institution, in the place of Dr. Price Jones, resigned.

Mr. WILDE, of Dublin, has been elected an honorary member of the Royal Society of Upsala.

DEATHS.

BENT.—On the 27th April, at Derby, Thomas Bent, M.D. Edin. 1807.

LAYCOCK. — On the 27th April, at Bordeaux, Charles R. Laycock, M.D., aged 54.

RADCLIFFE.—On the 1st May, at his residence in Devonshire-street, Portland-place, Derwentwater Radcliffe, aged 57.

SMITH.—On the 22nd ult. at Birmingham, Mr. John Smith, L.S.A., of hydrophobia, caused by the bite of a dog, on June, 1858. The first symptom appeared on the 19th ult., with a numbness of the arm and hand which had been bitten; the deceased was in other respects in apparently good health, and continued to attend to his professional duties till the evening of Thursday, the 21st, when other more decided symptoms manifested themselves. His three friends, Messrs. Hawkesford, Richards and Partridge, were in attendance, together with Dr. Bell Fletcher, who was called in, but all efforts to relieve their friend were in vain, and he died on the evening of the 22nd. He bore his sufferings with great fortitude and resignation. That precept of "Charity and good will to all men," was well exemplified in the character of our deceased brother.

USES OF VACCINATION.—Small-pox has been raging in the Colony at the Cape; but of the large number of persons, of all ages, who have insured their lives in the colony, it is stated that not one has been affected by this epidemic. Vaccination is made a condition of insurance.

CHLOROFORM.—M. Baudens, in his account of the Campaign in the East, asserts, that although chloroform had been employed 30,000 times in the French army there, no fatal accident had ever resulted from its use. Dr. Rizet, of the Chasseurs, denies this. Two deaths occurred under his own observation; one at the Hospital Ramitchifflick, and another at Gulhane. This denial clearly takes away all value from M. Baudens' statement.

SALE OF A MEDICAL PRACTICE AND AGENCY COMMISSION.—Brompton County Court, before J. L. Adolphus, Esq. Larner and Walters *v.* Ward. This action, brought to recover the sum of £30 5s. 6d. is one of some interest to Medical men disposing of their practice, and to Medical agents. The plaintiffs are agents to Medical men, of 6, Pump-court, Temple, and the defendant Mr. Thomas Hogier Ward, is in practice at Kensington. Mr. Doyle appeared for the plaintiff, and Mr. Cooper for the defendant. In opening the case the plaintiff's counsel stated that the action was brought to recover commission on the sale of the defendant's Medical practice. The defendant had paid into court £3 0s. 6d., being 10s. 6d. for the registration fee, and £2 15s. 6d. for three months' advertisements, leaving £27 10s. 6d. in dispute. The first communication between the parties was upon the occasion of the defendant calling upon the plaintiffs, stating his

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desire of procuring a practice in the south-west coast of England. At this interview the defendant also informed Mr. Walter that he wished to dispose of his own practice. Mr. Walters then gave the defendant a paper containing the plaintiffs' terms, and upon the construction of the words of these terms the case would no doubt rest. The learned counsel then quoted, from the paper in question, "That on the completion of any agreement for the obtaining, disposing, or transfer of a practice, if the particulars be obtained from the plaintiffs, in whatever way the negotiations may be conducted, the commission shall be paid on all such transactions." On the 18th December, 1858, these terms were made known to Mr. Ward, and on the 7th January, 1859, the defendant instructed the plaintiffs to sell his practice for £450, and the lease of his house for £150. These sums the defendant has received from the Medical gentleman who has purchased the business and lease. He should further state that the defendant upon a visit to his clients mentioned to the plaintiffs his intention of employing other agents to effect a speedy sale of his practice, and the plaintiffs then cautioned the defendant that if that course were adopted, Mr. Ward might be called upon to pay two or more agency fees. After this Mr. Ward, on March 12th, called upon his clients, and asked them to withdraw his name from the plaintiffs' books. If that were a *bond fide* withdrawal the plaintiffs could merely claim expenses, conditionally that the defendant withdrew the sale of his practice altogether: but on the very day that the plaintiff had sent £3 to his clients in payment of expenses incurred by them in advertising the defendant's practice, the plaintiffs ascertained that Mr. Ward had disposed of his practice to a Medical gentleman, named Williams, and was introducing that gentleman to the defendant's patients. Upon this the plaintiffs wrote to the defendant inquiring for what amount Mr. Ward had disposed of his practice, at the same time returning the cheque for £3. Mr. Walters was called to confirm his advocate's statement, which the witness did up to a certain date. Mr. Larner, the other plaintiff, said he represented to the defendant the unfairness of employing several agents, and that he would prefer romoving the defendant's practice off his books. Dr. Williams called at the office, and said he did not object to £450 for Dr. Ward's practice; but he objected to pay £150 for the lease of the house. Witness then informed Dr. Williams that if he liked to take the house at £75 per year rent, he need not buy the lease. Dr. Williams afterwards said he did not like the practice in question, and, if possible, would like to get one of the same size, and witness gave him an advertisement of another practice. On March 12, the defendant called at witness's office, and said he had just called to say he had made up his mind to stay where he was—at all events for six months, and witness took the practice off his books, and made a memorandum that it was not for sale, and at quarter-day sent in his account. He heard next day that defendant had introduced Dr. Williams to his business. Mr. Cooper having urged upon the Court that the plaintiffs were not entitled to a further sum than that paid into Court, called the defendant, who swore that he never received the paper of the plaintiff's terms on January 7, it was not until the second interview that the terms were given to him. On February 24, Dr. Williams called upon witness, and the sale was completed on March 24, for £450 for the practice, and £60 a-year for the house on a term of three years. Mr. Doyle, in reply, contended that the defendant could not, and did not, deny that Dr. Williams got the particulars of the business through the agency of the plaintiffs, and that they were entitled to their full claim. The learned Judge said that from the plaintiffs' own showing they had taken the sale of the practice off their books as a termination to the transaction, and he was of opinion they could not receive more that was paid into court. Verdict for the defendant, with full costs accordingly.

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·678 in.
Mean temperature	48·2
Highest point of thermometer	67·0
Lowest point of thermometer	40·5
Mean dew-point temperature	44·5
General direction of wind	..
Whole amount of rain in the week	0·76 in.
Amount of horizontal movement of air in the week ...	850 miles.

VITAL STATISTICS OF LONDON.

Week ending Saturday, April 30, 1859.

BIRTHS.

Births of Boys, 865; Girls, 827; Total, 1692.
Average of 10 corresponding weeks, 1849-58, 1633·3.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	608	599	1207
Average of the ten years 1849–58	542·4	518·1	1060·5
Average corrected to increased population..	..	..	1167
Deaths of people above 90	..	2	2
Deaths in 15 General Hospitals	40	26	66

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	7	7	3	5	3	9
North	490,396	5	9	8	3	8	1	4
Central ..	393,256	..	12	10	2	12	1	1
East	485,522	6	3	13	2	8	2	8
South	616,635	4	5	19	6	5	2	13
Total	2,362,236	15	36	57	16	38	9	35

TO CORRESPONDENTS.

Dr. SIMPSON's fourteenth Lecture is in type, but it is unavoidably postponed until next week.

The conclusion of the Memoir of William Hunter will appear next week.

Upsilon.—Carpenter on the Microscope.

C. M. H. had better send his real name and address.

Mr. Bigg's letter did not arrive in time for this week's publication.

Mr. Williams.—In the last number of the Glasgow Medical Journal.

Dr. Waller's additional observations on "Voltaic Narcotism," shall appear next week.

Mr. Hulme's paper on the Treatment of Lachrymal Fistula shall appear in an early number.

A Subscriber can register his degree if he was in practice as a Physician in England before the Act passed.

T.O.—The French Academy of Sciences has just elected Richard Owen, the British Cuvier, a corresponding member, by 43 votes out of 50.

Inquisitor.—The Council will probably issue some directions as to the use of the title Doctor by gentlemen who have no University degree.

Hope.—It is not likely that Dressers or Dispensers will be required. *Hope* had better obtain some temporary employment until he can pass.

Medicus.—No Licentiate of any College of Physicians is justified in adding M.D. to his name, unless he possess the Degree of Doctor of Medicine.

A. F. P. had better wait until the Register is published, as the judges of some County Courts have held that proof of registration is necessary.

J. H., Subscriber.—The new bye-laws for the admission of Licentiates to the London College of Physicians will be found in our number of February 19.

Chirurgien should apply to the Secretary at the Emigration-office, Park-street, Westminster.—2—Registered Practitioners can practise in any British Colony.

D.R.B.W.—The subject of Prof. Owen's Reade Lecture, to be delivered in the Senate House of King's College, Cambridge, on May 10, will be "The Classification and Geographical Distribution of the Mammalia."

F. A.—We believe that the Medical officers of nearly all Provincial Hospitals are appointed for life, not for a term of years. In a few there is a fixed age for retirement. In none can an officer be dismissed except for misconduct or incompetency.

R. N.—According to Clause 46, the Council may dispense with the provisions of the Act in favour of Surgeons or Assistant-Surgeons, in Army, Navy, Militia, or East India Company's service: but according to Clause 36, no unregistered person, after January 1, 1859, can hold any appointment in the Military or Naval service. The answer we gave last week was in reference to Clause 46.

Oculist.—Sir W. Hamilton says of Cheselden's famous case of cataract that it was "a case remarkable for being perhaps of those cured, that in which the cataract was most perfect (it only allowed of a distinction of light and darkness); and at the same time, in which the phenomena have been most distinctly described. In this latter respect, however, it is very deficient; and it is saying but very little in favour of the philosophical acumen of Medical men, that the narrative of this case, with all its faults, is, to the present moment, the one most to be relied on!

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Cheselden's case," he elsewhere observes, "proves directly the reverse of what it is adduced to refute."

A Fellow of the Royal College of Physicians of Edinburgh.—It was no fault of ours if the Edinburgh College of Physicians subjected itself to misconceptions. By its advertisement it publicly declared that it was ready to bestow its licence on men who had no other qualification whatever than that of "having been fifteen years in actual Practice." We think we were quite justified in saying that such an offer did no credit to, but would bring disgrace upon, the College. That the College was itself, upon reflection, much of the same opinion is evident from the fact of its having withdrawn the resolution referred to; and perhaps we may even venture to say, that the vigorous language of the *Medical Times* had some little influence in determining the College to rescind a resolution which it had advertised as being its deliberate resolve.

Mr. Shaw.—On consideration we think it unwise to reopen the question, but we may refer our correspondent to the following quotation from Dr. Ramsbotham's Obstetric Medicine and Surgery, 4th edition, page 500:

"I was called to a case of ruptured uterus, in which, although the head originally presented, I found on my arrival the breech presenting itself. The laceration took place at the cervix, implicating also the vagina, while the head was entirely above the brim; the head and shoulders of the child had escaped through the new-made opening into the abdominal cavity, and the fundus continuing to contract, the breech was forced down into the situation originally occupied by the head. The child's body was thus made to perform an evolution; and the breech passed into the pelvis, from which I extracted it with some difficulty."—For a case in which laceration took place between the expulsion of the breech and the birth of the shoulders, see *London Med. Gaz.* Feb. 27, 1836.

House Surgeon.—Dr. M'Ghie's oiled paper is a very cheap, light, transparent, and generally useful substitute for oiled silk and other waterproof materials for Surgical purposes. It is made as follows, according to Dr. M'Ghie's very explicit directions:—

"The quality of the paper is the first thing to be attended to. After many experiments with a great variety of papers, I found that the most suitable for my purpose were the various kinds of silk or tissue papers. These vary in quality, and the best I find to be an uncoloured kind, of French manufacture, which is sold at ten shillings the ream. The light red, blue, yellow, and green varieties, also, answer very well. The principal defect of these papers consists of the number of holes which will be found in many samples. The fraudulent maker not unfrequently stows away numerous ragged and damaged sheets in the centre of the packages. Having secured a paper of good texture, the next desideratum is the fluid or varnish by which it is to be coated and waterproofed. The basis of all such preparations is a drying oil, variously prepared, so as to acquire the highest possible drying power. The boiled linseed oil used by painters does not dry with sufficient rapidity, and I found on inquiry, that there is a substance used by painters for fixing the gold leaf in lettering, and for microscopical purposes, and called 'gold size,' which, when mixed with boiled oil, imparts to it highly desiccant properties. I used this mixture for some time, in the proportion of one part of gold size to five or six parts of oil, but abandoned it on account of the disagreeable effect which the gold size appeared to produce upon the person who worked with it. After this I had recourse to the expedient of reboiling the oil for an hour or two, with the addition of substances reputed to possess desiccant qualities. Of these, litharge, acetate of lead, sulphate of zinc, and burnt umber—an ounce or two of each to the gallon of oil—were the substances chiefly used, one or more of them being employed together, according to circumstances. In this way I found that the oil could be made to dry with greater rapidity than by the admixture of gold size, and without any disagreeable effects to the workman. The addition of a small quantity of bees'-wax and turpentine may also be made. As no artificial heat is employed in drying, it was found that in frosty weather, by the method first employed, the drying property was entirely destroyed by the cold; but at present, by the method above described, the paper is found to dry in the course of a single night, even in the coldest weather. We now come to the *modus operandi*. A square board is procured, several inches broader than the size of the sheet to be prepared. Upon this the sheet is spread, and well covered, by means of a broad brush, with the mixture. The first sheet should be brushed on both sides. On this a second sheet is placed, slightly projecting over the first at one end, in order to facilitate the lifting of the sheets when they are to be hung up to dry. This is also to be coated with the mixture. This process is to be repeated till a mass of sheets, from twenty to fifty in number, is prepared. The board is then to be carried to some unoccupied apartment, across which cords have been stretched, and the sheets are to be lifted *seriatim*, and attached by one end to the cords by means of bent slips of zinc or tinned iron. A very small space is sufficient to hold a hundred sheets or more. After twenty-four hours or more it is ready to be taken down. As the sheets were found to be liable to stick to one another, sheets of unprepared tissue paper were at first placed between them; but afterwards it was found more advantageous to dust each sheet, as it was taken down, with French chalk, which prevented adhesion, and communicated to it an agreeable smooth quality. The addition of a little wax and turpentine renders the dusting or any other measure unnecessary. There is only one part in the above process where any manipulatory difficulty may at first be encountered, and that is in spreading, evenly and expeditiously, the dry sheet on the oiled one. This is easily overcome by working the brush freely from the centre to the circumference of the sheet. A ream, or 480 sheets of paper, costs from 7*s.* 6*d.* to 10*s.*, and a gallon of the prepared oil about 3*s.*; so that each sheet costs a fraction of a halfpenny. This does not include the cost of manufacture, which would slightly increase the expense."

The Colchester Medical Society.

We publish the following extract from a long letter by Mr. Worts, upon the conduct which led to the resolution of the Colchester Medical Society, which may be found in our number of last week.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

"Now for the facts; on Tuesday afternoon, March 22, three days before the quarter, my son was informed by a Medical gentleman of this town, 'Mr. Brough,' that a Medical officer for Great Bromley and Ardleigh districts was required by the Tendring Board, and that he might obtain it on application. My son named it to me, expressing a wish to take it. On the following morning, being Board-day, we attended, and before entering the room, asked Mr. Pudney, the relieving officer, if any one had been appointed, or if there was any other candidate; to which he answered, No! We then considered the appointment open, and accepted it—we had heard no reason assigned for the resignation of the former Medical officers, nor am I aware that it was our business to ask one.

Now, Sir, how do these facts tally with the statement in the resolution, which implies that we took office knowing that inadequate remuneration was the sole cause of their resignation? I have no hesitation in saying that had those gentlemen immediately after our appointment written to us stating the cause of their resignation, we should at once have withdrawn, instead of which they lodge their complaint with this society, and a month after commencing our duties we are censured for taking office."

The Edinburgh College of Physicians.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I have heard that the Edinburgh College of Physicians has received a great number—about one hundred—of applications for its license, under the new regulations lately issued by it; and I understand that last week they elected their first batch of Licentiates, in number between forty and fifty. Now, I should be glad to ask your Edinburgh correspondent of last week, who knows so well the intentions of the College, how many out of these (say 100) applicants are Medical Practitioners of his own country? I have heard from authority, upon which I can rely, that the applicants are all Practitioners who live on this side of the Tweed or in Ireland; so that I conclude the Edinburgh College of Physicians desires to supply the short-comings of the London and Dublin Colleges; and that the value of the licence is not properly appreciated in Scotland.

One other very serious question I should like also to ask him: What title will these Licentiates assume on their return to their homes with the Edinburgh diploma in their pockets? Am I wrong in believing, that the man who has a licence from a College of Physicians to practise as a Physician, is to all intents and purposes a Physician, and therefore justified in assuming the title of Doctor. Is the Edinburgh College prepared for such a conclusion? and does it really mean to assume all the rights and privileges of—in fact, supersede—the Universities of the country? We really ought to know whether it is their intention that their Licentiates should take the title.

I am, &c. SIC.

COMMUNICATIONS have been received from—

Professor Simpson; Dr. Richardson; Dr. Balfour; Dr. A. Simpson; Dr. Greenhalgh; Mr. Steel, R.N.; Mr. Wilde, Dublin; Registrar General; Mr. Maysmor; Dr. Baines; Mr. Milner; A.F.R.; Mr. Williams; Mr. Croft; Mr. Wheatley; Mr. Philips; Dr. More; Mr. Worts; Mr. Sage; Mr. Debenham; Mr. Grove; Mr. Slight; Mr. Hamilton; Mr. R. Taylor; Mr. Hatchard; Mr. W. Taylor; Mr. Stainthorpe; Mr. Deranges, F.A. etc.

APPOINTMENTS FOR THE WEEK.

May 7. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

Royal Botanic Society, 3¾ p.m.

Royal Institution, 3 p.m. J. P. Lacaita, Esq. "On Modern Italian Literature."

9. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Dr. Routh "On Defective Assimilation in Infants, and its Treatment."

Royal Institution, 2 p.m. General Monthly Meeting.

10. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Medical and Chirurgical Society, 8½ p.m. Dr. Edward Smith "On the Influence of Foods."—Mr. Holmes Coote, "Case of Talipes Equinus."—Mr. Haynes Walton "On Elephantiasis of the Scrotum."

Royal Institution, 3 p.m. Professor John Morris "On Geological Science."

11. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

North London Medical Society, 8 p.m.

12. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

Royal Society, 8½ p.m.

Royal Institution, 3 p.m. Austin H. Layard, Esq. "On the Seven Periods of Art."

13. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

Royal Institution. (Meeting at 8, Lecture at 9 p.m.) W. Hopkins, Esq. "On the Changes of Terrestrial Temperature at different Geological Epochs."

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By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XIV.

SURGICAL FEVER—ITS TREATMENT.

Gentlemen,—On the treatment of surgical fever I do wish that it were in my power to state something more precise and certain than it is possible for me to offer you; but the whole subject forms a topic regarding which few or no definite and determinate principles have yet been established. We may divide the treatment, however, into two great departments, namely, first, the prophylactic or preventive treatment of the disease; and, secondly, the curative treatment of the malady after it has once commenced. In this, as in other cases, the prophylactic will ultimately, in all probability, come to be of more moment and of more practical import than the curative treatment. But as yet, I repeat, we know too little of either.

I.—The Preventive or Prophylactic Treatment.

A variety of propositions have been suggested by surgeons at different times with the view of preparing patients against the contingencies and dangers of surgical operations, or rather against the chance and danger of surgical fever supervening after these operations.

1. *Date of Operating.*—The question, for example, has been agitated as to whether it was right and advisable to proceed to amputation immediately in cases of traumatic or gunshot injury requiring that operation, or whether it was safer to postpone the operation for thirty, sixty, or more hours subsequently. This constitutes, as you are aware, the essence of the discussion that was carried on among military surgeons for many years as to the eligibility of primary or of secondary amputations among soldiers wounded in battle. It seems now generally decided that the chances of the recovery of the wounded patient are greatly increased, and consequently the chances of surgical fever greatly diminished, by the damaged limb being amputated at once; instead of that operation being postponed and delayed for two, three, or more days. This principle probably applies to cases of traumatic injury in civil as well as in military practice. But, again, many of our best hospital surgeons have thought in regard to chronic cases requiring surgical operation, that it was better and safer not to operate till the patient was acclimated to the hospital by a residence in it of a few days' duration. Others, however, act upon the opposite rule, and operate as soon as the patient enters the hospital, believing that a state of anxiety kept up for some days is liable to damage the patient's constitution, and likely to decrease his chances of recovery. I am not aware that any extensive observations have yet been made tending to settle either on one side or the other the question of the advantage or disadvantage of a short preparatory residence in hospital as a protective against the chances of surgical fever. This question of predisposition to surgical fever may perhaps be stated in other words, thus:—Is not the patient more predisposed to surgical fever when his blood has become deteriorated and charged with effete organic matters, from being allowed to remain unoperated upon for some days after a severe traumatic injury; or, in chronic surgical cases, from being allowed to live for a time in the vitiated air of an hospital before being subjected to the surgeon's knife?

2. *Preparation by Previous Restraint.*—Patients previously in a state of comparative health are sometimes apt to have more or less constitutional disturbance if they are suddenly and inevitably confined to bed; and particularly if they are restrained in one fixed and unchangeable position. They pass through, in other words, what some old surgeons have called "bed-fever." Now there are some operations in Surgery, and those of a kind which, though slight in themselves, are apparently specially liable to be followed by dangerous consequences, where the patient from the hour of the operation is of necessity fixed and restrained in one position. Such an operation is that otherwise seemingly simple one of removing loose cartilages from the cavity of the knee-joint. Listen to the sagacious prophylactic treatment which a London Surgeon, Mr. Young, used formerly to apply to such patients as he operated on for this affection. I quote the account from Mr. Travers's work on Constitutional Irritation. "A healthy carman," writes Mr. Young, "came under my care with a loose cartilage in the right knee-joint. It had several times occasioned him to fall suddenly, and he was very anxious to submit to an operation to get rid of it. It appeared to me desirable to accustom him, before the operation, to the reduced diet, rest, and restraint which would be necessary after it. He accordingly kept the house. On the second or third day of his confinement I put on the roller and bound on the back splint exactly as I intended to do after the operation, to keep the limb perfectly steady. This confinement of the limb occasioned a restless night, some fever, a whitish tongue, a quickened pulse, a little headache, spare and high-coloured urine. He was very unwilling to continue the bandage and splint, to which he ascribed (and justly) all his constitutional disturbance; and the utility of which, prior to the operation, he could not at all comprehend. This circumstance, however, forcibly suggested to me the importance of accustoming him to restraint; it was, therefore, continued; the excitement which it had produced gradually subsided, and when I found that the bandage no longer occasioned any irritation, I performed the operation. Not one untoward symptom arose, the constitution was not in the least ruffled, and the wound healed by the first intention."

3. *Antecedent Dieting.*—It has been proposed to attempt to guard surgical patients against the danger of surgical fever by the antecedent use of particular kinds of diet, and still more of particular kinds of medicine. Of course, this indication can only be carried out where the surgical operation is for some chronic form of disease or injury, and where this kind of preparatory treatment can be carried on for a week or two, or longer, before the date of the intended operation. Some men fed in a particular way are specially liable to fatal attacks of surgical fever after even the slightest operations. Their blood is probably permanently supercharged with such excess of fermentible organic materials as readily to undergo those zymotic changes which, as we have seen, apparently constitute the foundation and essence of surgical fever. Thus many London Surgeons tell us that the draymen and other servants connected with the large breweries in the metropolis, and who, as a general law, are perhaps in the habit of drinking too much of their own ale, almost all go wrong when admitted into Hospital with surgical wounds or injuries. Is the Irish peasant, fed almost solely on potatoes, or the Scottish peasant fed almost solely upon oatmeal, as liable to fatal surgical fever after surgical injuries? I can adduce no statistical proof in answer; but the general impression seems to be that they stand surgical knocks, and injuries, and operations with a wonderful impunity. We know statistically that the rice-eating Hindoo usually recovers with unusual speed and certainty after severe surgical mutilations. There was some time ago published a series of a hundred operations for elephantiasis of the scrotum, an operation which is often most formidable from the great size of the tumour which is removed. In the list I allude to only six or seven, as far as I remember, died. But here, perhaps, the wonderful success that was attained was dependent upon the race on whom the operation was performed. For, as a general law, the black races seem to bear injuries and operations with far more impunity than the white races of mankind; that is, they do not apparently fever after them with the same facility or the same intensity. But it is at the same time to be remembered that when epidemic diseases and fevers, such as cholera, yellow fever, etc. once do in reality attack members of the black race, they usually sink more speedily under them than members of the white race living in the same locality.

We as yet know too little of the effects of rapid changes in food to be able to say whether any great alteration in the diet of a patient for two or three days before the performance of a surgical operation, is likely or not to have much influence on the result, though the subject is one certainly worthy of a more elaborate consideration than has hitherto been allotted to it. You will find in practice that some surgeons are in the habit of placing their patients on a lowish table of diet for a day or two before operating. But most of them follow an opposite rule, believing that patients have the best chances of recovery when operated on with their constitutions, their

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blood, secretions, and excretions, unaltered by any previous notable and extreme changes in their food. Perhaps the indication ought to be to attempt to bring the patient as near the normal or natural standard of health as possible, by an improved diet if they are weak and asthenic; by a reduced diet if they are plethoric and inflammatory.

4. *Prophylactic Medications.* — Therapeutic prophylactic measures have also, as I have already hinted, been tried with the view of preparing surgical patients to encounter the danger of the surgical knife with increased chances of escape and safety. With this view, various tonics and alteratives have sometimes been given to surgical patients before operations to avert the chances of surgical fever afterwards. No very great or marked results have hitherto attended this form of surgical prophylaxis; and, indeed, we need the less wonder at this, seeing that these experiments have never yet been conducted on any very extensive scale. But I confess that it has always appeared to me that this line of inquiry was—in relation to surgical operations—one of the most important to which the "young Surgery" of these times could turn its attention. Look at these two patients lying next bed in the same ward; they are nearly of the same age, and were a few days ago operated on by the same Surgeon. One of them has had his leg amputated, and though thus the Surgeon's knife has produced upon his body a great mutilation, and left upon it a great surgical wound, yet his pulse is quiet, his skin is cool, and, in short, constitutionally he seems perfectly well. The other patient, lying within a few feet of him, has merely had a small and simple subcutaneous tumour removed from the surface of his thigh—an operation requiring infinitely less cutting, and leaving an infinitely smaller surgical wound. But his pulse is ranging up to 130 or 140, his skin is alternately burning and perspiring, and altogether he is suffering under a dangerous, and probably, a fatal attack of surgical fever. Now, there must have been something different in the two constitutions of these two men before operation; the existing state of constitution in the first patient not rendering him liable to surgical fever, even after one of the severest operations in Surgery; the existing state of constitution of the second patient rendering him, on the contrary, liable to be attacked after a very small wound, and a slight application of the surgical knife. The great question for solution is, could we by any artificial means, adopted beforehand, produce in all our surgical patients that defiant or resistant state of the constitution which enabled that first patient with the amputated limb to bear with impunity, and without danger from surgical fever, the severe surgical operation to which he has been subjected? Or, in other words, could we by any antecedent means so change, improve, and fortify the existing state of constitution of the second patient, as to make him bear with impunity the application and effects of the Surgeon's knife? The problem is a practical problem, not so impossible in its nature and principles as to prevent us making earnest and anxious attempts at its solution; and, whoever could successfully solve it for the prevention of surgical fever in surgical patients, or, let me add, for the prevention of puerperal fever in puerperal patients, would, in my opinion, make one of the greatest advances that could possibly be effected at the present hour in the onward march of Medical science; because it is one that would probably save more human lives in surgical and obstetric practice than any other one single discovery.

Various alteratives and tonics, as I have stated to you, have been tried, with this prophylactic intention, but none of them, on any great scale, or with any great degree of perseverance. With this view, patients have, preparatory to operations, been placed upon doses of disulphate of quinine, of chlorate of potass, etc. You all know that Mr. Hamilton Bell, and other practitioners in this city, have of late years been led to place great reliance upon the curative powers of tincture of the muriate of iron in cases of erysipelas. In many points, there is a strong analogy, though by no means an identity, between the compound febrile and inflammatory character of surgical fever and of erysipelas. Arguing thus, I long thought that muriate of iron if given as a prophylactic against surgical or puerperal fever, might probably contribute to prevent the constitution being attacked with these diseases; seeing that it was one of the simplest means of getting rid of the analogous erysipelatous affection after it had once begun. For about eighteen months before he retired from the position of operating Surgeon to the Royal Infirmary, my friend Dr. Dunsmure was so good as to place, at my suggestion, all the patients whom he operated upon, and in whom there was time to use such prophylactic measures, upon doses of muriate of iron given two or three times a-day. Dr. Dunsmure has repeatedly assured me, that after adopting this prophylactic measure, his surgical patients seemed to him to recover better and with fewer threatenings of surgical fever than at any previous time during his connexion with the Hospital. All this might be a coincidence, but Dr. Dunsmure's own impression was that this favourable result was a consequence of the therapeutic measure which he thus employed. Of course a far more extensive experience is required to establish this as a fact, and far more certain and successful prophylactics may be found than the tincture of the muriate of iron. Allow me only further to observe that if the views which I have attempted to give you of surgical fever be in any degree correct, these prophylactics will probably consist of therapeutic means capable of sustaining in their fullest activity the secretory and excretory functions of the system, and thus of keeping the blood itself as free as possible from any over-accumulation within it of unnecessary and effete organic materials. And no doubt the greater accumulation there is of effete matters in the blood at the time when fever happens to be set up in the system by the imbibition of any septic poison, the greater is the peril attending the febrile action. This is true even when the existing effete matter is not the organic material upon which the imbibed zymotic poison specifically acts. Small-pox, for example, scarlatina, and measles, have specific predisposing materials upon which these different poisons especially act, these specific predisposing materials being, as a general law, exhausted in the economy by one attack of these special fevers. But when the poison of any of the diseases which I have just named enters the body of a woman in the puerperal condition, and consequently at a time when her blood is temporarily overcharged with an unusual excess of organic materials in a state of retrograde metamorphosis, in consequence of the rapid absorption of the involving uterus, etc.; then the febrile action which supervenes is usually so extreme in its degree as almost always to prove speedily fatal. Hence, small-pox, scarlatina, and measles, are ten or twenty times more disastrous and dangerous in the puerperal state, than in the common normal state of the system.

5. *Purer air of country, of home, etc.*—Among the prophylactic measures against surgical fever, there is a series which from their great importance I ought to have mentioned earlier, I mean all those which are calculated to enable the patient to breathe the purest possible air, and to burn off in the way of respiration any excess of effete organic material which is removable by that channel, and that might otherwise accumulate within the circulating system. Surgical patients no doubt recover in greater numbers when breathing the pure air of the country, than the more vitiated air of the city, and when operated on at home, rather than in the close and crowded wards of an Hospital. I have often taken occasion to ask of country Surgeons the results of their greater operations, such as amputations, and been astonished at the small proportion of losses which they met with in comparison with the mortality accompanying the same operations in our larger Hospitals. Many years ago, Mr. Wardrop, of London, published some observations, in which he suggested that the great success attendant upon surgical operations, in country practice, was explicable by the circumstance, that owing to less assistance being at hand in country than in town operations, excessive bleeding more frequently happened in the former at the time of operating. This unintentional blood-letting was, according to Mr. Wardrop, the cause of the greater success of country than of town operations. In these anti-venesection days, I doubt if such an explanation could be at all admitted, and besides, I doubt, on the whole, whether in these more educated days most surgical operations are not as well and adroitly performed by those country Practitioners who undertake them, as they could possibly be elsewhere. We know that when all precautions as to placing surgical patients in abundance of free and fresh air are set at nought, and when many are crowded together into a small ward, the worst forms of surgical fever, with hospital-gangrene, spread rapidly among the unhappy inmates. You can thus create and manufacture the disease almost at will, by directly disregarding and neglecting all cleanliness and purity of air; and it may

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yet come to be a question whether we should not give, on the contrary, our surgical patients a greater chance of escape by changing our large Hospitals into villages, and the palaces of which they consist into cottages, than by adhering to the present system of erecting for their reception houses built with wards above wards. Perhaps, even, hospital wards get deteriorated by long use, and the emptying, cleansing, and whitewashing of them from time to time is, no doubt, a prophylactic measure of paramount importance. Old surgical Hospitals, and old surgical wards seldom offer such good returns from practice as newer Hospitals and newer surgical wards.

6. *Particular seasons, etc. preferable.*—Under the sway of old-world wisdom and experience, many ancient surgical authors recommend all operations admitting of delay to be postponed till the return of the more healthy seasons of the year, believing, as they did, that the convalescence of surgical patients was more favourable in summer and autumn than in winter and spring. Some modern continental surgical writers still repeat the same prophylactic advice. British Surgeons, perhaps, look upon all such advice with too much carelessness and contempt. But do not despise a single atom of human knowledge that gives you any chance of saving a human life. Most medical diseases are somewhat more severe, and the convalescence from them somewhat more slow and unfavourable in this country during the prevalence of the east wind. Why, when it is avoidable, should we unnecessarily submit surgical patients to the increased dangers of surgical fever at such times. In some localities, on the contrary, during particular winds, the community becomes greatly healthier than at other times and seasons. Thus Dr. Winterbottom long ago stated, that in Sierra Leone and its neighbourhood, during the blowing of the Harmattan wind, intermittent and remittent fevers straightway cease, and it is impossible to spread small-pox even by direct and repeated inoculation. Mr. Horton has confirmed to us the truth of these observations. The Harmattan wind blows usually for five or six weeks. Its great characteristic is its great dryness, for it has passed over the arid and rainless desert before it reaches Sierra Leone, and other parts of the west coast of Africa. I am not aware whether surgical operations prove specially successful during its prevalence; but probably it is so, as ulcers are averred to heal rapidly during its continuance.

7. *Communication by contagious inoculation.*—Surgeons have hitherto scarcely, or indeed not at all attended to a kind of prophylactic which ought to be to them of great importance, provided surgical fever is so analogous as I believe it to be to puerperal fever, as to be capable of being propagated by similar means. Almost all English accoucheurs believe that occasionally puerperal fever is liable to be communicated by the medium of the Medical Practitioner from a patient already attacked to a person in labour, being spread from the diseased to the healthy by the accidental inoculation into the latter of morbid inflammatory secretions thrown out in the course of the disease in the body of the former. The evidence of the truth of this fact, as far as regards the communicability of puerperal fever, is, I think, quite overwhelming to any unprejudiced mind; and the neglect and defiance of it are constantly leading to unnecessary because avoidable mortality, particularly in the practice of continental obstetric Hospitals. Do the Surgeon or his attendants after handling the wounds of patients labouring under surgical fever, or coming in contact with their discharges and any zymotic poison or poisons contained in them, and immediately afterwards touching recent surgical wounds in new patients, ever inoculate into these recent wounds a zymotic poison capable of stirring up surgical fever in the new surgical patient, supposing he is otherwise predisposed to an attack of the disease? I believe that surgical fever is often enough propagated in this way, just as puerperal fever is. Surgeons will tell you that they have occasional runs of bad luck among those on whom they operate. In other words, they have surgical fever occasionally in their practice, and are spreading it from patient to patient; and ought, under these circumstances, to do what I once heard of a distinguished English Surgeon doing, viz. locking up his knives for some weeks. They should, like the accoucheur, under similar circumstances, suspend their practice for a time. Perhaps surgical fever is spread in this way in Hospitals by Surgeons themselves, by dressers and nurses, to a degree that is at present not yet dreamt of.

But prophylactic measures against surgical fever may be employed not merely before and during operation, but after them. In all cases there is an interval between the date of the operation and the date of the attack of the disease. This interval may be an interval of hours, or an interval of days. During it various of the prophylactic measures of which I have already spoken in the way of ventilation, regimen, etc., require, of course, to be enforced. Above all the patient, as an important prophylatic measure, must be kept perfectly quiet, and as free as possible from all excitements and causes that could irritate either the vascular or the nervous system. It is with this view that some Surgeons, particularly after great operations, are in the habit of giving their patients a full dose of opium. They usually content themselves with the exhibition of a single dose. But if it is thus of use why not keep the patient under the influence of the drug, not for twelve or twenty-four hours only, but for some days? In the treatment of patients after the operation for vesico-vaginal fistula, I have already spoken of the safety and success which attends the practice of keeping the patient on small and often-repeated doses of opium or morphia for a week or ten days from the time of operating. In some operations, as the operation for strangulated hernia, this practice would surely be attended with happy results; and indeed after all operations of any greater severity it would have this beneficial result at least, that when the drug agreed it would keep the patient quiet and comparatively comfortable during the tedium and ennui of the first week or so of the inevitable condemnation of the surgical patient to his bed.

But we must hasten on to say a few words regarding the Curative Treatment of Surgical Fever.

(To be continued.)

ORIGINAL COMMUNICATIONS.

ADDITIONAL OBSERVATIONS ON VOLTAIC NARCOTISM.

By A. WALLER, M.D. F.R.S.
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In a former number of this Journal, March 19, 1859, I communicated some observations on the so-called process of voltaic narcotism of Dr. Richardson. According to experiments performed on myself, several other persons, and on animals, it was evident that the local insensibility thus obtained was quite irrespective of the electricity employed, and was simply due to the local absorption of the chloroform and aconite made use of.

The non-influence of electricity was most clearly demonstrated in the simple fact that, by the mere topical application of the narcotic mixture, *i. e.* equal parts of tincture of chloroform and aconite, I obtained, on some, complete insensibility of the skin in less than half the time employed by Dr. Richardson with the intervention of electricity. Hasty inference would therefore lead to the admission that electricity exercised rather a retarding than an accelerating influence in producing absorption and anæsthesia.

Careful comparative experiments, however, demonstrated to me that electricity, whether derived from a twelve-celled Smee's battery, or by a small thirty-celled battery of Meinig, exercises no appreciable influence on the absorption of the medicaments or on the production of local insensibility of the skin.

The conclusion, therefore, is, that the so-called process of voltaic narcotism is a lusus physiologicus, and all the effects obtained are solely referable to cutaneous absorption.

I should have inferred that Dr. Richardson had accepted this conclusion, my observations having been left uncontradicted by him, had not some slight remarks in the *Lancet* of April 16th, shown that he appears still to maintain the advantages of voltaic narcotism in tooth extraction. Without wishing in any way to prevent careful experiments on this subject being made, for determining whether sufficient insensibility may thus be produced to render the operation of tooth extraction painless, yet I would advise the experimenter to discard the useless adjunct of the voltaic battery, and to trust alone to local absorption. By so doing, much of the danger incident to the introduction of such dangerous agents into the mouth will be avoided, as the operator's attention

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will be undivided by the complications attendant on the application of voltaic electricity.

One of your correspondents, Dr. Guenaud de Mussy, from a hasty perusal of my communication, I suppose, has been led to some erroneous conclusions on the import of my experiments, and fears that they may tend to the abandonment of the external use of chloroform and aconite. A more careful perusal of my paper will, I think, show him that my observations solely referred to the prolonged application of the narcotic mixture, and not to its ordinary topical application. When cautioning against its employment on the skin of infants, the whole context indicates that my remarks were directed against its use in cases such as the infant of ten weeks old operated upon by Dr. Richardson, where the application of a mixture of equal parts of tincture of aconite and chloroform was continued for at least half an hour, if not for an hour, the duration of the last two applications being not stated.

My experiments on animals show that absorption under such circumstances frequently produces death, and I have very little doubt that a few more such operations as the above would have furnished illustrations of its fatal nature. Whether the caution in its use which I inculcated was excessive, I must leave to the judgment of others, reminding the reader, however, that in Pereira's Materia Medica it is repeatedly stated, that "when there is any abrasion of the skin its use is attended with danger." Dr. Fleming in his work on aconite recommends the same care. The mode of applying aconite, against which I animadverted, is, however, widely different from the ordinary topical use of liniments, etc. containing aconite, and cannot be regarded as militating against the ordinary use of this valuable medicament.

I will now examine some secondary or collateral points which came under my observation in the course of my experiments on this subject, and which are not devoid of interest.

I have already mentioned the considerable amount of inflammatory action induced by the prolonged application of the narcotic mixture. Its contact for ten or fifteen minutes is almost invariably followed by vesication and even destruction of the superficial parts of the cutis, of a very painful and obstinate character.

Cicatrisation of the suppurating surface is much more difficult than in the ordinary mode of blistering, which is in all probability owing to the depressed vitality of the skin occasioned by the aconite which it has absorbed, and which occasions such a prolonged anæsthesia, lasting, as I have stated, for upwards of twenty-four hours.

In my own case, where the application of chloroform and aconite was continued for about fifteen minutes, I find now, after the lapse of eight weeks,

1. That the spot is still much more tender than in the normal state.

2. The power of localising the sensation is so imperfect, that with the eyes shut it scarcely seems as if the point irritated belongs to the arm, while around it and on the homologous parts of the other arm such is not the case. This is the more interesting as it shows clearly that upon the external surface of the cutis are localised the most important of its tactile powers. On the other hand, it is remarkable to see in many cases of imperfect paralysis, how defined and clear are its powers of touch and of localisation; for when examined with the points of a pair of compasses on Weber's plan, scarcely if any difference in the tactile powers will be detected. Whereas, after the superficial destruction of the cutis as above described, its tactile powers are exceedingly impaired.

3. Skin irritation, as by pinching with the nails, which easily causes goose flesh contraction and wheals, has no such effect over the point in question.

4. The papillary elevations and the hair are still entirely absent.

5. The pigmentum of the skin is somewhat darkened over the spot.

6. On plaiting the skin up in a fold between the fingers, I find that its thickness is still greater than that of the sound arm. In a word, the structural changes are all those of a superficial destruction of the cutis, with inflammation of the subcutaneous cellular tissue. All which symptoms, be it remembered, were produced by the so-called process of voltaic narcotism for 15 minutes.

In my former experiments I found the hair of the dog over most of the trunk and extremities completely insensible to cutting, pinching, or pricking. This unexpected and apparently paradoxical statement has been confirmed in several cases which I have since had an opportunity of examining. Recently a friend of mine has tested the fact on a very powerful Newfoundland dog, which, while perfectly at liberty, allowed the skin to be cut without manifesting any discomfort, until the ear was irritated, when he gave unmistakeable signs of displeasure, which it would have been dangerous to disregard. Beneath the skin the division of the superficial nerves gives rise to considerable pain. We have, therefore, here, an exception to the physiological rule, that nerves are more sensible at the extremities than in the trunks.

With regard to the sensibility of nerves and nerve extremities, I have had occasion to make some experiments which are demonstrative of the intimate connexion and even dependence of abnormal sensibility of a nerve on the state of the circulation of the bloodvessels surrounding it. In many cases of toothache, with or without exposure of the nerve by decay of the tooth, I have, on many occasions, been able to arrest the symptoms, and completely remove the pain, by compression of the carotid on the corresponding side of the face. When this is done at the first stage of toothache, *i. e.* that of fulness and of dull uncertain pain, a temporary compression of the carotid will, if continued for a few minutes, generally prevent the attack.

In cases even of violent odontalgia, the same means will often completely remove the pain and cure the attack, while in others it affords merely a temporary alleviation.

ON SOME OF THE

INJURIES AND DISEASES OF JOINTS,

AS ILLUSTRATED BY CASES FROM GUY'S HOSPITAL.

By THOMAS BRYANT, F.R.C.S.
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SIMPLE DISLOCATION.

The subject of simple dislocation is the next that claims our consideration; and, as it is not my intention to describe in this series of papers all the different symptoms by which each form may be distinguished, nor to write what can be easily found in any of the ordinary surgical class books; but rather to give my professional brethren some knowledge, of what the experience of Guy's Hospital affords to any one willing to glean materials within its walls. I shall divide my subject into chapters upon dislocation of the upper and lower extremities, and give in short notes the history of cases which illustrate the subject, or which present any peculiar points of interest; at the same time making such remarks upon the cases, either as a whole, or individually, as may render them of more service in a practical point of view.

Commencing at the clavicular articulations, I have four cases; one of dislocation of the sternal extremity forwards in a boy, aged 13, who was run over; some difficulty was experienced (as is generally the case) in the treatment, but by means of a good pad over the part, and a figure of 8 bandage, the bones were kept in apposition, and the boy left the Hospital convalescing.

The second case was one of dislocation of the sternal end of the clavicle backwards in a man, aged 52, who received the injury from a load of bricks falling upon him. He was admitted with fractured ribs upon both sides and dislocation of the sternal extremities of the clavicle backwards. He was so much injured in the chest that an attempt at reduction at the time was not made, but the following day the bones were found to have returned to their normal position; a bandage was applied, and the man left well.

The third case was one of dislocation of the acromial extremity of the clavicle upwards, with comminuted fracture of the acromian process; it occurred in a man aged 49, from a fall upon the shoulder. The arm was bandaged to the side, and raised as much as possible, and moderate pressure applied over the dislocated bone. The man progressed well, and he left the hospital convalescent.

The fourth was a simple case of dislocation of the acromial end of the clavicle upwards in a man, aged 40, from a fall

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upon the shoulder; by a pad and bandage the dislocation was reduced and he left well.

These cases are examples of the forms of dislocation of the clavicle which are generally met with, and illustrate the treatment which should generally be pursued. But it must not be supposed that similar treatment will answer in all cases; the scientific Surgeon must not bind himself to a peculiar method in the treatment of any form of dislocation, but must be guided by the symptoms and difficulties of each case; each one will generally present some peculiarity, and some difficulty to overcome; and as a consequence, the treatment (if it is to be successful) must be moulded or adapted to its peculiar wants. In one case a line of treatment will prove of service, which in another will be useless, if not injurious. The principles of treatment will then be the only true guide to the Surgeon, and his practice (if it is to be successful) must be the result of their careful consideration.

DISLOCATION OF THE SHOULDER JOINT.

The frequent occurrence of dislocation of the shoulder-joint, renders the consideration of the subject of peculiar interest: it is an accident which comes before the notice of the Surgeon at all times; and being an emergency requires prompt and energetic treatment; an oversight brings disgrace upon the Surgeon, and inflicts a lifelong source of anxiety and inconvenience upon the patient.

My notes of cases furnish me with twenty-two examples of dislocation downwards, five of dislocation forwards, and six of the two former combined, together with one of dislocation backwards.

These thirty-four examples illustrate the whole subject of dislocation of the shoulder-joint; downwards, forwards, and backwards being the only possible directions in which the head of the bone can pass. It is true, there may be instances where the bone may pass midway between the points above indicated, and I have cited six cases where such was the direction taken; and although it is necessary to divide all subjects into general divisions, in order to understand them, and to explain and give directions for their treatment, still, there is no doubt, that practically such arbitrary rules are constantly deviated from, and that in dislocations of such a moveable joint as the shoulder, the head of the bone may be dislocated, and rest upon any portion of its fixed articulating surface.

Method of production.—In thirty-one out of the thirty-four cases the cause of the injury was a direct fall upon the shoulder, either forwards, backwards, or outwards; in two instances only of dislocation downwards, and in one of dislocation downwards and forwards was the bone displaced by a fall upon the extended arm. It is thus clear that a direct blow upon the bone itself is generally the cause of the dislocation.

Sex.—In twenty-nine cases they were males, and five females.

Period of life.—The period of life at which dislocation of the shoulder is most liable to occur, is evidently past the middle age: it might have been expected that in old age fracture of the bones would have taken place rather than dislocation, from their greater brittleness; but the facts demonstrated below prove the correctness of the former opinion.

3	cases were	under	20	years of age.		
5	,,	between	30	,,	and	40
5	,,	,,	40	,,	,,	50
10	,,	,,	50	,,	,,	60
10	,,	,,	60	,,	,,	70
1	,,	,,	70	,,	,,	80

The youngest was 13, and the oldest 74; and it may be observed that no instance occurred between 20 and 30.

Treatment.—The treatment of dislocations since the introduction of anæsthetics has comparatively become an easy task; the muscles of the dislocated joint, when the patient is fully under the influence of chloroform, offer no serious impediment to the reduction of the bone, and as a rule the bone may be easily replaced; yet at times much difficulty is experienced, and for the explanation of which some other cause than the spasm of the muscles must be found. There is no doubt that the cause is a mechanical one; and it must be evident that it is not in the bones themselves, as in the shoulder-joint the bones can be easily moved in any direction, but yet cannot be replaced. The only source of obstruction must then exist in the soft parts, and the capsular ligament itself must surely be that impediment; the head of the bone has been pushed through its capsule, and the obstacle to its reduction in early cases consists in the difficulty to return it through the rent made in this moveable capsular membrane.

In fifteen of these cases of dislocation reduction was completed with ease, under the influence of chloroform, within twenty-four hours, and in eight of these within six hours, by simple extension with the heel on the axilla.

In one case, of a man, aged 68, in which the bone was dislocated forwards, an attempt to reduce it by extension without chloroform failed, but at once succeeded under its influence.

One case of dislocation downwards was reduced upon the 4th day, and a second upon the 11th, and a third upon the 14th, by simple extension and chloroform.

In two patients, both aged 50, reduction was effected after six weeks by similar treatment; and in three, aged respectively 68, 60, and 19, all attempts at reduction failed after the second month.

A simple plan of reduction proved successful in a case of dislocation downwards, which is worthy of record, as it has in several instances proved practically of great value, and from its simplicity is calculated to be of interest.

A man, aged 41, when drunk fell upon his right shoulder; dislocation of the head of the humerus downwards was the result; the man did not seek advice for three weeks, when he applied to Guy's, with the symptoms well marked. Chloroform was administered, and the arm extended at a right angle to the body; the Surgeon then placed his right hand upon the scapula to fix it, and the thumb in the axilla, pressing upon the head of the bone. With his left hand having applied extension, he suddenly brought the arm down over the chest, and then by a sudden movement the head of the bone snapped into its natural position, the thumb acting as a fulcrum. In two other cases the same method was adopted with success, one of dislocation downwards in a man, aged 58, and the second of dislocation downwards and forwards (subcoracoid) in a woman, aged 23, seventeen hours after injury, in which the treatment by extension had failed. Since the above was written an example of dislocation downwards of five weeks' existence, was reduced by the same simple method in a man, aged 48, in whom several unsuccessful attempts had been made before he applied to me.

A method of reduction is exemplified in the next case to be related, which I believe is of some novelty, and is certainly worthy of a trial in old cases, where the ordinary attempts fail to reduce the dislocation; its simplicity also is a strong recommendation.

A man, aged 32, having twenty-five days prior to his admission into Guy's, under the care of Mr. Cock, fallen out of a cart upon his shoulder, dislocated the head of the humerus downwards. Several attempts at reduction had been made, but without success. When admitted chloroform was given, and extension at all angles made without benefit; an air-pad, made of vulcanised india-rubber, was then placed in the axilla, and the arm firmly bandaged to the side; the air-pad thus being made to exert a powerful outward pressure upon the head of the bone. Upon removing the bandage upon the third day, the head of the bone was found to have returned to its natural position. The man was unconscious of any sudden snap, which is generally experienced in the reduction of dislocations; and it is probable that in this case no such sudden movement had taken place; the regular and steady pressure upon the head of the bone probably pressed upon the capsular ligament, which was the real obstacle to the reduction; and this at last gave way, and permitted the bone gradually to assume its normal position. Whatever way, however, we may wish to account for it, the end was a good one, and the method is worthy of remembrance and repetition in similar cases.

A case of dislocation of the humerus forwards, remains to be related, complicated with fracture of the clavicle and ribs of the same side; it occurred in a man, aged 61, from a fall upon the shoulder from a height. The dislocation was reduced three hours after the injury by extension with the heel in the axilla, and the parts bandaged. Convalescence speedily followed.

In these cases of dislocation, complicated with fracture, much difficulty is often experienced in their treatment; the dislocation should always, if possible, be reduced at once, and the fracture subsequently treated; the method of reduction

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must be adapted by the Surgeon to the wants of the individual case, no general method being applicable. In the following case, however, of dislocation of the head of the humerus into the axilla, with fracture through the neck of the bone, reduction was found impossible. The case has been published by Mr. Cock, in the "Guy's Hospital Reports," vol. i. 3rd series. It occurred in a man, aged 42, who had fallen from a considerable height upon his shoulder. When admitted, the joint presented the ordinary symptoms of dislocation into the axilla. Chloroform was given, and an attempt at reduction made, when it was at once discovered that a fracture existed through the neck of the humerus. All attempts to force the head back into the glenoid cavity completely failed. Considerable inflammation and swelling followed this operation; but at the expiration of a week, when this had subsided, a fresh effort at reduction was made, but with a similar result. "As soon as the muscles recovered their tonicity, the end of the shaft resumed its position in the glenoid cavity, and I ordered the man to get up and walk about with his arm in a sling, and to use a moderate degree of motion at the shoulders, with the view of preventing any distorted union from taking place between the head and the shaft; and also for the purpose of encouraging the formation of an artificial joint between the latter and the glenoid cavity." The man experienced but little further pain or inconvenience, and left the Hospital with the injured arm two inches shorter than that of the opposite side. Mr. Cock afterwards learned that he had regained considerable use of the limb, but had had no opportunity of ascertaining the condition of the shoulder, or the degree and extent of motion of which it is capable. In old cases of dislocation, in patients advanced in life, if fair mobility is present, an attempt at reduction should not be made, as the injury which is almost certain to be produced by violent extension will probably be more injurious than the evils of a dislocated bone, particularly when the head of the bone has already partially accommodated itself to its new position. In two cases of dislocation downwards in patients 60 and 50 years of age respectively, this line of treatment was adopted; the bone had been displaced nine and seventeen weeks, and fair mobility existed; the hope of reduction being small the patients left unrelieved.

A third case also of dislocation backwards upon the dorsum was not treated for similar reasons; it was in a man, aged 66, and was of two months' standing, and the bone had accommodated itself to its new position, good movement being experienced. In like instances a similar line of treatment should be adopted.

Reviewing the whole subject of dislocation of the shoulder joint, we may mark the following conclusions as being worthy of remembrance:—

1. The necessity to make an early and correct diagnosis.
2. That the head of the humerus may be dislocated in any position downwards, backwards, and forwards, these directions being the only possible ones into which the head can pass.
3. That dislocation downwards is by far the most common form; and dislocation backwards the least.
4. That a direct blow upon the shoulder is by far the most frequent cause of dislocation.
5. That dislocation of the humerus is more common in old people than in young and middle aged.
6. That it is most frequent in men.
7. That reduction is comparatively an easy task under the influence of chloroform.
8. That spasm of the muscles is not the principal impediment to the reduction of the bone; but that the lacerated capsular ligament may be regarded as the chief obstacle.
9. That simple extension with the heel in the axilla, when the patient is under the influence of chloroform, is generally sufficient to reduce the bone; in many cases the treatment by manipulation as described will be followed by success.
10. That up to six or seven weeks the chances of reduction may, as a rule, be considered good.
11. That reduction may be effected at any period after two months, but the chances of success are small.
12. That in old people, when the bone has been dislocated some weeks, and fair mobility exists, it is hardly expedient to attempt reduction.
13. That in old cases, and in others where reduction by extension or manipulation has failed, the treatment previously described of steady and constant pressure upon the head of the bone, by the adaptation of an air-pad to the axilla, should be employed; as being simple it can do no harm, and may succeed in other cases as well as in the example given.

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ON DEFECTIVE LACTATION AND ITS REMEDY.

By C. H. F. ROUTH, M.D.
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(Continued from p. 468.)

2. *Defective secretion from anæmia or privation.*—This, as I have before stated, is generally believed to be the most common variety. But this is a mistake. From the tables before quoted, it appears that in Manchester they constitute about 14·7 per cent. of all the cases accompanied with defective lactation. Drs. Merei and Whitehead have offered another table (2nd report, p. 10), showing that there was not that close relation between a deficiency of milk secreted, and amount of comfort and aliment taken; so far as the comforts of their patients treated could be measured by the amount of their wages. Thus, among thirty children whose fathers earned

	Had a full supply of breast-milk.	Medium breast-milk.	Insufficient breast-milk.
Upwards of 18s. per week ..	120	60	132
Less than 18s. per week ..	122	72	112

whence it follows that the increase of wages and comforts did not necessarily influence the supply of breast-milk. This insufficiency of milk, however, is here taken relatively to infant; the mothers perhaps having an abundant supply, and leaving their infants part of the day to attend their trades. But this circumstance, of course, more frequently happens with those engaged in the less lucrative trades. (Pp. 10 and 11.)

The reason, probably, which has led to the belief that these cases so frequently occur as compared with other varieties, is, that these are precisely those which come most commonly under treatment. Thus, in Drs. Merei's and Whitehead's Reports, we find it stated under the head of "suckling mothers' diseases," in the first year 43 cases; 30 of bronchitis, diarrhœa, etc. and 13 of anæmia lactation. In the second year, 53 cases, nearly all of constitutional debility and deterioration of milk from hyperlactation; and in the third year, 79 cases, more than 60 of which were affected with anæmia lactation; nor is it surprising that such cases should be common among those examples of poverty which crowd in our cities. Insufficiency of food must produce insufficiency of milk. The symptoms of this variety are well marked. The facies of the patient betrays a haggard and starved look; it is remarkably pallid, the eyes are preternaturally bright, and with dark marks beneath them; there is breathlessness, with pains along the back, frequently copious leucorrhea, and the patient generally complains of a sinking sensation at the epigastrium, and of exhaustion. It is extraordinary how in some of these cases the little children themselves keep up a remarkable amount of fat in their appearance; but in such cases I have frequently traced the source of this *embonpoint* to the fact that those children were also fed artificially. The most fearful symptom, however, to which these women are liable is loss of sight, and frequently of memory; and in the lower orders, where the want of food required to compensate for the drain that has been made, is got with so much difficulty, the recovery of the sight and of the mental integrity is a very long process, extending often over years. I have now one case in my eye in which this recovery, notwithstanding a long-continued chalybeate treatment, with good food which was procured, had failed to restore complete integrity as at first over a period of two years. Dr. Ashwell, in his paper before alluded to on hyperlactation, enumerated several examples of this result; in addition, he shows that epilepsy and even insanity may result from women oversuckling their infants. I cannot say that my own experience confirms the occurrence of similar symptoms in women who, having an insufficiency of milk, have still persisted in nursing their children. I have seen many examples of weakness and anæmia to a marked degree, but none of these more severe

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results; and the reason is obvious—where defective secretion of milk first arises from debility, the complete suspension of the secretion will follow long before these mental and bodily symptoms to any marked degree can occur. These cases will materially improve under proper treatment—better diet, particularly of the nitrogenous variety, stimulants, and the very reverse of that recommended in the former case, will often overcome many of these symptoms, increase the flow of milk, and put the woman in a very fair condition to carry out the intentions of nature, particularly if she is assisted by artificial food administered at the same time to the infant. I do not mean to say that this result is always attainable, but it is frequently so—and this is so far very encouraging.

3. The third variety is the most common. A natural scantiness of secretion not due to want, occupation, constitutional debility, advanced age, etc., constitutes thirty per cent. at least of all cases. But I would include under this category many of those cases which occur in women of more mature age, probably included in the tables under the term "advanced age," but which certainly cannot be fairly so designated. I would also include under this heading many of those cases of defective lactation produced by irregular suckling, and going out to work, because neither of these cases may be included under those of hyperæmia or anæmia. This will raise the percentage to upwards of 60 per cent. of all cases of defective lactation. It is to this 3rd variety, considered also relatively to their causes, that I wish to allude especially in this paper, because usually less noticed and appreciated, and because most amenable in many cases to treatment. I shall probably best illustrate the phases of this variety by allusion to its causes.

Causes.—Some of these have already been alluded to in the foregoing remarks. They may be enumerated as follows: age, paralysis, fear, and generally mental emotions (with or without atrophy of the mamma), and disease of the sexual organs; excessive obesity, and a tendency generally to the deposition of fat in and about the breasts; confined air, insufficient lactation practised.

Age.—I have usually seen this variety in women who have not borne children till after 30, or in those of a peculiarly masculine nature. Their special functions long kept in abeyance, have led to the partial atrophy of the organs particularly subservient to the offices of generation; and it thus not infrequently happens that when these women come to marry and to have children, there is either very little milk present in the breasts, or this little soon disappears. This, as I have before said, sometimes depends upon partial atrophy of the breasts; but even if these be large and well favoured, the feel of them does not convey to the hand the presence of large ducts, which are also few in number and flabby; but the sensation is rather one of more or less accumulation of fat in and about the ducts, which are felt with some difficulty through it, and which appear to be few in number. Occasionally, however, except that the veins on the surface of the skin are but little developed, the lacteal ducts are numerous, and well formed, but the milk is not secreted in sufficient quantity to feed the child.

There does not seem to be any deterioration in the *quality* so much as in the *quantity* of milk secreted, and the appearance microscopically may be good. The same results are observed in precisely the opposite class of cases, where the suckling mother is too young. Such cases are rarely found among the married in this country, although they do occur. The Irish tables show that many marriages occur under 17. But very young girls, often little better than children, do become mothers, who have first been the victims of debased seducers. I have seen in London such a mother at 13. In these cases milk is also very scanty, and the reason is sufficiently obvious. The function of generation has surprised an immature girl, whose breasts are not fully developed. The cure in both these cases, even if they are left to themselves, is carried out by nature herself, and both are to be treated in the same manner. The complete use of the breasts may not be restored during the first pregnancy, but the effort will have irritated the breasts for future activity, and the function is usually effectively carried out in future pregnancies.

Atrophy of the breast is occasionally present. This variety is usually observed after the catamenia has ceased to occur; and therefore when the breast as a lactiferous organ is not required. But independently of its occurrence after the long-continued use of iodine, it is commonly present in unmarried women after 30, although of course not to the same extent. It is especially found in those cases where sexual feelings have been habitually restrained. These cases pass by insensible degrees to those included under the last category.

Hypertrophy of the organ I have never met with in reference to defective lactation.

Obesity of the organ itself, and the tendency to the deposition of fat generally in the body, is generally connected with defective lactation. A certain degree of *embonpoint* is as it were a necessary accompaniment to a good nurse; but as a rule fat nurses and fat breasts yield but little milk. The nourishment taken feeds the body and the organ, but not the milk. A small breast, hard under the finger, giving the sensation of tortuous ducts with large tortuous veins of a vivid blue colour on the surface, is a far better secreting organ than the fat large plump breast. The one yields milk in abundance, the other yields none.

Insufficient use of the organ is also a frequent cause of defective lactation. From the table above given, out of 640 cases of defective lactation in suckling mothers, in 184 or 28·7 per cent. it was owing to the mothers going out to work. Suckling irregularly, included under a different heading, gives also a large percentage. And there can be no doubt that, as a mother may be exhausted by too constant a drain upon her, so insufficient exercise of the organ will lead to a cessation of its function. Here as in other cases the proverb holds good—"Practice maketh perfect."

Bad air, too sedentary a life, want of proper exercise, as they lead to insufficient exertion, generally equally affect lactation. These cases are not by any means rare. I have found them common among the young and spoiled children of opulence, although not confined to such classes. Late hours at night, and late rising after protracted lying in bed, kill all physical energy, and bring on a lassitude which seems to court further rest. This last if taken only increases the more the lazy habit, and has a very injurious influence on lactation.

Paralysis or torpor of the organ.—I have never seen what I should include under the generic name of paralysis, except in cases of partial paralysis of other parts of the body, nor have I seen such an instance of disease in a suckling mother. That such cases, however, should occur, I conceive possible from the examples of analogous cases of disease. But short of actual paralysis there may be many cases of torpor of the organ, where no other obvious cause can be detected. As in constipation of the bowels, torpor of liver, etc. so the breast without known reason does not produce its quotum of milk: and this I believe is a very common source of defective lactation.

Mental emotions.—Of all the causes which are active in inducing defective lactation, none are perhaps so powerful as mental anxiety and sorrow. These will very readily suppress it. It is proverbial how soon a child is affected by the mental state of the parent. A sudden burst of passion, or violent agitation, will often produce in the suckling child violent diarrhœa, vomiting, convulsions, and even death. Several such cases are on record. Under sudden and violent emotion, the secretion of milk may actually become as poisonous as it does in malignant puerperal fever, producing at once the death of the infant. A sudden fright, a violent passion, a strong anguish or fear about a child suckled will sometimes at once induce its death. (See Carpenter's "Human Physiology," p. 981. Burdach, Simon's Chemistry.) A slower process of mental depression, however, will not be less injurious or fatal in the long run. The milk will not only appear to nourish the child to a less degree, but it will gradually diminish in quantity; and, indeed, if the mental distress be of long continuance, the secretion of milk will in the end be entirely arrested.

"Ingens porro timor" (says Thorwarth) "horrorque ejusdem generis mala conficeri, quibus lactatus aboleatur. Atque demum iste curas acriores, sollicitudinis nimias, similes que plures mentis afflictiones conflare crebrius experimentur." (Op. cit.)

Treatment.—Many of these causes become more developed in the consideration of the treatment required; and I think I shall best develope the subject in speaking of the treatment under the following heads:—1. Local or mechanical treatment. 2. Hygienic treatment. 3. Dietetic treatment. 4. Medical treatment. These several points to be considered, both as affecting the mother and child.

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Mechanical modes of treatment.—There are certain mechanical and physiological methods of inducing a flow of milk in the breast, *i.e.* where none of those powerful influences of mind we have already spoken of are present to paralyse the function. They may be divided into, 1. Those which are applied locally to the breast; and 2. Those which are applied to the sympathetic genitalia. Many suckling mothers have complained to me of the extreme annoyance to themselves and the child when it is put to the breast—their maternal feelings being so severely wounded at the attempts on the part of the child to procure milk from what appears to be a dried-up breast. The child is represented as fighting against it, and after fruitless efforts, to fall back crying most bitterly. After a time, however, the draught comes, and the child obtains the milk, and is satisfied. Nevertheless, so painful is this ordeal to many mothers, that it compels them to cease suckling altogether. The remedy, however, in these cases is pointed out by the very result obtained. It is after all the suction of the child that induces the draught. It is well known, that this process alone will often induce milk in a breast which has ceased to yield it for months, if not years; nay, even cases are not wanting to prove that it will induce it in withered old women, and even in men. Upon this point Dr. J. G. Thorwarth, in his inaugural thesis "On Deficiency of Milk," published in 1764, says:—"Among the most powerful preservatives of the lacteal secretion, the first to be noticed is suction, which faculty nature has implanted in children, even though unconscious of existence themselves... The Records of Medicine give us examples of most moral young virgins (integerrimæ), in whom the breasts having been sucked by infants, the habit of lactation has been induced." (Phil. Salmust. cent. i. obs. 92., Ephema germ. cur. anno ii. obs. 135.) So it has been observed among old women, in whom, because of their advanced age, the catamenia had been long suppressed, and yet in whom so copious a quantity of milk has been secreted through the mere suction of the breast by children, that they have continued to nourish them for a year. (Am. Lusitan. cent. i. cur. 47; A. Schenk s. ii. de Mam. obs. 12 F.; Bouchardin. eph. germ. cur. anno iii. obs. 10.) Several such cases are given and collected in Dr. Dunglison's "Human Physiology" (seventh edition, 513), where women have done so; nor does it seem confined to any particular class. It is most commonly and easily induced in females within catamenial ages; but Dunglison mentions several instances of females past those ages, withered old women, in whom the secretion was again induced by suction; nay, what is even more extraordinary, in unmarried and chaste females. In one, indeed, quoted and given by Bandelocque, in which a young girl at Alençon, aged eight years old, suckled her brother for the space of a month. So also Dr. McWilliam states (*Lancet*, 2, 1850, p. 294), that in Bonavista, the secretion is often induced in women within catamenial periods, by the use of the Bofareira plant; administered in a particular way, to be spoken of hereafter.

(To be continued.)

DUST FLOATING IN THE AIR.—M. Pouchet finds that the dust floating in the air contains the detritus of the mineral constituents of the globe, atoms of animals and plants, and the finest débris of all the matters we make use of. But one item he especially points out, viz. *wheat-starch*, which is invariably found in the dust, whether old or recent. Surprised at the quantity of it present among the aerial corpuscles, M. Pouchet investigated the dust of all ages and of every locality; and everywhere he found this wheat-starch presented. "I have found the starch in the most inaccessible corners of old Gothic churches, mixed with dust blackened by six or eight centuries of existence: I have found it in the palaces and caves of the Thebiad, where it may have dated from the time of the Pharaohs! I have found it in the tympanic cavity of the tympanum of a mummified dog, which I had found in a subterranean temple of Upper Egypt. In all countries, in a word, where wheat forms the staple of food, starch always penetrates into the dust, and is met with in greater or less quantities. Hence, therefore, the *corpuscles* of which we have heard so much, are granules of starch and silica." Twice only in a thousand experiments has M. Pouchet observed the large ova of infusoria in the atmospheric dust.

THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

THE LEICESTER INFIRMARY.

MODE OF DRESSING THE STUMP AFTER AMPUTATION AT THE ANKLE.

THE following remarks on the mode of dressing the stump after amputation at the ankle-joint are from the pen of Dr. Sloane, House-Surgeon to the Leicester Infirmary, and appear well worthy of notice. The case alluded to was treated by Mr. Macaulay.

A healthy farm-boy sustained compound comminuted fracture of left foot by a clay-pounding-machine. Enough of the foot was free from injury to admit of Syme's amputation being performed, which was done carefully in the usual way. The boy recovered without a bad symptom. The stump was dressed for about a fortnight with strips of lint wetted, and they were kept moist by a wetted cloth being constantly superimposed. This cloth was kept moist by an attendant. No plaster was applied till after the removal of the sutures, when two strips of isinglass plaster were applied to keep the edges of the wound together. The strips of lint were renewed every morning. This mode of dressing, which is not new, is of much value in this operation. A great danger in this amputation is sloughing of the flap. What more likely to produce this result than binding the flap against the broad hard surface of the lower ends of the tibia and fibula, by bands of adhesive plaster, which besides are in themselves sources of irritation. In this case the flap maintained a pale sodden appearance; no inflammatory blush was ever present.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING 1858.

(Continued from page 472.)]

THE subjoined report includes as usual the following hospitals. The Royal Berkshire (Reading), the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Glasgow Royal, the Gloucester, the Hull, the Leeds, the Leicester General, the Liverpool Southern, and Toxteth, the Newcastle-upon-Tyne, the Queen's, Birmingham, the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the West Norfolk and Lynn (Lynn), the York County.

AMPUTATIONS.

Double amputations.—Case 1.—The Derby: Mr. Gisborne.—A railway porter, aged 35, was admitted with both legs smashed, having been run over by a train. Primary amputation of both below the knees. One stump healed, but the other sloughed. Rigors occurred, and he sank (pyæmia?) on the eighteenth day.

Of the thigh.—Case 1.—The Reading: Mr. May.—A feeble lad, aged 16, the subject of hopeless disease of the right leg, both ankle and knee-joints being disorganised, and the tibia necrosed. The disease had been an acute necrosis consequent on exposure, and its whole duration had been but one month. Amputation through the thigh (flap, skin; circular, muscles). Rapid recovery. *Case* 2.—The Reading: Mr. May.—A healthy man, aged 41, the subject of acute disorganisation of the knee-joint. Amputation (flap, skin; circular, muscles). Rapid recovery *Case* 3.—The Queen's, Birmingham: Mr. Sands Cox.—A woman, aged 56, much reduced by extensive disease of both tibia and fibula, of eighteen years' standing. Circular amputation. Recovery. *Case* 4.—The Reading: Mr. Moxhay.—A delicate lad, aged 19, was admitted on December 22, 1857, two days after having received an incised wound over the right knee. Acute inflammation followed, and he was much reduced. Amputation was performed one month afterwards, and a good recovery followed. *Case* 5.—The Reading: Mr. May.—A boy, aged

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15, much reduced in health by disorganisation of the knee-joint. Amputation. Recovery. *Case* 6.—The Leicester: Mr. Macaulay.—A healthy labourer, aged 60, was admitted with a severe compound fracture of the thigh, from a railway accident. Primary amputation. Recovered. *Case* 7.—The Leicester: Mr. Benfield.—A healthy lad, aged 19, the subject of diseased knee-joint and necrosis of the tibia. Amputation. Recovery. *Case* 8.—The Leeds: Mr. Smith.—A delicate boy, aged 16, amputation by rectangular flaps on account of diseased knee-joint. Recovery. *Case* 9.—The Dorset: Mr. Curme.—A boy, aged 10, in delicate health. Amputation for disease of the knee. Recovered. *Case* 10.—The North Stafford: Mr. Ball.—A woman, aged 40. Amputation for diseased knee. Recovered. *Case* 11.—The Derby: Mr. Gisborne.—A feeble emaciated man, aged 20. Amputation for disease of the knee-joint. The main ligature fell on the fifteenth day, and on the eighteenth a secondary hæmorrhage occurred, which was repeated two days later. Pressure only was resorted to. Recovered. *Case* 12.—The Hull: Mr. Craven.—A man, aged 47, emaciated and cachectic, was admitted with disease of the knee-joint, and necrosis of the femur of twenty years' duration. The ankle-joint had been destroyed by disease thirty-three years ago. Amputation in the upper third of the thigh. Recovered. *Case* 13.—The Gloucester: Mr. Wilton.—A man, aged 20. Amputation for scrofulous disease of the knee. Recovery. *Case* 14.—The Dorset: Mr. Tapp.—A man, aged 24, presented himself with a large even swelling about the left thigh, which had been three months in development. There had been but little pain. It was believed to be malignant, and amputation was advised. To this he refused to consent, and left the Hospital. Two months later, however, he applied for re-admission, and amputation was performed on July 28. The tumour was found to be developed from the periosteum, and not from the substance of the bone itself. The latter, however, was greatly hypertrophied and as hard as ivory. In the subsequent treatment, a spouting fungus repeatedly grew from the medulla of the bone, and required removal. Finally another portion of the bone was sawn away. The stump healed, and the man left the Hospital on October 7. *Case* 15.—The Dorset: Mr. Tapp.—A woman, aged 28, admitted on account of an unhealed stump, her thigh having been amputated for diseased knee two years before. A second amputation was performed; but three months afterwards the stump was again still unhealed. The woman is decidedly of scrofulous habit, but there does not appear to be any disease of the bone itself. *Case* 16.—The Cheltenham General Hospital: Mr. Eves.—A man, the subject of diseased knee-joint. Amputation. Recovery. *Case* 17.—The Cheltenham General: Dr. Wright.—A child in feeble health. Amputation for disease of the knee. Recovery. *Case* 18.—The Newcastle.—A girl, aged 19. Amputation for disease of the knee. Recovery. *Case* 19.—The Newcastle.—A boy, aged 12. Amputation for disease of the foot and leg. Recovery. *Case* 20.—The Newcastle.—A lad, aged 18. Amputation for disease of the knee. Recovery. *Case* 21.—The Newcastle.—A man, aged 23. Amputation for diseased knee. Recovery. *Case* 22.—The Newcastle.—A boy, aged 6. Amputation for disease of the knee. Recovery. *Case* 23.—The Newcastle.—A boy, aged 7, whose knee-joint had been excised seven months before. Amputation. Recovery. *Case* 24.—The Norwich: Mr. Cadge.—A woman, aged 21, the subject of strumous disease of the left knee-joint. The operation was commenced as if for an excision, but the structures were found so extensively diseased that amputation was adopted. Recovery. *Case* 25.—The Norwich: Mr. Frith.—A lad, aged 19, was admitted with what was supposed to be a femoral aneurism, but which was subsequently proved to be an osteoid tumour affecting the lowest third of the femur. Amputation. Recovery. The man was readmitted a few months later for a recurrence of the disease. *Case* 26.—The Glasgow.—A miner, aged 34, admitted with a compound dislocation of the knee and rupture of popliteal artery. There had been profuse hæmorrhage, and he was much collapsed. Primary amputation sixteen hours after the accident. Recovered. The popliteal artery was found torn across, but no bone had been broken. *Case* 27.—The Glasgow.—A boy, aged 12. Amputation on account of disease of the knee following injury. Recovery. *Case* 28.—The Glasgow.—A labourer, aged 37, admitted with a compound fracture of the leg. An attempt was made to save the limb, but traumatic delirium ensued, and was followed by profuse suppuration. Secondary amputation one month after the accident. Recovery. *Case* 29.—The Glasgow.—An emaciated and hectic boy, aged 8, the subject of diseased knee-joint. Recovered. *Case* 30.—The Glasgow.—A boy, aged 10, whose knee-joint had been excised. Six weeks after the excision the ends of the bones were still bare, and but little progress had been made in healing. Amputation. Repeated rigors, short cough, and delirium followed, and death took place on the ninth day. No autopsy. *Case* 31.—The Glasgow.—A smith, aged 40, was admitted, with great swelling of the whole left leg. The disease had been attended by much pain, and had been ten weeks in progress. In the calf was a hard and elastic swelling. Amputation. Death, after rigors, cough, bedsore, etc. on the eighteenth day. The limb was found infiltrated with blood clot. The posterior tibial, which was extensively diseased, had no doubt given way somewhere, but the exact site of its rupture could not be ascertained. *Case* 32.—The Glasgow.—A boy, aged 14, of very strumous habit and much emaciated. Resection of the knee, on account of disease, was performed on December 28, and on January 5 it became necessary to amputate, the tibia being displaced, and there being profuse unhealthy discharge. Death followed five days later. The autopsy showed abscesses in the lungs and in the parietes of the chest. *Case* 33.—The Glasgow.—A man, aged 32, of sober habits and in good health, was admitted, with severe compound fracture of the leg. He declined a primary amputation. Secondary amputation. On the sixth day gangrene attacked the stump, and he died four days later. *Case* 34.—The Glasgow.—A girl, aged 12, of very strumous habit. Amputation for diseased knee-joint. Death twenty-four hours afterwards. The chloroform had prostrated her very much, and vomiting continued to the time of death. *Case* 35.—The Newcastle.—A man, aged 38. Amputation for disease of the knee. Hæmorrhage six hours after the operation, making it needful to reopen the stump and secure two small vessels. Death on the sixth day. *Case* 36.—The Newcastle.—A man, aged 28, admitted with a compound fracture of the leg. Secondary amputation on the twelfth day. He was extremely ill at the time: no attempt at reparation was subsequently made, and he sank on the sixth day. *Case* 37.—The Newcastle.—A lad, aged 13, in collapse from a severe compound fracture of the leg. Primary amputation twenty-one hours after the accident. death within twenty-four hours. *Case* 38.—The Norwich: Mr. Cadge.—A man, aged 30, admitted with a fracture of the left femur, caused by a wagon passing over it. On the eighth day gangrene of the leg showed itself. Amputation through the thigh. The stump sloughed, and the man died on the fourth day. The popliteal artery was found to have been completely severed, having apparently been cut through by the fractured end of the bone. *Case* 39.—The Norwich: Mr. Cadge.—A boy, aged 15, in whom, for disease of the joint, excision of the knee had been performed four months previously. His failing strength necessitated amputation. Death on the tenth day. *Case* 40.—The Dundee: Dr. Crockatt.—A woman, aged 42, admitted with an ulcer extending the whole length of the leg, and laying bare the tibia. The disease was the result of syphilis, and under appropriate treatment improvement took place for a time; subsequently, however, a relapse occurred, and her health failing, amputation was resorted to. Death on the fourth day. *Case* 41.—The Leeds: Mr. Teale.—A man, aged 38, admitted with a severe compound fracture of the leg. Secondary amputation through the thigh on the sixth day (rectangular flaps). Profuse secondary hæmorrhage much reduced him. Death from pyæmia on the thirty-fourth day, the stump still looking well. *Case* 42.—The Leeds: Mr. Hey.—A young man, aged 24, in a hectic state, from profuse suppuration of a diseased knee-joint. Amputation by rectangular flaps. Death from pyæmia on the twentieth day. The autopsy showed pneumonia of both sides, and numerous pyæmic collections in the lungs. *Case* 43.—The Dorset: Mr. Tapp.—A woman, aged 23, the subject of diseased knee-joint, and in very feeble health. Amputation of the thigh. Death forty hours afterwards. She had appeared to do well during the day of the operation; but her pulse subsequently without apparent cause became very rapid, and the tongue coated, with great irritability of stomach. The autopsy showed peritonitis in an early stage. *Case* 44.—The Leeds: Mr. Teale.—A feeble man, aged 38, the subject of diseased knee-joint. Amputation by rectangular

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flaps. Severe secondary hæmorrhage made it needful to re-open the stump. He gradually sank, and died on the seventh day. The autopsy showed no traces of pyæmia, but all the organs were much blanched. *Case* 45.—The Hull; Dr. Lunn.—A delicate man, aged 27, admitted with disease of the knee-joint. Amputation by double-flap method. Hæmorrhage a few hours afterwards made it needful to re-open the stump. Death, preceded by troublesome vomiting, on the third day. No autopsy. *Case* 46.—The Derby; Mr. Johnson.—A girl, aged 19. Amputation on account of osteo-sarcoma of the lower third of the femur of four months' growth. On the tenth day rigors set in, followed by cough, dulness of left chest, and diarrhœa. Death from pyæmia on the eighteenth day.

Of the leg.—Case 1.—The Queen's, Birmingham: Mr. Gamgee.—A boy, aged 13, of scrofulous diathesis. Amputation on account of diseased ankle-joint. Recovery. *Case* 2.—The Reading: Mr. May.—A very feeble woman, aged 48, the subject of diseased tarsus. Amputation. Sloughing of the stump. Recovery. *Case* 3.—The Leeds: Mr. Smith.—A feeble woman, aged 32. Amputation of the leg (rectangular flaps) for diseased ankle. Recovery. *Case* 4.—The Leeds: Mr. Smith.—A feeble woman, aged 61, suffering from old-standing disease of the ankle. Amputation by rectangular flaps. Secondary hæmorrhage. Recovery. *Case* 5.—The Leeds: Mr. Smith.—A man, aged 40. Amputation by rectangular flaps. Recovery. *Case* 6.—The Leeds: Mr. Smith.—A man, aged 43. Amputation just below the knee for diseased ankle, etc. Rectangular flaps. Some sloughing. Recovery. *Case* 7.—The Leeds: Mr. Smith.—A boy, aged 15, suffering from long-standing disease of the ankle-joint. Amputation by rectangular flaps. Recovery. *Case* 8.—The Leeds: Mr. Hey.—A feeble man, aged 61, having diseased arteries. Amputation by rectangular flaps for diseased foot. Partial sloughing of the flaps. Slow recovery. *Case* 9.—The Leeds: Mr. Smith.—A healthy girl, aged 16. Amputation through the leg by rectangular flaps on account of medullary cancer of the great toe and its metatarsal bone. Recovery. *Case* 10.—The North Stafford: Mr. Ball.—A man, aged 28. Amputation just below the knee for diseased ankle. Recovery. *Case* 11.—The Derby: Mr. Gisborne.—A man, aged 66, admitted with a compound dislocation of the ankle. He was in very feeble health, having but just recovered from an attack of fever. Primary amputation; arteries ossified. Sloughing of the stump. Recovery. (He left the Hospital with stump healed two months after his admission, but died soon after his return home.) *Case* 12.—The Derby: Mr. Gisborne.—A delicate girl, aged 15. Amputation for diseased ankle and tarsus. Recovery. *Case* 13.—The Derby: Mr. Johnson.—A man, aged 33, in feeble health. Amputation on account of diseased ankle-joint. Recovery. *Case* 14.—The North Stafford: Mr. Garner.—A feeble woman, aged 45. Amputation below the knee on account of old and extensive ulceration. Recovered.

REVACCINATION OF THE PRUSSIAN ARMY IN 1858.—The following statement has been published by the Prussian Government, in continuation of those made public annually by it since 1833. During 1858 there were 46,521 soldiers vaccinated or revaccinated, 39,669 exhibiting distinct scars from former vaccination, 4708 having them indistinctly, and 2144 having no cicatrices. The result was regular in 29,390, irregular in 5748, failed in 11,383; total 46,521. On a repetition of the vaccination in the 11,383 in whom no effect had been produced, it succeeded in 3089 of the number. Of the soldiers successfully revaccinated in this or former years 5 were attacked during 1858 with varicella and 11 with varioloid, but no case of true variola appeared among them. During the year variola prevailed much among the civil population in almost all parts of the monarchy; and the army exhibited also more cases than usual, small in number though these were. Altogether in the whole army there occurred 64 cases of the different forms. Of these 30, viz. 7 cases of varicella, 19 of varioloid, and 4 of true variola, occurred in subjects who had not been revaccinated; 18 cases, viz. 6 of varicella, and 12 of varioloid in those who had been revaccinated but without effect; and 16 cases, viz. 5 of varicella and 11 of varioloid in soldiers who had been successfully revaccinated. The great bulk of the cases were observed in new recruits. No death from variola took place in *the entire army* during 1858.

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Medical Times & Gazette.

SATURDAY, MAY 14.

THE BATTLE OF THE COLLEGES.

THE passing of the Medical Act of 1858 clearly indicated that both the Public and the Profession had changed, in no slight degree, their ideas relative to the social status of the Medical Profession. The new condition of things which has been established by this Act has naturally affected, in various ways, the different branches of which the body corporate of our Profession is composed. But the reforming influence has been most especially felt by the different Colleges of Physicians of the kingdom. These Colleges have had to part with some of their once highly-cherished privileges in order to bring themselves into a proper communion with the advancing spirit of the age—as it is called. The London College of Physicians has yielded up more in this article of privileges than any other, and it must be confessed that it has done so in a very open and liberal spirit. While giving all that a reasonable liberalism could demand, it has still endeavoured to hold fast to those particular privileges which have raised it to such a high position in the estimation of the Profession; and who can justly blame it for so doing?

The present moment was thought by the Colleges a fitting opportunity in which they might indulge in a very wide act of liberality; and it was consequently constituted into a year of grace, during which the Colleges are willing to open their portals to all those members of the Profession who are possessed of certain qualifications. Now, this act of liberality has, unfortunately, brought the Edinburgh and London Colleges into a sort of collision; but such collision it must be confessed was, perhaps, almost unavoidable, considering the very different constitution of the two Colleges. It is only to be regretted that these two Licensing Boards did not pre-arrange some settled plan, whereby at least a certain fixed standard of requirements might have been arrived at, and all kind of competition, so to say, entirely avoided. But as something like this competition is growing up, it becomes necessary to consider the different views that are entertained by different parties in these Colleges concerning the mode of distribution of their licences. The Edinburgh College has declared its views and intentions in a letter lately addressed by the President, Dr. Wood, to the College of Physicians of London. Its views have also been more broadly, though less courteously to the London College, explained in a letter published in this journal by a Fellow of the Edinburgh College who evidently writes with a full understanding of the matter he discusses.

The main item, the grand point, in this Edinburgh College programme is the declaration that it intends to constitute itself into a Board for the distributing of Medical licences to that class of our brethren who in England are classed as General Practitioners, and who possess a diploma from any Licensing Board; and, indeed, it is perfectly clear that if its licence be widely sought for during the year of grace, it will

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be sought for by the General Practitioners of England. This great point of the Edinburgh programme is confessedly meant to meet a want which exists in England, and is not supplied either by the Apothecaries' Hall, or by the College of Physicians of London. Scotland, therefore, in this matter would legislate for England. We don't complain of this; but we certainly think that before the Edinburgh College took such sweeping resolutions, which mainly affected the Profession in England, it should have obtained the concurrence of the Medical Council. Not to be misunderstood on this point, we will just state the fact, that of forty-six gentlemen who have just been admitted to the Edinburgh Licence, forty-four were English Practitioners—one a Scotch, and one an Irish Practitioner. Clearly, therefore, this licence is not a prophetic robe in its own country. It does not appear to be either wanted or appreciated there. We would gladly see that anomalous eyesore of the Profession—the trading Company of Apothecaries—removed from view as a Licensing Board of Medicine; and we would just as gladly as our Edinburgh brethren, see the power of Licensing in Medicine placed in the hands of the College of Physicians; but if such a good work is to be ever brought to perfection, it must be done by the strenuous co-operation of the Colleges, and not by any attempt of either to undersell the other.

And now let us see what the London College programme offers;—the London College which is accused of "hugging its imaginary dignity." The London College requires the Licentiate to be 26 years of age; the Edinburgh is contented with 21 years. It is not correct to say that the London College prevents those who occupy inferior branches in the Profession from rising to the topmost; on the contrary, any one may rise into its honours if he choose to do so. There are men now Licentiates—honoured Licentiates of it—who have kept open shops in former days. Is it too much for a College of Physicians to say that its members must not deal in drugs? And on this point, we would gladly hear explained one important point in the Edinburgh manifesto. What is meant by the words, "deriving no profits from the sale of drugs or medicines"?

Another point of difficulty has been entirely overlooked by the Edinburgh College. Its licence has hitherto, or for years past, been a dead letter; and it is now to be revivified. But such is not the case in London. Its Licentiates have been men of considerable importance, and are so still, and have claims and interests which are not to be lightly overlooked or ignored. The London College, in order to put itself on a level with the present system of the Edinburgh College, must necessarily create another class of Associates. Under the present constitution of the College it would be utterly impossible to place the class of men who are admitted to the privileges of the Edinburgh Licence upon a similar footing to that held by the London Licentiates. It is no injury to the Edinburgh licence to say of it the simple fact, that it is very much inferior to the London licence, the proof being shown in the number and position of the men who seek the latter, as well as in the higher qualifications required. Besides this, it must be remembered that the London College, as heretofore constituted, affirms that it can hold its ground; and if, as is admitted by the Edinburgh President, his College cannot do so, this surely is no reason why the London College should come down to the Edinburgh level. "With a Medical Profession so organised," writes Dr. A. Wood, "as in Scotland, a College of Physicians cannot now exist, if it is to be composed only of consulting Physicians."

We must remember that things in this world are never exactly fashioned as we could desire them, and that, therefore, we are bound to take them as we find them and make the best of them, carefully avoiding in our reforms all revolutionary movements which unjustly injure and prejudice others. All of us must regret the unfortunate position of the General Practitioner in reference to Apothecary's Hall; and all must regret the grievous error made by the College of Physicians of London in 1815, when it refused to take under its charge the Medical examinations of the Practitioners of this country. We may regret all this, and may hope yet to see a more healthy condition of things effected in this direction; but it is not, we think, likely to be effected by the system pursued by the Edinburgh College.

If a College of Physicians is to remain such in reality, it is manifest that it must be a College of Physicians in practice as well as theory. Is the world in England ready to blot out all grades in the Profession? Are we really arrived at that delectable condition of *Liberté, Egalité, Fraternité*, which levels all distinctions? We admit that it is most desirable that a Licensing Board for General Practitioners—separated from the Hall of Apothecaries—should be established. We would gladly see such a Board constituted by delegates from the Colleges of Physicians and Surgeons of London; and would hail the day when such an event occurs. But, in the meantime, let us be just and reasonable. Custom, with its rooted force, has established grades in the Profession, and branches in it—Consulting Physicians, Consulting Surgeons, and General Practitioners; and is any Edinburgh Fellow chimerical enough to believe that this state of things can be suddenly upset? Is it desirable that it should be so? Any one who is ambitious may mount in the Profession, just as readily as he may sink, if he be ill-disposed to rise. It seems clear as the day: First, that a new Board—separated from Apothecary's doings—should be established by joint efforts of our Colleges of Physicians and Surgeons to license General Practitioners of Medicine and Surgery; Secondly, that there must, in the meantime, be in England a class of pure Physicians and pure Surgeons; and thirdly, that a College of Physicians which admits as its Licentiates General Practitioners, ceases to be a College of Physicians, and becomes *ipso facto* a College of General Practitioners. We shall take an early opportunity of again recurring to this subject. And we shall then endeavour to show that the present proceeding of the Edinburgh College can only have one object, viz. that of abrogating its position as a College of Physicians; and that it aids in no way in advancing that most desirable object—the establishing of a high and special Board of Examiners for granting licences to General Practitioners of Medicine and Surgery.

In conclusion, we repeat that the recent act of the Edinburgh College is directly opposed to the feelings of some of its most distinguished Fellows; and we append a copy of the written protest, or reasons of dissent, against the resolution:

"1. Because the evident tendency, if not the purpose of the resolution, is to lower the constitution of the College, by creating in it a new order of General Practitioners, who not being Medical Graduates, nor Surgeons, nor Physicians, in the sense hitherto understood in Scotland, will have neither a distinguishing name nor a legal standing, in this division of the United Kingdom.

"2. Because the creation of such a new order of General Practitioners is not called for by the public interests, nor by any known circumstance in the condition of Medicine or of society in Scotland.

"3. Because such creation is not called for by the interests of the College.

"4. Because, on the contrary, the measure is dangerous to the welfare of the College, as being of a kind to engender estrangement on the part of the graduates of universities, to whom alone the College has been hitherto indebted for its prosperity and its reputation.

"5. Because the creation of the new class of Practitioners, which will be the results of the resolution in question, must give umbrage to other Medical Corporations in the United Kingdom—and more especially just cause of offence to the Royal College of Physicians of London, with whom

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this College has hitherto acted harmoniously up in organising its constitution. "R. Christison.

"We the undersigned Fellows, adhere to the above reasons of dissent:—Thomas Stewart Traill, William Robertson, T. Brown, Alexander Jackson, John Young Myrth, J. Begbie, J. Hughes Bennett, Robert Paterson, A. Priddie, Robert Bowes Malcolm, William Cumming."

THE WEEK.

A very painful inquiry was commenced before the Richmond magistrates on Wednesday week, as to the death of a lady called Miss Bankes, but who was proved to be married to a so-called *Doctor* Thomas Smethurst, who is suspected of having poisoned the deceased by arsenic, or antimony, or both. It would be premature to enter upon any discussion of this case; but we think it right to observe that the name of *Dr.* Smethurst does not appear in the "London and Provincial Medical Directory," and we have heard that he has been an Hydropathic practitioner. Some curious Medico-legal questions will arise, as the deceased is said to have taken bismuth, sulphate of copper, nitrate of silver, and acetate of lead prescribed medicinally. In America, last year, a person was acquitted of the charge of poisoning by arsenic on the evidence of Professor Rogers, of Philadelphia, who found arsenic in every specimen of bismuth obtainable; the deceased in that case having taken bismuth as a medicine.

Science is honoured in Germany. The death of Humboldt has plunged a nation into mourning. The "Nestor of German science" yielded to the common lot of humanity in his 91st year, on the 6th inst. at 3 p.m.; and on the 10th, as we learn by telegraphic despatch, the solemn funeral procession on its way to the cathedral was joined by all who represent science, art, and intelligence in Berlin. "Three chamberlains bearing the orders of the illustrious deceased, precede the funeral car, which is drawn by six horses from the royal stable. Upon the car is a simple uncovered coffin of oak adorned with flowers and laurel. On either side of the car are the students bearing green palm branches. A line of carriages of immense length closes the procession. The Prince Regent, together with all the princes and princesses, are assembled in the cathedral, awaiting the arrival of the great philosopher's mortal remains. A mournful aspect overspreads the whole town." Born at Berlin in 1769, the birth year of Wellington, Napoleon, and Walter Scott, he has passed a long life in physical inquiry. On the 23rd of June, 1802, he climbed Chimborazo, reaching the altitude of 19,300, the greatest that had been attained. He has contributed something to almost every branch of science, and dies honoured throughout the "*Cosmos*" he has explored. The patriarch has gone to his mother earth, ennobled by his sovereign and endeared to men of science by his modest, simple, truthful character.

We have received so many inquiries respecting the process to be gone through by gentlemen who seek to become Licentiates of the College of Physicians of London, under its new bye-laws, that we think it may be well to give the information here. We are surprised that the College has not itself brought the information more prominently before the Profession. A gentleman wishing to become a Licentiate of the College under these bye-laws, must first of all inform the Registrar of the College, by letter, that it is his intention to apply for the licence. Thereupon he will receive from the Registrar a blank form, which must be duly filled up, the main requirement being that he must be recommended by three Fellows or Licentiates of the College, who shall, by their signatures, attest to his respectability, etc. This document, together with his diploma, the candidate must then forward to the Registrar of the College. By the Registrar the application will be laid before the Censors, who will investigate the claims of the candidate. If the candidate pass muster with the Censors, his name will then be submitted to the Comitia Majora for ballot by the Fellows. If he now obtain a majority of the votes of the Fellows present, he is duly elected. He will be at once informed of the fact, and may appear at the next Comitia or any subsequent one, in order to be formally admitted a Licentiate by the President and Fellows. His personal attendance at the College is absolutely necessary on the occasion. The fee for the licence is £10, and £15 for the Government duty. We are glad, however, to be able to inform those interested in the matter, that there is good reason to believe that this duty of £15 will very shortly be remitted altogether by the Government. The retention of this tax (now that the privilege which gave to the College medical possession of London, and seven miles round, is abrogated) is clearly at the present moment an unjust and anomalous absurdity.

The warrant for the Indian Medical Service, just issued by Lord Stanley, will be found in another column. It is in many respects satisfactory, but not entirely so, as the "good service pension," earned by Army Medical Officers, is not yet awarded to their brethren of the Indian Medical Service. It may be questioned also whether the *brevet* rank of the latter service is an equivalent for the substantive rank conferred upon Army Medical Officers of distinguished merit. Promotion by merit, and the compulsory retirement of superannuated officers are the principles of the Warrant which deserve the most unqualified commendation.

We recommend the following *morceau* to the consideration of the Council of the Edinburgh College of Physicians. It is the first public fruit of their new licence which has been brought to our notice:—

"Mr. Daniel Carmichael, jun. of Blyth, Surgeon, having previously passed the necessary examinations, was, at a Council meeting held on Tuesday last, elected a Licentiate of the Royal College of Physicians of Edinburgh, to practise as a Physician in any part of Her Majesty's dominions."—*Newcastle Chronicle*, May 7, 1859.

We are glad to learn that a Pathological Society has been established at Edinburgh, on the principles which have been carried out so successfully in Dublin and London. One novelty in the Edinburgh Society is the small amount of the annual subscription, which is fixed at half-a-crown. The honorary Presidents are Professors Bennett, Christison, Rutter, Balfour, Playfair, Simpson and Gamgee, Dr. Rutherford Haldane, Mr. Edwards and Mr. Horton. The meetings are to be held, for the present, in the University. We wish the young Society every possible success.

The following extracts from General Orders lately issued by Lord Canning and Lord Clyde, as Governor-General and Commander-in-Chief in the East Indies, will be read with great satisfaction:—

"His Excellency the Governor-General in Council has much satisfaction in publishing the accompanying letter from the Right Hon. the Commander-in-Chief, in which Lord Clyde warmly recommends the Medical Department to the notice of the Government of India.

"The Governor-General in Council desires to express to the Director-General, Dr. Forsyth; to the Inspector-General of Her Majesty's Hospitals, Dr. Linton, C.B.; and to all the

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officers of the Medical Department who have been employed in the Field, or who have elsewhere furthered the service by their exertions in providing for the welfare and the wants of the troops, the cordial acknowledgments of the Government of India for the important services they have rendered."

We have omitted portions of the Order relating to the Commissariat, and add from Lord Clyde's letter that portion only relating to the Medical department. Lord Clyde writes that this department, being "composed of officers belonging to the two services, has shone equally in the matters of general organisation and of regimental arrangements. The Director-General, Dr. Forsyth, and the Inspector-General of Her Majesty's forces, Dr. Linton, C.B., in Calcutta, have worked successfully to meet the great requirements made on them, and the staff and regimental Medical officers have well maintained the credit of their noble Profession, and the reputation for self-sacrifice which belongs to the Surgeons of Her Majesty's armies, a reputation which is maintained in the field on all occasions, as well as in the most trying circumstances of the Hospital." This is as it should be.

INDIAN ARMY MEDICAL WARRANT.

1. The grades of Medical officers in our Indian Military Forces shall be four in number (a), namely:—
   1. Inspector-General of Hospitals.
   2. Deputy Inspector-General of Hospitals, 1st class.
      Deputy Inspector-General of Hospitals, 2nd class.
   3. Staff or Regimental Surgeon, who, after twenty years' service in India in any rank, shall be styled Surgeon-Major.
   4. Staff or Regimental Assistant-Surgeon.

2. No candidate shall be admitted to the competitive examination for a commission in the Medical Department of our army who does not possess such a certificate or certificates as would qualify a civilian to practise Medicine and Surgery.

3. No Assistant-Surgeon shall be eligible for promotion to the rank of Surgeon until he shall have passed such examination as our principal Secretary of State for India in Council may require, and shall have served in India with the commission of Assistant-Surgeon for five years, of which two shall have been passed in or with a regiment.

4. A Surgeon, whether on the staff or attached to regiments, must have served ten years in India, of which two must have been passed, with the rank of Surgeon, in or with a regiment, before he will be eligible for promotion to the rank of Deputy Inspector-General of Hospitals.

5. A Deputy Inspector-General of Hospitals must have served three years in India in the first or second grade of that rank before he shall be eligible for promotion to the rank of Inspector-General.

In cases, however, of emergency, or when the good of the service renders such alteration desirable, it shall be competent for the Governor-General in Council to shorten the several periods of service above mentioned, in such manner as he shall deem fit and expedient.

6. Assistant-Surgeons shall, as a general rule, be promoted to the rank of Surgeon in the order of their seniority in the service, unless unfit for the discharge of their duties from physical or professional incompetence or misconduct. In cases of distinguished service, however, an Assistant-Surgeon may be promoted by brevet, without reference to seniority; and in such cases, with a view to ensure the responsibility attaching to an appointment made out of the regular course of promotion, the recommendation in which the services of the officer shall be detailed, shall be published in the General Orders of our Indian military forces, and in the *Gazette* in which his promotion appears.

7. All promotion from the rank of Surgeon to that of Deputy-Inspector, and from the rank of Deputy-Inspector to that of Inspector, shall be given by selection for ability and merit; and the grounds of such selection shall be stated to us in writing, and recorded in the office of the Secretary of State for India in Council, the selection for the grades of Deputy-Inspector being made from the whole rank of Surgeons, whether styled Surgeons or Surgeons-Major.

8. With a view to maintain the efficiency of the Service, all Medical officers of the rank of Surgeon-Major, Surgeon, or Assistant-Surgeon, shall be placed on the Retired List when they shall have attained the age of fifty-five years, and all Inspectors-General and Deputy Inspectors-General when they shall have attained the age of sixty-five years.

9. The relative rank of the Medical officers of our Indian military forces shall be as follows:—

Staff or Regimental Assistant-Surgeon as a Lieutenant, according to the date of his commission; and after six years' service in India, as Captain, according to the date of the completion of such service.

Staff or Regimental Surgeon as Major, according to the date of his commission; and Surgeon-Major as Lieutenant Colonel, but junior of that rank.

Deputy Inspector-General of Hospitals of the 2nd Class as Lieutenant-Colonel, and Deputy Inspector-General of Hospitals of the 1st Class as Colonel, according to the dates of their appointments respectively (b).

Inspector-General of Hospitals as Brigadier-General according to the date of his appointment; if with an army in the field, or after three years' service in India as Inspector-General, as a Major-General, from the date of his joining such army in the field, or according to the date of the completion of such service.

10. Such relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds (except as regards the presidency of courts-martial, where our will and pleasure is, that the senior combatant officer be always president), and shall regulate the choice of quarters, forage, and prize-money. But when a medical officer is serving with a regiment or detachment, the officer commanding, though he be junior in rank to such medical officer, is entitled to a preference in the choice of quarters.

11. Medical officers shall be entitled to all the allowances granted to our Indian military forces on account of wounds and injuries received in action, as combatant officers holding the same relative ranks.

12. Their families shall, in like manner, be entitled to all the allowances granted, under existing regulations, to the families of combatant officers holding the same relative ranks.

13. Medical officers shall be held entitled to the same honours as other officers of our army of equal relative rank.

14. A medical officer, retiring after a service in India of twenty-five years and upwards, may, if recommended for the same by the head of his department, receive a step of honorary rank, but without any consequent increase of pay.

15. Six of the most meritorious Medical officers of the army shall be named My Honorary Physicians, and six, My Honorary Surgeons.

Given at our court at Windsor, this 1st day of February, 1859, in the twenty-second year of our reign.

By her Majesty's command,

STANLEY.

(a) In substitution for the existing grades, namely—

Inspector-General of Hospitals	...	for Director-General of the Medical Department.
Deputy Inspector-General, 1st class	...	for Inspector-General.
ditto ditto 2nd class	...	for Superintending Surgeon.
Surgeon-Major	...	for Senior Surgeon.
Staff or Regimental Surgeon, ditto Assistant-Surgeon		as at present.

(b) Deputy-Inspectors-General of Hospitals of her Majesty's British Forces of less than five years' service will have local rank as Colonel while serving in India from the date of their arrival in that country, but without any consequent increase of pay.

A service of silver plate, value 300 guineas, has been presented to Mr. James Bent, surgeon, of Manchester, well known from his connexion with charitable institutions and sick and benefit clubs.

MORTALITY OF CHILDREN IN RUSSIA. — A terrible picture of the mortality of children in Russia is given in a journal called the *Rousky Dnevnik*. Many more than one-half of the children born in that country die in the very earliest period of infancy. One-eighth die between the ages of 5 and 10, and another eighth between 10 and 20; thus, three-fourths perish before reaching mature age. The ignorance and superstition of the lower classes of the people have in many instances a most fatal influence on the management of children.

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OUR GREAT ONES OF THE PAST.

MEN OF THE BRITISH SCHOOL.—No. VIII.

WILLIAM HUNTER, M.D. F.R.S.

(*Concluded from page 455.*)

William Hunter was buried on Saturday, April 5, 1783, in the Rector's vault of St. James's Church, Westminster, and his remains lie there, as we believe, to this hour.

We have learned already much of the character of this anatomist. What is left, in the way of summary, need not detain us long. His intellectual position was not by nature of the highest level; but he raised himself by honest arts to a place prominent among men. The faculties by which he thus prospered, were—industry, perseverance, and observation. We recollect that in one passage of his last written introductory lecture, he sums up himself and his power thus fairly:—

"Every man should be held as a criminal who locks up his talent, whatever it may be. Mine, from nature, was small; but by application and perseverance it has grown to be considerable."

Do you think William Hunter had genius said to us one of that class of men who, by constant use of words, convert ideas into entities. Well, then, no, he had not genius, as this class understand that possession. He had industry and truth, two leading elements in the quality of genius; but he had no more. He could never have discovered a new system of worlds like Copernicus; a new world, over the way, like Columbus; or the circulation of the blood, like Harvey. His talent lay in collecting observed natural facts, and in keeping a most faithful record. He could cut timbers, shape them for building, and describe them; but, failing in constructive skill, he could not out of his own collected material have conceived the build of a dog-kennel. He was anything but a superficial man; and yet a man who dwelt only on the surface of thought. The faculties wanting in his nature were courage and liberty. Gabriel made his skull too small for brains.

With the peculiarity which marks men who have immense energy, and immense mental wealth the fruit of industry, but who are deficient in liberty and expansion of idea, he was fond of controversy and of convulsive efforts at self-defence. He had no conception that history would defend him in the right with more power and more taste than he himself could put forth. Whoever might attack him he must be up and at them, the result being that the more he defended the more he attacked. Pity for William Hunter that he did not know the natural history of the science bulldogs; by which term we mean the well-known growlers, as abundant to-day as ever, who, doing no work of their own of original cast, hang on the skirts of others, to deride, and to seek unenviable fame, by playing unscrupulous games at misrepresentation; and by torturing truths, which they in their dulness do not comprehend, into lies which serve no purpose to themselves or anybody. It is a pity, we say, for our friend William that he did not know the history of these; for if he had he would have given them a quietus more effective than Hamlet's bare bodkin. *He would have let them alone.* As he did not understand them, but went to work wearing out his physical powers in writing commentaries with the fever of anger on his brow, and an insane jealousy gnawing at his heart, he lost time, destroyed health, and in the end actually produced letters and defences which, read and considered alone, would lead the unbiassed mind at this period of time to the direct conclusion that the author of the letters and defences was wrong, and the bulldogs right. There is only one exception to this rule in his controversies; that exception relates to the letter to the Royal Society regarding the proceedings of brother John.

But setting aside the deficiencies in Hunter's character, it is impossible not to admire the man for his industry, his devotion, his zeal, and his ambition. There is no question that he was a great teacher, and knew the secret of success in the teacher's vocation. In the two lectures left behind him, and published after his death, many very interesting facts are brought out, illustrating this trait. He announces here the plan of his course, the time of lecture—two to four p.m.—the mode in which students may introduce a friend, and the mode of studying anatomy. He adds, too, excellent opinions as to the qualifications of the lecturer. One of his observations on this latter point is so very appropriate that we give it in full:—

"I have always studied," he says, "and shall continue my endeavours to employ the time that is given up to anatomical studies, as usefully to the students as I can possibly make it; and therefore shall never aim at showing what I know, but labour to show and describe, as clearly as possible, what they ought to know. This plan rejects all declamation, all parade, all wrangling, all subtlety. To make a show, and to appear learned and ingenious in natural knowledge, may flatter vanity: to know facts, to separate them from suppositions, to arrange and connect them, to make them plain to ordinary capacities, and, above all, to point out the useful applications, is, in my opinion, much more laudable, and shall be the object of my ambition" (a).

We must further acknowledge his devotion to science, and his self-sacrifice. Those of his cotemporaries who did not like the one glassful of post-prandial wine thought him penurious. But he was no more guilty of parsimony than Morgagni, whom, indeed, he closely resembled. Not at all. Each penny misspent was to him as so much taken from the future, and from the world in the future. He lived, in fact, not for himself, not for his friends, but for his race all the world over—for his race then and thereafter. We must admire his industry and perseverance. He who could work for thirty long years at one point, never leaving the subject so long as doubts remained and fresh evidence was obtainable, is the man for science. With the exception of Kepler, there is hardly in history a man to be found whose perseverance was more steady, or whose industry was more severe.

Lastly, we must cherish the recollection of William Hunter for an all-important reason—the correctness of his observation. Reading through his various works, we find that, whatever their shortcomings, they are pre-eminent in one particular—in so far as they go, they are as truthful now as they were at the time they were written. He is an author without one error of an important kind. Need we say more? Genius, haply, were well dormant in William Hunter after this.

On putting side by side the historical figures of William and John Hunter, one is struck with a view of similarities. Differences there are; but these are in degree rather than fact. William, truly, is seen as a scholar, and a man of refined professional feeling. John cracks scholastic schemes as vermin, and has a sufficient want of the professional refinement to encourage Jenner to make his fortune by a secret remedy. But, in science, John follows William like a shadow. William is great in anatomy; John takes up the scalpel in imitation. William inquires into causes of animal actions, deducing

(a) In the Library of the Royal Medico-Chirurgical Society there are several volumes of MS. lectures of Hunter. These are of great interest, as indicating the method of his teaching. On reading portions of the MS. we find, however, that they are not notes by the lecturer, but by students who were attending the courses. One volume, written by a careful hand throughout, bears on the cover the following:—"Anatomical, Physiological, and Chirurgical Lectures, by Dr. Hunter, 1780." Three other small books in MS. are entitled, "A Course of Anatomical Lectures by Doctor Hunter, January 20th, 1773." A third volume of MS. very carefully written out, gives, again, the "Anatomical Lectures," without date, but with writer's name, John Ashley; and a fourth volume in MS. including the lectures on the "Gravid Uterus," is by Dr. Skeete. The care with which these MSS. have been copied indicates the value attached to them by the writers. In the Library of the Medico-Chirurgical Society there will also be found bound up with the last two introductory lectures of Hunter, some papers relating to his intended plan for establishing a museum in London for the improvement of Anatomy, Surgery, and Physic.

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from what he sees; John takes up the same points, but plunges into the unknown, and adds speculation to fact, differing so far, and no further. William has a longing to collect strange specimens and found a great museum; John is after William again, and having the good fortune to live ten years longer, does ten years' more work. William has the power of inducing many helping hands to work for him. John sees the force of the policy, and presses everybody he can into his service. William has a taste for natural history, and opens the wicket of Palæontology. John, seeing the wicket open, walks into the ground beyond, and finding it fruitful, digs into it to immense advantage. William likes painting and artist work in general. John is seised with the same disposition. William learns how to work twelve hours a-day; John pushes on for thirteen. Finally, to change the analogies, both have tempers, both have pride, and the two are as one in this matter of self-satisfaction, that although there are men in the world exceedingly clever, they two are *the* men.

On the Continent, we believe, the name of William Hunter stands in estimation before that of John. In this country, if a Hunter is named, everybody thinks that John is meant. Some men here, however, have been bold enough to take the continental view. In the pages of this journal, last year, Dr. Priestley, in his able lectures on the Gravid Uterus, ventured the idea that on looking into the labours of William Hunter one is tempted to think that for profundity of observation and true sagacity, he was in no respect the inferior. There must, nevertheless, be a cause for the popularity of John in this country—and a cause there is—but the cause lies not in correct public estimation of the scientific works of the two brothers. No! no! If John Hunter could have helped himself to a hearing the other day at Westminster, and could have known the exact reasons why so huge a concourse broke on his rest, we suspect that despite the occasion, he would have let out into a swearing fit that would have sent the Dean and Chapter to Hanwell. The fact is, that poor John is not much read at home, but a great deal talked about; and the fact runs further, that poor John is so talked about and extolled, year by year, because he has been the innocent means of serving the political needs of a grand scientific mediocrity, which could not be a political body if it were not now or at some time past a scientific body above mediocrity. To be explicit, the College of Surgeons, having had the fortune to possess John Hunter, has found him more useful in death than in life. True, it had William Hunter too; but William, from being a physic-man, and from going to Glasgow in his museum capacity, was not to the College *the* Hunter. The College, consequently, for the most obvious reasons, true to itself and John Hunter, but especially to the College, has preached up its man to such a pitch that the other man is lost in the clamour. We wish not to plant cannon in Lincoln's Inn, nor to steal from the poor priests there their naked Rameses. Every temple has its Deity, and sacrilege is sacrilege. But if by these presents we can induce our readers to peruse carefully the life and works of the two Hunters, and to draw their conclusions, on the grounds of scientific merits alone, the statement underneath will receive, we predict, a universal sanction.

THE BROTHERS HUNTER WERE TWINS IN SCIENCE, BUT WILLIAM WAS THE FIRSTBORN.

LONDON MEDICAL REGISTRATION ASSOCIATION.—We are glad to find that this useful Association is rapidly becoming enlarged by public meetings of Medical men in different districts of the metropolis. Mr. Propert took the chair at a very influential meeting in Marylebone last Saturday. Great good is being done in efforts to expose quacks, and check the insertion of obscene advertisements in public journals.

ELECTIONS AT THE ACADÉMIE DES SCIENCES.—Professor Owen has just been elected, by 43 out of 54 voters present, one of the eight Foreign Associates in place of the late Robert Brown. The other candidates, all corresponding members of the Academy, were Airy and Murchison of London, Ehrenberg of Berlin, Liebig of Munich, Plana of Turin, Struve of Pulkawa, and Vohler of Gottingen. We may indeed felicitate our *confrère* in carrying off the palm amid such competitors. The place of Corresponding Member in the section of Anatomy and Physiology, vacant by the death of Prince Charles Bonaparte, has been filled up by the election of M. Dujardin.

REVIEWS.

Practical Observations on the Operations for Strangulated Hernia. By J. H. JAMES, F.R.C.S., Consulting Surgeon to, and late Senior Surgeon to the Devon and Exeter Hospital. Octavo, pp. 96. London: 1859.

THE author of this little work is already well known by his admirable treatise on Inflammation, and is one of our most distinguished Provincial surgeons. Anything, therefore, of a practical character coming from his pen must be looked upon with favour; and the very important subject of hernia, freely and ably as it has been handled by others, is discussed by Mr. James in some of its aspects in such a manner that most surgeons may gain benefit by perusing this memoir.

The principal object of the author is to give the results of his own personal experience of his operations for strangulated hernia, and although this has not been so great as would have been expected considering the high position he has held for forty years in his native city, nevertheless the details of thirty-six cases of hernia, carefully and honestly recorded, cannot fail to bring out some features of considerable interest, if not of very striking novelty.

The mortality after the operation for strangulated hernia appears, according to the statistics of Mr. James, as of other surgeons, to be very great: thus, out of thirty-six cases operated upon by this gentleman, both in Hospital and private practice, there were no less than fourteen deaths. A very interesting table is drawn up, in which the particulars of each case are given, together with the morbid appearances presented after death. From this it will appear that the fatal event was not so much owing to the length of time during which the bowel had been strangulated as to some other causes: thus no less than six of the fourteen deaths were due to erysipelas and sloughing of the external tissues, causes which are not generally recognised as fatal. In by far the majority of deaths supervening upon operations for strangulated hernia in the London Hospitals, the fatal event is due to unnecessary delay and rough handling before the patients have been admitted. Thus it is we can appreciate the maxim of Dessault,—"Think favourably of a hernia which has not been handled before an operation."

This little work is chiefly valuable as giving the operative experience of the author; but, at the same time, he has taken the opportunity of making some useful and practical observations on those other means of treatment which should be pursued prior to an operation. With regard to the employment of the taxis, Mr. James is inclined to place very great value upon it, and considers that it should not be hastily abandoned, especially in a recent case. It is impossible to lay down rules for particular cases; but it may be safely asserted that, if a fair attempt has been once made to reduce a strangulated hernia while the patient is under the influence of chloroform, and it does not succeed, an operation should be proceeded with without further delay. Chloroform the author does not much like; tobacco he has often seen succeed. Of extreme cold he speaks thus:—"I have rarely tried it myself; but I have seen it often employed by others, and with little or no success, as far as I can recollect." (P. 18.) This is a topical measure which may prove of great service in certain cases; but it is liable to do harm, and may be sadly mismanaged. Thus, a short time ago, we were called to operate on a case of strangulated inguinal hernia: our first step was to remove a bag of ice which had been placed on the tumour, and on cutting down to the parts, the various coverings, sac, and bowel, were found to be in a gangrenous condition.

Mr. James seems to have had hardly any experience of the operation without opening the sac; yet he has made some very excellent observations on the relative merits of the ordinary proceeding and that of Petit.

We can highly recommend this little work: many of the cases detailed in it present features of interest and instruction, especially for our younger brethren.

On Dislocations and Fractures. By J. MACLISE, F.R.C.S. Fasciculus VIII. London: 1859.

THIS fasciculus contains five excellent plates of various fractures and dislocations of the femur, tibia, fibula, and patella.

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On the Prevention and Treatment of Mental Disorders. By George Robinson, M.D. Pp. 228. London: 1859.

Dr. Robinson's work is divided into three parts, the first of which treats of the general physiology and pathology of the nervous system; the second, of the forms of mental diseases, with their general physical and moral causes; and the third of the Medical and general treatment of mental disorders.

Our space will not allow us to give an analysis of these chapters, nor indeed is such a duty necessary, inasmuch as the views advanced are not recommended by any peculiar novelty, although they everywhere evince the tact and the talent of an accomplished Physician, well versed in the theory and practice of psychological medicine. When, too, we find, as in Dr. Robinson's pages, a general and praiseworthy abstinence from dogmatic statements, and a cautious avoidance of extreme views, there is little for the reviewer to bring into prominent notice, especially at a time like the present, when the general phenomena of mental diseases are pretty well understood, and their treatment is conducted upon humane and scientific principles.

We may briefly state, however, that in reference to the physiology and pathology of the nervous system, the author adopts neither an exclusively materialistic view on the one hand, nor an exclusively metaphysical one on the other. While he admits that the various conditions of the blood as to quantity and quality, and the derangements of the digestive and other systems, exercise a prominent influence in the causation of mental disorders; he yet attributes an equal degree of importance to such purely psychical phenomena as grief, ambition, disappointment, and other concomitants of a state of high civilisation, in disturbing the balance of the intellectual powers. The mysterious yet indisputable influence of hereditary predisposition in inducing mental disease, is justly insisted upon; and Dr. Robinson does not neglect to show that vicious habits and uncontrolled passions are too often the forerunners of insanity. Hence, as prevention is better than cure, a general improvement in the moral and physical condition of the population will best conduce to the diminution of mental maladies not only in the present generation, but in those which are to succeed us.

In the Medical treatment of mental disorders the tonic and supporting plan is better than the opposite, because the very existence of insanity generally implies a depressed condition of the vital powers. Hence, bleeding, mercury, and strong purgatives are, for the most part, contra-indicated; while the vegetable tonics, the mineral acids, and alcoholic stimulants, especially beer, are more or less useful. Narcotics and sedatives are often found very beneficial. With regard to the moral and general treatment of insanity, fresh air, exercise, and cleanliness are strongly recommended, together with temporary retirement and judicious management in an asylum. The system of non-restraint is of course advocated, although not in such an indiscrimate manner as some writers would urge, inasmuch as there are a few cases in which it is absolutely necessary that some physical control should be exercised over the actions of patients.

Such are a few of the principal points brought forward in the work now before us; and although, as we have previously remarked, there is no novelty to announce, yet there is very little that requires censure. The style is occasionally somewhat careless, and there is much which is merely reprinted from other writers, and from the author's former publications; but, on the whole, Dr. Robinson's work gives a fair epitome of the present state of our knowledge in relation to the nature and treatment of the malady to the consideration of which his pages are devoted.

Localised Movements: or, Muscular Exercises combined with Mechanical Appliances for the Treatment of Spinal Curvature, and other Deformities. By H. H. Bigg, Anatomical Mechanician to the Queen. London: 1859. 8vo, pp. 120.

No one who treats cases of spinal or any other deformities can be long ignorant of the extreme importance of keeping up a judicious system of muscular exercise. Weak muscles must be strengthened, while those acting abnormally must be kept at rest. In many cases such exercises very advantageously supply the place of mechanical apparatus. In others, they assist the surgeon in attaining the object he cannot attain by mechanical means alone. In the pamphlet before us, Mr. Bigg points out some of the evils resulting from the unscientific application of mechanical force, and discusses, at considerable length, the manner in which he conceives certain "localised movements," or exercises of certain muscles or sets of muscles, act upon spinal curvatures and other deformities. He has established a Gymnasium, where he says "Medical men of experience can send or bring their patients. The Profession will thus be enabled to recommend any special exercise to be followed, and they will be certain of having their ideas, with regard to the measure and duration of such exercise, scrupulously adhered to." There can be no doubt that such an establishment was wanted in London, and Mr. Bigg's attempt to supply a want should meet with the support it merits.

Eighth Annual Report of the Wilts County Asylum, Devizes: for the year 1858.

Fifth Annual Report of the County and City of Worcester Pauper Lunatic Asylum.

Third Annual Report of the State of the United Lunatic Asylum for the County and Borough of Nottingham, and the Forty-eighth of the original Institution.

The Reports of all these Asylums are very satisfactory as showing the improved condition of our pauper lunatics, although they reveal the sad truth of the great amount of insanity existing among the population. The increase of lunacy may, in a certain degree, be said to be more apparent than real, owing to the general desire to send insane persons to the Asylums instead of keeping them at home as formerly; but there is little doubt that the number of such patients is really increasing in a somewhat alarming degree.

Hæmorrhoids, and Prolapsus of the Rectum; their Treatment by the Application of Nitric Acid. By Henry Smith, F.R.C.S. London: 1859. 8vo, pp. 46.

The use of nitric acid in cases of congested, bright red, granular condition of the mucous membrane of the rectum, with thickening of the submucous tissue and great tendency to bleed, commonly known as internal piles, has been, as is well known, warmly advocated by Mr. Houston, Mr. Henry Lee, and others. But the papers of Mr. Henry Smith, in this journal, have done more than anything else to popularise the remedy. He has brought into forcible relief the dangers occasionally attending both excision and the ligature, and has shown that while these dangers may be avoided by the use of nitric acid, the success attained thereby is all that can be desired. The morbid tissue is destroyed, the slough separates, the raw surface granulates and cicatrises, and the parts, by the consequent contraction, are braced up into a normal state. Those who wish for full directions as to the manner of applying this acid, and the cases in which its use is indicated, will do well to consult Mr. Smith's very useful pamphlet.

The Microscopic Society.—The annual *soirée* of this society was held on the 5th inst. at the South Kensington Museum, and was most densely attended, upwards of 3000 persons having responded to the invitations of the committee. The whole of the Museum was very wisely thrown open to the visitors.

The Hepatic Lobules.—Dr. Schmidt, of Philadelphia, in an interesting paper on the minute structure of hepatic lobules (*Amer. Journ. of Med. Science*, 1859), offers the following views as the result of his observations:—"Two capillary networks, each independent of the other, exist in the lobule of the liver; the one, commencing at the periphery of the lobule, from the smallest branches of the poral vein and the hepatic artery, and ending in the centre of those of the hepatic vein, is destined for the circulation of the blood, brought there by the portal vein and the hepatic artery; the other, commencing independently in the centre of the lobule, near the intralobular vein (branch of the hepatic vein), and ending in the smallest branches of the hepatic duct, is most probably destined to carry off the secretion of the cells. The cells lie within the meshes of these two networks, but seem to be especially held in their position by their adhesion to the network destined for the secretion."

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PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON MANAGEMENT OF THE SHOULDERS IN EXAMINATION OF THE CHEST.

By Dr. CORSON.

Dr. Corson, in an interesting paper, illustrated by diagrams, endeavours to show how much the physical examination of the chest is facilitated by placing the shoulders in certain positions. We can only notice the summary he gives of his views. The italics are his own. 1. As the chests of lean persons give the clearest and best marked sounds, we may endeavour to increase the physical sounds by lessening or removing the natural obstacles presented by the great pectorals in front, and the scapulæ and their muscles behind. 2. This is effected by using the arms as levers, and the hands as hooks to pull—by which *thinning, condensing,* and *tightening,* are produced. To illustrate this, place one forearm of a muscular man behind his back, the other hanging loosely by his side. The sound, especially on percussion, will be found heightened below the clavicle of the stretched side. 3. What Dr. Corson calls his first position consists in carrying both arms behind, the left wrist being simply held easily with the right hand behind the loins. This throws back the shoulders and loosens the whole front. This gives tenseness, increases the resonance of delicate percussion, and conducts the sounds better, and is of assistance in the diagnosis of the more difficult cases of tubercle, pleurisy, pneumonia, and aneurism. 4. The second position, locking the hands over the head to examine the axillæ and spaces below them, is so well known as only to need mentioning. The ribs stand out distinctly, so as to mark well the intercostal spaces. 5. The third position consists in crossing the arms at the back of the head, with the hands grasping tightly near the elbows so as to *hoist* the shoulder-blades high up behind, and *thin* the muscles: so as to favour the searching for obscure or limited pleurisy or pneumonia low down near the diaphragm posteriorly. 6. It is very important, in suspicious cases of cough, to examine early and carefully the *tops of the lungs behind*—consumption often mistaken for a mere throat affection beginning here. For this we need the fourth position. The patient crosses his arms in front, slightly stooping, *hooks* the hands at the loins or false ribs, and then stretching upwards, he holds fast to increase the tension. The physician aids from behind by pressing the shoulders firmly down. They are thus *slid off*, the muscles are smoothed down, and the ear, coming closer upon the top of the lung, hears the sounds better. 7. The fifth position is worth more than all the rest. This wrenches the shoulders forward *out of their beds*, and widely severs them in the rear. In thin persons it often stretches out the intercostal muscles like stout broadcloth, and thus quite uncovers the inner and upper parts of the lungs behind. The patient crosses arms in front, with the stronger outside, grasps with the opposite hands the two shoulders, pulls both strongly, and holds fast to keep them tense. The physician aids to fix the shoulder-blades widely apart at the back, by firmly pushing. Even in health, the soft breathing murmur at the former place of the scapula can be nearly doubled; and in tubercle it opens a new field for palpation and percussion. It intensifies harsh respiration or "fatty crackling." In pneumonia, it exaggerates the clear, barrel like echo of bronchophony, and in pleurisy, that line between wind and water, the trembling œgophony. It brings out a delicate *new sign* we have discovered in bronchitis—a kind of prolonged liquid breathing, as if through a layer of wet sponge, heard before or after mucous râles, which we venture to name *moist respiration*. 8. Another new and really useful physical sign we have to communicate is, the *comparative stiffness of the shoulder over the lung most diseased, in strong breathing, seen and felt from behind*. For this we use the sixth position. Facing the back of the patient, a yard distant, near a window or white wall, you tell him to drop his arms, letting them hang easily by his sides, as if dead, and then to breathe deeply for a few minutes, like a man a little out of breath. You now "take aim" like a rifleman across the tops of his shoulders, and then shut your eyes and *feel* them gently swell. Drawing nearer you observe that the inferior angles of the scapulæ move gently in breathing like the fins of a fish. You can both *see* and *feel* this movement. The *stiffness* of the shoulder in breathing may be decided or slight, general or local. When most at the top we call it "acromial," and when most at the lower extremity "angular." Curiously enough, these last features seem to depend upon the higher or lower location of the disease which thus as it were *paralyses the parts nearest*. An elegant way of testing "angular stiffness," even in a lady fully clad, is to place your two index-fingers on the lower points of the shoulder-blades, and watch and feel their movement as she sighs. The causes of this stiffness are supposed to be *loss of upward expansion* in the lung, tenderness, pleuritic adhesions, and weight of morbid deposits. A table of eighteen cases is added, illustrative of this sign. It was least in recent attacks, varied most in phthisis, was slightest in pneumonia, and greatest in chronic pleurisy. 9. A statement of measurements of ten males shows the gain in inches and decimals by the 3rd, 4th, and 5th positions respectively, between the inferior angles of the scapula, and the lowest lumbar vertebra, between the superior angles and the vertebra prominens of the neck, and between the two upper and two lower angles of the scapula. Of the whole six positions, the 1st, 4th, 6th, and especially the 5th, are most frequently useful. Taking into account the pulmonary complications of other diseases, as well as the range of "chest disease," it is believed that these various improvements, slight as they seem in detail, really throw light upon many forms of *one-third of the fatal maladies of our race*. 10. On account of its fearful importance, it is hoped that they will mainly benefit *tubercular consumption*. Tracing faithfully by various "marks," and the unhealthy habits of the patient, the agencies leading to the two prevailing causes, *feeble organisation and depraved nutrition*—by prompt reform of abuses, generous *animal food*, and free *exercise in the open air*, with tonics and *cod-liver oil*—we may do much to arrest the disease. *Occasionally we may cure.* Four living cases from several others are reported by the writer of arrest or cure of phthisis of several years' standing. The great question of this paper is then—*What may be the result of average notice, say three months sooner?* Time only can tell. Each physician who reads this is earnestly requested by a faithful trial of this system of examination in *at least three suitable cases.* From extensive trial we firmly believe that, simple as it may seem, this *management of the shoulders*, these expedients for *thinning, condensing, and tightening the fleshy walls of the chest, add fully one-third to our power of detecting the earliest signs of consumption.*—*New York Journal*, March, p. 185.

EXCERPTA MINORA.

Arsenic in Vulvar Pruritus.—M. Imbert-Gourbeyre, in a series of articles upon this affection, draws attention to the great utility of arsenic, in the form of Fowler's solution, in its treatment.—*Moniteur des Hôp.* 1858, No. 64.

Iodine and Glycerine in Scrofulous Ozæna.—Dr. Campbell strongly recommends as an application, to be made three or four times daily, two grains of iodine dissolved in an ounce of glycerine, giving also internally three times a-day in sweetened water a tablespoonful of a mixture composed of iod. pot. ʒii. Huxham's tr. of bark, ʒviii.—*Ibid.* p. 578.

Arrest of Singultus and Borborygmus by fixing the diaphragm.—Dr. Wolff states that he has frequently relieved obstinate hiccough occurring in diseased and other conditions by the following procedure. The patient must take a deep inspiration, and then keep the abdomen forcibly expanded as when straining hard at stool, giving way to the necessity of respiration as seldom as possible, and then by rapid inspiration. It requires some practice before success can be obtained. The same process is of great use in the borborygmi to which ladies are often subject.—*Deutsche Klinik.* 1858, No. 47.

Large Dose of Opium taken by a child.—Dr. Hays related to the Philadelphia College of Physicians, the case of a child not quite six years old, who took by mistake a powder containing seven and a-half grains of opium. He only saw the child fourteen hours afterwards, and was informed that it was at first much excited, and then became drowsy. The narcotism was very profound, gradually wore off, and at the end of three days had entirely disappeared.—*American Journal of Med. Scienes*, April, p. 367.

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FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, May 2, 1859.

At the last meeting of the Académie des Sciences, held on the 18th ult., M. Jobert de Lamballe read a very curious paper, the subject of which is highly interesting both to the physiologist and the pathologist. Some time ago this distinguished Surgeon was called upon to visit a young girl about 14 years of age, who, for six years, had been suffering from involuntary movements of the peroneus brevis muscle of the right leg. The cause of this peculiar affection could not at the time be accounted for; the movements were characterised by pulsations or knocks, presenting all the regularity of a pulse, each pulsation, or rather knock, being distinctly heard at some distance as proceeding from behind the external malleolus. A similar affection, in a less intense degree, declared itself shortly after at the same point in the left leg. Pain, hesitation in walking, and a tendency to fall were some of the effects attendant on the malady. On extending the foot, and on applying pressure to certain points along the course of the muscle, the patient could arrest the pulsations; but these manœuvres invariably produced pain and fatigue in the limb. The parents of the girl had begun to entertain the notion that the peculiar sounds or knocks which proceeded from the limb were the result of some supernatural agency, and it was only after a careful and scientific investigation, conducted by M. Jobert, that their minds were disabused of this idea. He found that the peculiar sounds were produced solely by the rising and falling of the tendon of the peroneus brevis muscle during the action of the latter, and at the part where the tendon passes along its osseous groove. The involuntary character of the movements, he attributes to some peculiar functional trouble of the muscular fibres, or of the nerves supplying them. Although in the case in question the pulsations or knocks were altogether independent of the volition of the individual, still he believed it possible that by a little practice they could be produced at will, and that it is to the possession of this peculiar power that the entire secret of mediums and spirit-rappers is due. He moreover stated that the muscles and tendons, both of the shoulder and of the leg, are equally capable of producing these peculiar sounds; and he related the case of a lady who could give rise to them at the hip-joint by assuming a particular position. Certain conjurers had been known who could even produce a kind of harmony by a succession of knocks, thereby imitating the tune of a dance, or a military march. M. Jobert terminated the history of this interesting case with a few remarks on the treatment which he adopted. The Medical man in attendance, and at whose request he had been called to see the girl, had failed to do her any good, although he had employed a great variety of remedies, such as leeching, blistering, continued pressure over the part, etc., together with the internal use of mineral waters. M. Jobert proceeded as follows:—By means of the subcutaneous section he completely cut across the body of the peroneus brevis of both legs, and afterwards, by means of a suitable apparatus, put up the limbs so as to secure their perfect immobility. On re-union taking place the girl recovered the complete use of both members, and no trace of the affection has since appeared. The cure was complete. On continuing his remarks on this case, M. Jobert observed that a German physiologist, M. Schiff, whose attention had been attracted to this curious subject, made a discovery some three or four years ago, as to the seat and origin of these peculiar sounds (which are so commonly attributed to supernatural intervention) almost identical in result with the conclusions he himself had arrived at. Remarking that the sounds proceeded invariably from the foot of the bed of individuals who pretended to be influenced by spirits, M. Schiff began to entertain serious doubts of their supernatural origin, and was not slow in concluding that they were the result of natural causes existing in the body itself. His knowledge of anatomy led him to think that the seat of these sounds might be the peroneal region, where there exist a bony surface and two tendons running in a common groove. A series of experiments and observations made on himself confirmed him in this belief: he found that the exact seat of the sounds was behind the external malleolus, and in the bony canal along which pass the tendons of the peronei muscles. By practice he was enabled, in whatever position he placed himself, to imitate all the tricks and prodigies of spirit-rappers—in short, he established the fact that these peculiar noises originate in the tendon of the *long* peroneus muscle, and that they are dependent on a diminution in the thickness of the sheath, or in the total absence of the sheath of this muscle. M. Jobert, while agreeing with M. Schiff as to the seat of these sounds, differs with him, as we have already seen, as regards the particular muscle producing them. The one maintains that it is the peroneus brevis, the other is of opinion that it is peroneus longus which is mainly concerned in their production. There is also another point on which they differ, viz. that while the sounds or knocks observed by Schiff were purely physiological, and due to movements dependent on the will; in the case of M. Jobert's patient they were the result of movements of an involuntary nature, painful, and consequently morbid. Altogether the subject is one of much interest, and well meriting a further investigation on the part of anatomists and physiologists. By enlightening the world on the purely physical character of these sounds much may be accomplished in the way of dispelling the absurd superstition connected with spirit rapping.

In the *Medical Times and Gazette* of the 18th of December we communicated a new method of dressing the stumps of amputated limbs, proposed by M. Laugier, and which at that time we saw him practise in the Amphitheatre of the Hôtel Dieu. A few days ago M. Laugier, impressed with the conviction of the success of this method, brought the subject before the Academy of Sciences; and in a memoir which he there read entered minutely into a description of it, and of the advantages attendant on its employment. It being just possible that some of your readers may not be in possession of the number of your journal to which we allude, we shall, for their benefit, repeat the account which we then gave of it: "He begins his dressing by the application of a bandage from above downwards, proceeding as far as the extremity of the stump; he then places two cork-splints about ½ inch thick and three or four inches broad on each side of the limb, and of such a length that their lower extremities may project beyond the stump some three inches or thereby. These projecting portions are each notched in two places, so as to give them the appearance of three opposing fingers; the points of these finger-like ends are each pierced, so as to permit of small bandelettes being passed through them; a bandage is then passed over the cork-splints, and lastly, the opposing finger-like ends are tied, each one to its opposing fellow, and thus the edges of the wound are brought in contact." The only addition we have to make to this description is that before applying the splints and bandage the stump should be covered from its base to its free extremity with a thick circular layer of amadou, the object of this being to render the pressure exercised by the splints as gentle as possible, without interfering with its efficacy. The advantages of this plan of dressing, as set forth by its author, are the following:—It secures the prompt reunion of the deep portions of the wound following amputations, prevents effectually the retraction of the flesh, assures the direction of the lips of the wound, and renders unnecessary the application of bands of adhesive and other irritating substances. Not the least important, however, of its advantages is the complete protection given to the stump against shocks and blows, enabling the patient to move it at pleasure. In this respect such a mode of dressing must prove of great utility in the treatment of the wounded on the field of battle.

During the last fortnight we have seen a case of idiopathic tetanus—idiopathic as opposed to traumatic—the subject of it having, so far as could be ascertained, sustained neither wound nor injury of any kind. The patient was a gardener, and about forty years of age. Some time before the onset of the disease, he had been exposed to cold and wet. On admission into the service of M. Grisolle the tetanic spasms were confined chiefly to the muscles of the jaws and neck, the affection assuming the form of trismus: in a few days they became more general, and in less than a week they had embraced the muscles of the chest, abdomen, and lower extremities, rendering them as hard as a piece of iron. There were occasional paroxysms, although not marked by a very great increase of pain. The symptoms went on increasing until about the twelfth day, when they began gradually to give way. The treatment employed by M. Grisolle consisted

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entirely of opium in large and continued doses. Each day this drug was regularly administered to the extent of 2 grains of the extract. The patient was discharged about the twenty-first day.

In the service of M. Robert, at the Hôtel Dieu, is at this moment a patient suffering from dislocation of the right hip-joint of six months' standing. The head of the femur can be distinctly recognised in the large ischiatic notch: the limb is shorter than its fellow by about three inches. This serious injury was produced by a heavy body falling on the man while he was engaged at the gold mines of California. Some surgeons on the spot made vigorous and continued efforts to reduce the dislocation, and similar attempts had also been unsuccessfully made in the Hospital at St. Francisco. Finding that he could not obtain relief in that quarter he came to France, his native country, in the hope of finding it here. M. Robert has already made two attempts by means of pulleys, aided by the powerful influence of chloroform; but although, by the extension employed, the head of the bone was brought almost to a level with the acetabulum, its coaptation could not be accomplished. A force equal to three hundred and twenty pounds was employed during the operation. A similar attempt is to be made in the course of a few days, which we trust will be attended with more success; but from the length of time which has elapsed since the occurrence of the accident, it is very doubtful whether the surgeons of the French capital will be more fortunate than their brethren of California have been

On Monday last, among a great variety of operations performed at the Hôpital Laribossière, by M. Chassaignac, was the somewhat serious and important one of amputation of the tongue, close to its base, in consequence of cancroid disease of that organ. The method employed was the écrasement linéaire, of which, as most of your readers are aware, M. Chassaignac is the author. The poor man had been already twice operated on,—in the first instance a portion of the tongue had been removed by M. Velpeau, and on the second occasion another small portion by Chassaignac. The malady again reappearing, and threatening to involve the entire organ, its complete extirpation was resolved on. Two days or three before undertaking the operation, M. Chassaignac passed a drainage tube from without round about the base of the tongue, immediately above the large horn of the os hyoides. The point where the tube was introduced was a little to the right of the median line. Having thus prepared a passage for the chain of the ecraseur, the tube was withdrawn as soon as the chain was in position. Then commenced the separation of the organ. Two minutes were allowed to elapse between each movement of the instrument, and the transverse division of the organ was accomplished in exactly half-an-hour. The chain was then passed behind the base of the separated organ, and made to embrace the muscles and tissues attached to its under surface,—in thirty minutes more this second part of the operation was completed; so that the entire time occupied was precisely an hour. The quantity of blood lost was quite insignificant, and the poor man did not evince great suffering. We saw the patient this morning (the eighth day after the operation), and he is in as favourable a position as any patient under the circumstances could possibly be.

PRESERVATION OF ROSE AND ORANGE FLOWERS FOR DISTILLATION.—M. Stanislas Martin observes that so great are the prices paid by the Paris perfumers for these leaves that the pharmaciens have great difficulty in obtaining enough of them for medicinal purposes. He therefore communicates the results of his experiments carried on during five years; which show that rose and orange flower leaves may be made to preserve their original odour for years, and be sent from one part to another without any detriment to them. Common salt is the simple agent by which this may be accomplished. The leaves of the flowers are so placed in earthenware or glass vessels as to have interspersed between every layer of flowers a layer of salt. The driest leaves must be chosen, and great care must be taken not to bruise them, for then they will ferment, and the water distilled from them will acidify, and in time assume the odour of valerianic acid. The waters obtained from these salted leaves are just as strong and as delicate as those prepared from plants gathered only a few hours since. M. Martin has prepared excellent rose-water from petals that have been thus kept during two years.

GENERAL CORRESPONDENCE.

CLUBFOOT APPARATUS.

LETTER FROM MR. BIGG.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the *Medical Times* of April 30 an engraving is given of an instrument for talipes equino-varus, said to be invented by Dr. Edwards, the principal merit of which he states to consist in a divided sole-piece, governed in its action by a semi-lunar slot and screw. It is also declared to possess advantages superior to the ordinary club-foot apparatus on account of a vertical movement of an analogous character with that of the sole-piece being given to the ankle-joint.

Unfortunately for the credit of his inventive powers, neither of these actions are new, as during several years I have constantly employed them for precisely the same purpose.

If Dr. Edwards will kindly refer to the *Lancet* of December 11, 1858, he will see an illustration of a similar ankle-joint movement in an apparatus of my invention; and should he not mind the additional trouble of perusing a few lines of my book "On the Mechanical Appliances necessary for the Treatment of Deformities," he will find a divided sole-piece figured and described at page 90. It is true the action is there governed by an endless screw (which, for ordinary purposes, I think infinitely superior to the slot); but I have constantly had such instruments constructed with the arc like what he mis-calls his when any peculiar condition of the deformity necessitated its adoption.

Had Dr. Edwards simply been content with describing his instrument without declaring it to be superior to the apparatus usually employed, I should not have presumed to comment upon its merits; but when I find, after carefully examining his contrivance that, in addition to its want of novelty, the greatest mechanical errors exist, I consider an exposition of its faults at once a duty I owe to your Professional readers, and a defence of the appliances at present employed.

In the first place, any one who, like myself, is constantly applying mechanism for the removal of club-foot must be aware, that one of the principal difficulties to be encountered arises from the tendency the heel has to rise from the shoe-piece; as upon so doing it immediately destroys that coincidence which should always exist between the axes of the apparatus and the anatomical centres of the distortion. This in perfectly constructed appliances is prevented by a strap passing just above the malleoli, and secured posteriorly to the upper margin of the heel-piece; when from the circumference of the strap being less than the heel and instep, no rising of the heel can ever occur.

In Dr. Edwards's instrument a lacing band, carried over the dorsum of the foot, is intended to perform the office of keeping the heel *in situ*; instead of which, from the circumference being equal to the heel and instep, its anterior arc must become a fulcrum, against which the foot will act, in raising the heel away from the shoe, whenever any attempt at depression of the instrument, through the medium of the ankle-joint, is made, thus at once negativing the value of the entire apparatus.

Another well-known mechanical difficulty arises from the cuboidal surface being incapable of sustaining much pressure without resulting in abrasion; but in Dr. Edwards's shoe, the whole force employed to overcome obliquity of the plantar surface appears to be expended against the convexity formed by the cuboid bone.

A still more important objection is, that owing to a hinge being affixed to the inferior extremity of the lateral leg stem, a certain amount of metatarsal obliquity must always remain, even when the instrument is tightly adjusted; while a constant addition to cuboidal pressure becomes generated, upon every accidental movement of the foot.

If Dr. Edwards had consulted any London mechanician of experience and scientific attainments, prior to presenting a new club-foot instrument to your readers, he would have had the faults practically demonstrated, and what is still more important, the absence of constructive novelty fully explained.

Dr. Edwards will also probably forgive me for remarking,

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that instead of the ordinary "Scarpa shoe" being, as he states, "a mere fixture, without graduating action of any kind," it possesses when properly made, two regulating screw centres at the ankle; and a horizontal spring to overcome lateral metatarsal inversion, all of which are decidedly the reverse of "mere fixture."

Apologising for having intruded upon your valuable space,

I am, &c.

29, Leicester-square. HENRY HEATHER BIGG.

MIDWIFERY LICENCE.

[To the Editor of the Medical Times and Gazette.]

SIR,—The remarks at the foot of a "Professor's" letter in your journal of the 30th of April, are an iteration of the opinions you had previously expressed in the journal of the 16th of the same month, and to which "Professor" has replied.

You say, "Obstetric medicine should be a part of every general examination in Medicine and Surgery, and not be separated simply because corporations can increase their revenues by exacting an additional fee for a midwifery examination." Again, "we object equally to the London and Dublin licences in midwifery having a place on the register, and would strongly urge the London College to forego its solitary privilege, indeed, to give up making special licentiates in midwifery at all, and make obstetrics part of its general examination."

It affords us great pleasure to find such sentiments expressed by you, and in them we entirely concur. No doubt the Colleges of Ireland ought to enjoy, as should those of Scotland, the privilege of registering their midwifery diplomas equally with the English College of Surgeons; and that right would have been extended to them, but for a mistake, which will, doubtless, soon be rectified. But, as you say, why have a special diploma at all; why not give to obstetric medicine a sufficiently prominent place, at the general examination of each body, as to render a separate diploma unnecessary?

The Professor informs you that "we"—that is, the Irish College of Physicians—"have a right to grant a licence (in midwifery) "by Royal Charter, and the candidate undergoes a separate examination for it, in addition to the examination for the general licence." And again, "the Irish Colleges restrict it"—the midwifery diploma—"to members of the Colleges only, etc."

With the College of Surgeons, Ireland, we have, at present, nothing to say; but the above extracts have led us to trespass upon your space to obtain information relative to the power enjoyed by the Irish College of Physicians of granting midwifery diplomas. We do not for an instant doubt that the College does possess the power of licensing some persons to practise midwifery; but it would be satisfactory to know exactly, who those individuals are. We therefore lay the question before the Professor, in order that he, who has already given you such satisfactory evidence of legal acumen, may throw some light on the subject.

Article XXX. of the Charter runs as follows:—"And whereas, we have been informed that there are great abuses frequently committed by unskilful midwives practising, who do not understand their duty or office, to the great prejudice and destruction of many of our good subjects, therefore our present will and pleasure is, and we do hereby give and grant unto the President and Fellows of the King and Queen's College of Physicians aforesaid, full power and authority to examine all midwives, and to licence and allow such" (*i.e.* midwives) "as they shall find skilful and fit to exercise that profession, and to hinder all such"—*i. e.* midwives—"as they shall find unskilful from practising; and also to punish all such"—*i. e.* midwives—"as shall practise without their licence in such manner," etc. etc. and here follow the penalties, etc.

Now, Sir, we would thank Professor to give his reading of the above clause. Let him first inform us, does the article apply to men or women? In the days when the Charter was written, women, for the most part, practised midwifery as a calling, and were denominated, as now, "Midwives." When a man undertook to act in this branch of Medicine, in those days, he was called a "man-midwife," a term now happily exploded. Was the Professor considered a "midwife" when he presented himself for examination, and obtained his licence, "thirty years ago?"

Let us take it for granted that Professor has clearly demonstrated, to our perfect satisfaction, that a noun substantive feminine means a noun substantive masculine, or in other words, that the Charter applies to men; does it intend that members of the College of Physicians should be examined for the midwifery licence? Surely, we think not. To the members of that learned and moral corporation, could not have been applicable the words of the Legislature, "And whereas, we have been informed that there are great abuses frequently committed by unskilful midwives practising, etc. etc.!" What, unskilful midwives among the members of the King and Queen's College of Physicians in Ireland, at a period when Cloacina dared not obtrude her obstetric nose within the precincts of the Hibernian temple of Esculapius!

We humbly submit, that the persons alluded to in the charter, even supposing them to have been of the masculine gender, were those completely without the courts of the College. Probably the two following instances may tend to assist our Solon in his legal efforts.

Doctor McClintock, in his pamphlet "On the Rise of the Dublin School of Midwifery," published by Mr. Gill, 1848, informs us that under the date "3rd of May, 1742," he found the following record amongst the Transactions of the College: 'Agreed, that Mr Moss and Mr. Carter have a licence granted them for practising Midwifery, having been examined and approved." Mr. Moss was the celebrated Bartholomew Moss, the founder of the Dublin Lying-in-Hospital; and he had obtained a Surgical certificate from the Surgeon-General of the day, but was not a member of the College of Physicians, and it is doubtful, if, when he applied for his examination, he was, in reality, a legally-qualified Surgeon. Ireland owes the existence of her Midwifery school to the good and great Moss, and the fame of that school commenced with Fielding, afterwards Sir Fielding Ould. He was not a member of the College of Physicians, when, as Moss, he obtained his licence from that body to practise Midwifery. The memorandum of the College, in his case (obtained from the same source as the previous one) is, "August 16th, 1738." "Memorandum, that Mr. Ould was examined for a licence to practise Midwifery, and being found singularly well qualified was licensed accordingly." Now we cannot find whether Ould was otherwise qualified when he presented himself for examination to the College, but the evidence is in favour of his having had no other diplomas or degree at that time, for his "Treatise on Midwifery," published in 1742, bears simply "Fielding Ould, Man-Midwife," on the title page.

These two instances prove to our mind that the President and Fellows of the College, as at present, read "midwife" in the charter, as man-midwife; otherwise they would not have felt themselves justified in examining Ould and Moss. But they do not prove that President and Fellows were justified in so doing. Ould and Moss, however, did not belong to the College of Physicians previous to their examinations, indeed they would not have been admitted to the membership of that body, being Midwifery Practitioners (as we shall presently show), so that the President and Fellows of the College never for a moment considered the words of the charter as applying to themselves, that they should be liable to a Midwifery examination for a licence in that art.

Doctor McClintock tells us (*op. cit.*), that "in October, 1759, Mr. Ould presented to the College of Physicians a *liceat* from the University to be examined for a Bachelor's Degree in Physic. This the College flatly refused to do; it being contrary to their bye-laws, and to their ideas of professional dignity, that any of their body should practise Midwifery. The University notwithstanding conferred an honorary degree in Medicine upon Mr. Ould, which act seems to have roused the indignation of the College to the highest degree. The College considered this act of the University "an encroachment on their privileges, and an insult to their body at large." The affair ended in a rupture between the two bodies.

We regret the necessary length of this letter; but we consider the subject one of importance, and we have long desired to have a clear and satisfactory explanation of article No. XXX. of the charter of King and Queen's College of Physicians in Ireland. Your correspondent, the Professor, will we are sure satisfy us. We have been informed that

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women have never been examined for a licence by the College; but could they have been examined and licensed in Midwifery?

In conclusion, we sincerely hope that Obstetrics shall for the future be amalgamated with the general examination of every licensing body—even as it now is at that of the Irish College of Physicians—that we shall have no longer licence upon licence, examination upon examination, and fee upon fee. Let us get rid of these special courts of examiners, and do our best to arrest that retrograde tendency which has been latterly but too apparent with respect to the status of the Obstetric Physician and Surgeon, and which the English College of Surgeons has done all in its power to encourage by that atrocious system of granting licences to practise Midwifery to men otherwise unqualified in either Medicine or Surgery.

We are, &c.

Dublin, May 6, 1859. S. & K.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

MARCH 19, 1859.

Mr. FERGUSSON, President, in the Chair.

A report, by Dr. WILKS, was read on

ENLARGEMENT OF THE LYMPHATIC GLANDS AND SPLEEN.

Dr. WILKS drew the attention of the Society to this peculiar form of affection, which was not very uncommon, but yet had never received any distinct designation. The first notice of it was to be met with in the 17th vol. of the Transactions of the Medical and Chirurgical Society, where numerous cases of it are related by Dr. Hodgkin, and in a paper by himself in the Guy's Hospital Reports some other instances are recorded. The disease is manifested by an immense enlargement of the lymphatic glands, especially those in the mediastina and lumbar region, but very often including those in groin and neck, and at the same time the spleen is much enlarged and contains some white deposit. These glands, when cut, are uniform in structure, translucent, and tough, and consist of a combination of an albuminous or lardaceous matter, with a fibroid tissue; and the same in the spleen: the other organs may sometimes contain a small amount of the same deposit. The symptoms attending the disease are extreme anemia and dropsy, death occurring from exhaustion. In some cases tubercle has been present, and in others the organs have been lardaceous or waxy, showing its close affinity to these two other morbid conditions. The present specimens came from a lad, æt. 18, who died in Guy's Hospital, under Dr. Pavy's care, with the above-named symptoms, dropsy, extreme anemia, and great enlargement of the glands in the neck; and after death the glands also in mediastinum and abdomen were found similarly affected; the spleen was of great size, and had, scattered through it, a number of white deposits. The structure of the gland was almost entirely nucleated fibre, and the same was the composition of the material in the spleen. The liver and kidneys, on microscopic examination, also showed a small quantity of the same nucleated fibre in various parts of the tissue.

CYSTIC DISEASE OF THE SPLEEN.

This very rare specimen was found associated with a similar cystic disease of the kidneys, and the interest of it was in relation to the general question of formation of cysts; whereas, for example, as in the liver and kidneys, ducts exist naturally; two opinions are held respecting them,—the one that they are independent formations, and the other that they are formed from the ducts. In the present specimen the latter theory is excluded.

RUPTURED ANEURISM OF THE HEART.

This specimen was sent by Mr. Comley, of Whitechapel, who was requested to make a post-mortem examination of a child, 12 years of age, who died suddenly; and he found the cause of death to be a rupture of the left ventricle of the heart from the giving way of a large sac contained in its walls. This projected inwardly, where it communicated with the ventricle by a small opening. It was lined by a membrane continuous with the endocardium, and the blood had for a long time freely circulated through it. There were no signs of old inflammation or other disease within the heart.

Dr. MURCHISON exhibited

A MEMBRANOUS CAST OF THE TRACHEA AND BRONCHI,

EXPECTORATED BY A PATIENT LABOURING UNDER DIPHTHERIA.

The preparation had been obtained from a patient of Dr. David Thompson, of Launceston, who had forwarded it to Dr. Murchison. It consisted of a membranous cast of the larynx, trachea, and larger bronchi, extending to the third subdivision. Near its upper extremity the cast was complete and tubular; but above and below this it was imperfect. Its substance was firm and tenacious, and presented an appearance and consistence very similar to those of washleather. The patient was a girl, aged 12, and was first seen by Dr. Thompson on August 11, 1856. At that time the fauces were red and congested, the tonsils enlarged, and of a deep red colour, and on the left there was a large patch of white deposit. On the 12th this deposit had extended over the right tonsil. On the 14th there was huskiness of voice; but little or no dyspnœa. On the 16th there was complete loss of voice and croupy cough, but still not much dyspnœa. On the evening of the 16th the cast was expectorated, and for a few hours after, the patient appeared much relieved; but within twelve hours she died suffocated. The friends would not permit a post-mortem examination, so that it was impossible to say whether the suffocation was the result of a reformation of the membrane, of its extension into the smaller bronchi, or of a portion of it having become impacted in the rima glottidis. It was not known whether the patient ever had had scarlet fever. Diphtheria was at the time prevailing very extensively in the neighbourhood; and the sister of the patient, as well as two cousins residing at a distance of two miles, died of the disease. Scarlet fever was not prevalent at the time. Dr. Thompson had informed Dr. Murchison that during the last four years, diphtheria would appear to have become endemic at Launceston, and that at the present time he is in the habit of seeing three or four cases in the week.

Dr. OGLE showed specimens from a case of

ABSCESS IN THE BRAIN.

The case was that of a person who was admitted into St. George's Hospital with pneumonia, of which she was thought to have recovered, and which recurred very shortly after, and again ceased. Interference with vision of the right eye came on, and within a few days great pain in the head—at first the back, and the left side. Subsequently the patient was found unconscious and hemiplegic, and died comatose. Fibrinous clots undergoing softening and disintegration were found within the cranial sinuses and veins, and there was an abscess in the inferior and posterior part of the left cerebral hemisphere.

Dr. OGLE also showed a second specimen of

ABSCESS OF THE BRAIN.

The patient was a woman, aged 22, who had had a discharge from the ear for many years, following an attack of scarlet fever. She had had much pain in the ear, for which she came into the Hospital. After this facial paralysis, following a severe epileptic attack came on, along with strabismus, and preceded death.

These cases were adduced to illustrate the subject of the formation of fibrinous clots in the veins and sinuses of the brain, and their consequences. In the first case it might be said that the cerebral abscess was the result of direct extension of inflammation from the internal ear to the brain, the intervening bony structure, and the cerebral membranes, being successively affected, and lastly, the brain substance itself. Dr. Ogle, however, thought that it might in this case be, as certainly he believed it was in many cases, that the abscess in the brain was the result, not of any extension of inflammation, but of the stopping up of the cranial sinuses, and hence of the tributary veins leading from the part of the brain which was the seat of abscess, and was altogether secondary to the obstruction to the blood's passage.

As to the formation of the clot in the second case, it seemed

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difficult to make out whether it was caused by a poisoned condition of the blood, owing to absorption from the pulmonary abscesses, or whether it was related to a cause common to it, and the pneumonia. Again, as to the abscess in the brain: in this case, the question was whether it was, or was not, secondary to the pulmonary abscess. Dr. Ogle's opinion was that some cause existed, in some condition of the blood favourable to fibrinous precipitation, and that this was common to the pneumonia, and the fibrinous deposit in the cranial sinuses, which in its turn had caused the abscess of the brain, as in Case 1. Dr. Ogle mentioned having seen several cases in which death by pyæmia had followed remarkably small and apparently insignificant injuries, such as the slight cut of a finger, bite of a lip, suppurating hæmorrhoids; and observed that he thought many affections of the brain, as of other less important organs, might be consequent on plugging-up and inarction of the various channels by which the blood is returned towards the heart, from the exquisitely delicate nervous substance.

NORTH LONDON MEDICAL SOCIETY.

April 13, 1859.

Dr. Greenhalgh, Vice-President, in the Chair.

Dr. Greenhalgh read a paper on

CRANIOTOMY.

Having briefly referred to the moral responsibility incurred in its performance, and having pointed out and illustrated the extreme difficulty frequently attendant thereon in cases of great distortion of the pelvis, he proceeded to the consideration of the various alternatives proposed under the following heads, viz. first, the induction of abortion; secondly, artificial premature labour; thirdly, turning; fourthly, Cæsarean section. After dilating upon the advantages and disadvantages of these methods, and having indicated the nature of the several cases, and their appropriate treatment, the author contended, by a reference to such limited statistics as he had been able to collect, that there was but little, if any difference, in the mortality to the mothers from craniotomy in extreme deformity of the pelvis and the Cæsarean operation where performed shortly after the commencement of labour, whereas there was a great saving of fœtal life. The author concluded by offering some remarks upon a pelvis (which he exhibited) taken from a patient upon whom he had performed the Cæsarean operation, which she survived three weeks.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations in Anatomy and Physiology at meetings of the Court of Examiners on the 3rd, 4th, and 7th inst. will be admitted to the pass examinations when qualified—viz.: Messrs. Robert Godolphin Long, Charles John Workman, Edward Jeffery, John Barr Brown, Edward Coalthrop, John Bubb, Frank Point, and Arthur Ernest Sansom, students of King's College; George Birch, John Philip von Landsberg, Francis Baker Fowler, and John Langdon, of the Middlesex Hospital; Thomas Sheldon, Francis William Gibson, William John Corin, and Henry Charlton Bastian, of University College; Henry Wright Lomas, Henry Owens, William Clunie Wise, and George Aylwin Major, of Guy's Hospital; Henry Colley March, John Williams, and Thomas Pembrey, of St. Thomas's Hospital; George Herbert Haslam, James Irvine Menzies, and Thomas Cotton, of St. Bartholomew's Hospital; Edward Myhill Davey, London Hospital; Albert William Wallis, Westminster Hospital; William Henry Blenkinsop, St. George's Hospital; William Owen Jones, Joseph Henry Barr, William Stanfield, William Henry Emmett, and Edward Stokes Roberts, Manchester; Arthur Overton, John Waterson, Henry May, and Robert Iliffe, Birmingham; John Racey, George William Jameson, and John Henry Charles Elliott King, Edinburgh; Daniel Alcock, Josiah Frederick Kynsey, and Patrick Walter Stafford, Dublin; John Watson and James Pyburn, Newcastle; John Foster and David Mann, Leeds; Samuel Griffith, Glasgow; and Marriott Hall, Sheffield.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to practise, on Thursday, 5th May, 1859:—

Mackenzie, Walter Fawkes, Wigan, Lancashire.
Roberts, Charles, Darlington.
Smith, Eustace, Leamington.
Smythe, William Dumville, Richmond, Surrey.
Thompson, Samuel, Knottingley, Yorkshire.
Woodward, Martin, Pershore, Worcestershire.

The following gentlemen also on the same day passed their first Examination:—

Caudle, Adolphus William W. Henfield, Sussex.
Michell, Thomas, Redruth, Cornwall.
Smith, G. S. R. W. Prince's-terrace, Caledonian-road.

APPOINTMENT.

James P. Scowcroft, Esq. has been appointed one of the Surgeons of the North Meols Local Dispensary.

DEATHS.

Boutflower.—On March 8, near King William's Town, British Caffraria, John Boutflower, Assistant-Surgeon Cape Mounted Rifles; aged 24.

Bridges.—On March 3, at Riverstown, British Guiana, David Bridges, aged 53.

Lardner.—Dr. Lardner died last week, at Paris, on the 5th inst. at the age of 66. The son of a Dublin solicitor, Dr. Dionysius Lardner, after receiving such education as was to be had in Irish schools at the beginning of the present century, was entered at Trinity College, Cambridge, and devoted himself to scientific studies. He rapidly gained an extraordinary number of prizes in pure mathematics, as well as in natural philosophy, astronomy, and other branches of study. In 1817 he obtained a B.A. degree, and for ten years remained at the university, publishing at first various treatises on mathematics, including the differential and integral calculus, and subsequently on the steam-engine. For this he obtained a gold medal from the Royal Dublin Society; and he began to contribute to the "Edinburgh Encyclopædia" and the "Encyclopædia Metropolitana," writing elaborate articles on pure mathematics, as well as on the applied sciences. In 1827, on the establishment of the London University, Dr. Lardner accepted the chair of Natural Philosophy and Astronomy, and, removing to London, he set on foot a scheme for a "Cabinet Encyclopædia," which he gradually perfected. After devoting much time to "Railway Economy," and writing a good deal on this and other subjects, Dr. Lardner started his last important work, the "Museum of Science and Art."

Lloyd.—On the 11th inst. D. K. Lloyd, M.D., for many years local Secretary to the Medical Benevolent Fund Branch at Cork, after a few days' illness.

University of London.—On Wednesday the following gentlemen who had passed the usual examinations during the Academic year, were admitted to degrees, after an address from the Chancellor, Earl Granville:—*M.D.*—Pierre Victor Bazire, James Fawcus, William Tilbury Fox, William Price Jones, University College; Francis Edmund Anstie, Alfred Meadows, King's College; Robert John Spitta, St. George's Hospital; Thomas Palmer, Apothecaries' Hall of Ireland. *M.B.*—John Henry Bartlet, Pierre Victoire Bazire, Michael Foster, Edward Wynn Thomas, University College; Edward Evan Meeres, Henry Gawen Sutton, Morris Tonge, John Walters, King's College; Walter Goodyer Barker, John Langdon Haydon Down, Edward Harford Lloyd, London Hospital; John Ward Cousins, William Skinner, St. Thomas's Hospital; Rayner Winterbotham Batten, William Newman, St. Bartholomew's Hospital; Charles Watson Kitching, Westminster Hospital; John Jas. Nason, Richard Unthank Wallace, Guy's Hospital; Joshua Harrison Stallard, Queen's College, Birmingham; William Henry Broadbent, Thomas Parker Smith, R. Manchester School of Medicine; Robert George Hardwick, Leeds School of Medicine; Samuel Athanasius Cusack, Dublin School of Medicine. Those gentle-

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men who have obtained scholarships, exhibitions, medals, or prizes, were presented to the Chancellor in the following order:—*M.B.*—William Henry Broadbent, Royal Manchester School of Medicine, scholarship and medal in Physiology and Comparative Anatomy; John Walters, King's College, scholarship and medal in Surgery; Raynor Winterbotham Batten, St. Bartholomew's Hospital, scholarship and medal in Medicine; John Langdon Haydon Down, London Hospital, medal in Physiology and Comparative Anatomy; Pierre Victor Bazire, University College, medal in Surgery; Edward Wynne Thomas, University College, medal in Medicine; William Henry Broadbent, Royal Manchester School of Medicine, medal in Midwifery. *M.B.*—First examination.—Henry Gervis, St. Thomas's Hospital, exhibition and medal in Anatomy and Physiology; George James Symes Saunders, King's College, exhibition and medal in Chemistry; George Frederick Atchley, King's College, exhibition and medal in Materia Medica; John Easton, King's College, medal in Chemistry; Francis Lloyd, St. Bartholomew's Hospital, medal in anatomy and Physiology; John Easton, King's College, medal in Materia Medica.

UNIVERSITY OF ST. ANDREWS.—List of gentlemen on whom the Degree of Doctor of Medicine was conferred, May 6, 1859:—John Adcock, M.R.C.S., Guy's Hospital; David John Allen, M.R.C.S. and L.A.C., Carmarthen, S. Wales; William Bainbridge, M.R.C.S. and L.A.C., London; Thomas H. Baker, F.R.C.I, and Licentiate of King's and Queen's College of Physicians, Ireland, Parsons Town; Joseph Bancroft, M.R.C.S. and L.A.C., Swetford, near Manchester; Henry Barber, M.R.C.S. Ed., Eastwood, Nottingham; George Bird, M.R.C.S., London; Samuel B. Blest, M.R.C.S.I., Dublin; William K. Bullmore, M.R.C.S. and L.A.C., Falmouth; Charles G. Conran, Madras; William B. Cooke, M.R.C.S. and L.M., Gloucester; George Cordwent, M.R.C.S. and L.A.C., Taunton; William Craddock, M.R.C.S. and L.A.C., H.M.'s Bengal Army; Charles R. Drysdale, M.R.C.S., London; Andrew Fergusson, M.R.C.S. Ed., Dumfrieshire; Walter Garstang, M.R.C.S. Ed. Blackburn, Lancashire; John B. Gill, M.R.C.S. and L.A.C., London Hospital; Griffith, John T. F.R.C.S. and L.A.C., Peckham, Surrey; Henry R. Hadden, M.R.C.S. and L.A.C., Wexford; James Henderson, M.R.C.S. Ed., Aberdeenshire; Frederick H. Hewitt, M.R.C.S. and L.A.C., Clapham, near London; John Horrocks, Licentiate of the Faculty of Physicians and Surgeons, Glasgow, Bolton, Lancashire; Francis Howitt, M,R.C.S. and L.A.C., Heanor, Derbyshire; John Kinahan, M.R.C.S.I., Staff-Assistant Surgeon, Army; Kirkman, William P., M.R.C.S. and L.A.C., Melton, Woodbridge, Suffolk; George F. H. La Fargue, M.R.C.S. and L.M., London; James M. Lindsay, M.R.C.S. Ed., Edinburgh; William Lynes, M.R.C.S. and L.M., Wednesbury, Staffordshire; Charles G. Mott, M.R.C.S. and L.A.C., London; Marcus W. Mott, M.R.C.S. H.M.'s Bengal Army; Thomas D. Barker, M.E.C.S. L.A.C. and L.M., Sevenoaks, Kent; David Lloyd Roberts, M.R.C.S. and L.A.C., Manchester; Charles Edward Smith, M.R.C.S. and L.A.C., Army Medical Staff; Frederick H. Smith, M.R.C.S. L.A.C. and L.M., Blackheath-road, Greenwich; Henry Soulby, M.R.C.S. and L.A.C., Spilsby, Lincolnshire; Henry Tizard, M.R.C.S. and L.A.C., Weymouth, Dorset; Achille Vintras, M.R.C.S., St. Mary's Hospital, London; John A. Woolfreyes, M.R.C.S. and L.A.C., 6th Batallion, Military Train; Charles Wotton, M.R.C.S. and L.A.C., King's Langley, Herts; William Yarde, M.R.C.S. and L.A.C., London.

ON Easter Monday a letter was received by post at the Cancer Hospital, Brompton, containing £500 in aid of that charity.

M. VELPEAU'S alternate patronage and persecution of M. Vriès, the black doctor, have worked him good results. It is said, "That a society is being organised for the purpose of purchasing the Quack's Nostrum, and of furthering its adoption by the public."

IN a work just published in Paris, *Des Céréales en Italie sous les Romains*, M. Joseph Michon investigates the state of Italian agriculture under the Cæsars, and arrives at the conclusion, that Lombardy was always, and still is, the granary of Italy.

ARSENIC IN CHOREA.—M. Aran confirms the favourable opinion given by Romberg and Pereira of the great use of arsenic in chorea.

THE FRENCH ARMY IN ITALY.—Baron Hippolyte Larrey has been nominated Surgeon-in-Chief of the Army of Italy. MM. Champouillon, Boudin, Salleron, and Fenin are Surgeons-in-Chief to the four corps of the army. MM. Legouest, Bertherand, and Casales are at head quarters; and MM. Méry and Perier are attached to the ambulances of the Garde.

THE FRENCH MEDICAL STAFF.—The *Gazette des Hôpitaux* gives the following as the appointments to the Medical staff of the army of Italy: Baron Larrey, Surgeon in chief; M. Champouillon, Surgeon of the 1st corps; M. Boudin, of the 2nd corps; M. Salleron, of the 3rd corps; and M. Fenin, of the 4th corps. MM. Legouest, Bertherand, and Casalas, are attached to the head-quarters; and MM. Mery and Napoleon Perrier to the ambulances of the guard.

THE ECRASEUR IN OVARIOTOMY.—In the St. Louis *Medical and Surgical Journal* for January, 1859, Dr. Pope relates four cases of ovariotomy. Two were successful, and two fatal. In one of the former, and one of the latter, the écraseur was used to divide the pedicle.

HER MAJESTY'S LEVÉE.—At the Levée on Wednesday, the following presentations took place:—Dr. Baly, on being appointed Physician Extraordinary to her Majesty, by Sir James Clark; Dr. John Campbell, on being nominated a Companion of the Bath, by the Secretary of State for India; Dr. Dempster, Inspector-General of Hospitals, by Earl De la Warr; Dr. Wm. Farr, D.C.L. by Major Graham; Surgeon John Gabriel, R.N. by Sir. J. Pakington; Assistant-Surgeon S. G. Johnson, on return from service in Bengal, by the Secretary of State for India; Surgeon W. Martin, by the Secretary of State for India; Mr. William Martin, by Dr. Macloughlin; Sir William Rae, C.B. Inspector of Hospitals and Fleets, on having received the honour of knighthood, by the Earl of Derby; Mr. Henry Slade, Surgeon, R.N. by Sir J. Pakington; Surgeon W. G. Watt, by Colonel Lysons.

OVARIOTOMY IN OHIO.—Dr. J. W. Hamilton, Professor of Surgery in Starling Medical College, relates (*Ohio Med. and Surg. Journ.* Jan. 1859) two cases in which he performed this operation. In one the tumour was removed, and the patient recovered. In the second, after opening the abdomen, the adhesions between the abdominal walls and the tumour were found to be so firm that it was impossible to separate them. A trocar was introduced, but no fluid was discharged. The wound was closed, and the patient expired forty-two hours after the operation. Dr. Hamilton states the following facts in regard to the results of ovariotomy in Ohio:—"In 1854, Dr. P. J. Buckner, now deceased, made a report to the State Society, that was supposed to contain all the cases operated on up to that time. It included eleven cases, of which six were successful and five fatal. Since that time, without having made this a special subject of attention, we have learned, through private channels mainly, of the following cases:—Professor Howard operated twice, found inseparable adhesions in one case, and abandoned the operation as impracticable, his patient dying within a few days. The other was cured, and is still living. Our esteemed friend operated twice, one patient dying, one recovering. Another undertook it twice, and was obliged to abandon it as often, one of the patients dying, one surviving. Within a few months, an eminent Surgeon performed the operation, his patient dying within a few hours. Another made a moderate incision through the abdominal parietes, his patient vomited, the tumour was thus forced into the external world, when ligating a small pedicle, the operation was completed. The patient recovered. We have been informed of three cases by another gentleman; two fatal, and one successful. Of the operations performed since 1854, that we have learned of, accordingly, there are thirteen, five successful and eight fatal. So that up to this time we have in Ohio twenty-four cases, eleven successful, and thirteen unsuccessful. This is probably about an average result."

HEALTH OF THE COUNTRY.—The Registrar-General says in the last quarterly report:—"In the Cambridge district 159 deaths were registered; in the Ely district 118; the population of the two districts in 1851 having been 27,815 and

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22,896; so that the mortality of Cambridge is greatly in excess of the mortality of Ely. In the ten years 1841-50 the mortality of the population of Cambridge was at the rate of 23 in 1000; hence, taking the excess over 17, the rate prevailing in healthy districts, it exhibited 6 degrees of insalubrity, and during the ten years the unnatural deaths amounted to 1568. How long is this state of things to continue in the seat of one of the great universities of the country? Science has here a wide field of usefulness before it. It has the great opportunity of saving many lives, and at the same time of applying its principles. By the energy of one of the departed ornaments of the University, Ely has been rendered comparatively healthy. And from Ely, Cambridge has now evidently much to learn. It is a matter of national importance that the places where some of the principal youths of the country are educated should be healthy. Why are not the schools of Medicine in the Universities schools of health? Why are not the undergraduates taught practically the conditions most favourable to human development? Why are there not tables of mortality at Cambridge and Oxford, as well as in London, pointing out monthly the effects of all the noxious agencies infesting the houses, colleges, and streets? This would be teaching by example, and could not fail to leave permanent impressions on the minds of many men who will have unusual means of directing public opinion. It is a melancholy task to record the fatality of diseases arising through the neglect of sanitary arrangements in this and in other countries; and to observe so much activity in inventing opportunities of destruction, with so much apathy in applying measures already invented for promoting the well-being of the population. Man is the only animal, Pliny says bitterly, that takes a pleasure in the destruction of his own species: surely somebody will one day arise to teach the world the truer pleasure of saving mankind!"

MODERN VAGARIES AND QUACKERIES.—Hydropathy, Mesmerism, Chronothermalism, the Negative System, the System of Raspail, Homœopathy, Isopathy, Kinesipathy, Perkinism, Odylism, Electro-Biology. *Isopathy's* author was a veterinary Surgeon, one Lue; it is a bastard of Homœopathy. To cure a phthisical patient, you dose him with expectorated tubercle. *Kinesipathy* comes from Sweden, and was begotten by a poet Ling: it did wonders there under the protection of Retzius. It pretended to cure diseases by scientific gymnastic manœuvres. Here is a prescription for opacity of the cornea: pressure on the supra-orbitar region, 23 a-day; passive rotation of the head, 7 or 8 a-day; friction along the course of the longitudinal sinus; active rotation of the lower extremities; percussion on the feet with wooden cylinders, to be continued for 14 weeks! *Odylism* is mesmerism set to another key; it takes in astrology, magic, sorcery, divination: its phenomena are not presided over by Satan, as was thought in the *dark ages*, says Richenbach; but they are due to a special force, Odyle. We need not further waste our time. Mesmerism, etc. we are, unfortunately, only too well acquainted with.

REFORM IN THE FRENCH ARMY MEDICAL SERVICE.—In a recent report addressed by Marshal Vaillant, Minister of War, to the Emperor, he states that the frequent resignations of the Medical officers of the Army, and the difficulty in recruiting them, has led to an inquiry into the causes of so untoward an occurrence. The result is the discovery of the existence of great dissatisfaction on the part of these officers, both as regards their pay and their position; and the Reporter acknowledges that many of these complaints rest on good foundation. Advancement in this body is slower than that of any other department of the army, although none are subjected to more rigorous or so severe a noviciate. Many never reach the rank of major, with the moderate pay of 2800 francs until after twenty years of service and numerous campaigns. So ill-defined is their position, that they hardly know at what table they should sit, who to demand salutes from, or to whom to offer them. These matters are proposed to be definitively arranged by a commission composed of general officers, intendants, and Medical inspectors. In the meantime it is proposed to at once augment the number of *Médicins-major*, and diminish that of *aides-majors*, thus insuring a large immediate promotion, the present 236 *médicins-majors* being at once increased to 369. In the Hospitals there is to be a Medical officer at the rate of 1 to 100 patients, and he must be at least of the rank of *médicin-major* of the second class. Altogether there will be 260 majors of the first class, and 300 of the second. To assist these there will be 566 *aides-majors*. The entire body of the Army Medical Service will then consist of 7 inspectors, 40 principals first class, 40 principals second class, 260 majors first class, 300 majors second class, 400 aides-majors of the first class, and 100 of the second class—making a total of 1147, to which are to be added 159 of pharmaciens. In future every regiment of three batallions is to have 1 *médecin-major* of the first, and 1 of the second class, and 1 *aide-major*. The following is the rate of pay:—Inspectors 10,000 francs, and 1200 for lodgings; first-class principals 6250 and 960 francs, second-class principals 5300 and 840 francs, first-class majors 4500 and 720 francs, second-majors 2950 and 360 francs, first-class aides-majors 2000 and 360 francs, and second-class aides-majors 1800 and 360 francs. A decree of the Emperor has authorised these changes. If this is the improved pay of the French Army Medical body, what a deplorable state it must have been in before! Little more than £80 per annum for an Assistant-Surgeon, who has to provide his own lodgings.

BOOKS RECEIVED.

Clinical Lectures on the Principles and Practice of Medicine. By J. H. Bennett, M.D. 3rd edition. Edinburgh: 1859.

1. Memoirs on Diphtheria; 2. Gooch on Diseases of Women; 3, Diday on Infantile Syphilis; Publications of the New Sydenham Society. London: 1859.

Observations on Strabismus. By J. G. S. Coghill, M.D. Glasgow: 1859. (A reprint from the Glasgow Medical Journal.)

The Treatment of Obstinate Ulcers, etc. By H. J. Chapman, F.R.C.S. 3rd edition. London: 1859.

Supplement to the 19th Report of the Commissioners in Lunacy to the Lord Chancellor.

The Nature and Treatment of Sciatica. By H. C. Roods, M.D. London: 1859.

Journal of the Waltham Visiting Society. No. 2.

Judith and other Poems. By Francis Mills, M.R.C.S. London: 1859.

Infanticide and its Cause. London: 1859.

VITAL STATISTICS OF LONDON.

Week ending Saturday, May 7, 1859.

BIRTHS.

Births of Boys, 956; Girls, 947; Total, 1903.
Average of 10 corresponding weeks, 1849-58, 1644·6.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	561	547	1108
Average of the ten years 1849–58	540·9	518·6	1059·5
Average corrected to increased population..	..	..	1166
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	38	25	63

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	4	5	4	7	3	3
North....	490,396	5	4	3	3	8	2	12
Central ..	393,256	..	3	11	1	8	..	12
East	485,522	14	2	14	1	7	1	7
South	616,635	7	8	22	5	12	2	9
Total	2,362,236	26	21	55	14	42	8	43

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·775 in.
Mean temperature	48·5
Highest point of thermometer	72·0
Lowest point of thermometer	33·1
Mean dew-point temperature	39·8
General direction of wind	N.E.
Whole amount of rain in the week	0·00 in.
Amount of horizontal movement of air in the week ...	630 miles.

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TO CORRESPONDENTS.

Mr. Wilde's reply to Mr. Kesteven is unavoidably delayed until next week.

A Very Old Subscriber and M.D. will find his questions fully answered in another part of this number.

Nemo.—The period of professional study is supposed to commence from the time the pupil is articled to a Surgeon.

R.N.L. Subscriber.—The position of unqualified assistants under the Act is a difficult one. In the case put, the young man might be employed under direction of the principal, but the latter might not be able to recover any disputed charge for the services of the Assistant.

Chloroform.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As M. Baudens has gone to a world where there is no disputation since his book was published, perhaps we should be cautious in taking away, as you suggest, all value from his statement, "that chloroform was administered 80,000 times in the Crimean War" The calculations of M. Baudens were taken from reports sent by M. Scrive, and of 20,000 cases in the Crimea under chloroform without any accident he seemed quite sure—of 10,000 in Bulgaria he was not so sure; but it would be after all a mere matter of opinion as to these deaths. I am only particular on one point, that M. Baudens is dead, and it would be very unfair to destroy all confidence in his most admirable work, while M. Scrive is probably in the land of the living, and might even now give us the particulars of these two deaths, if they ever occurred. I am, &c.

K.

Effect of the Act on the "Manly Vigour" Gentry.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I am glad to see this advertiser alter his name and titles: I hope many of his victims will suspect and bring him before the proper authorities. I am, &c. A Constant Reader.

"To the Nervous and Debilitated.—Charles Watson, M.D., Fellow and Honorary Vice-Pres. of the Imperial African Institute of France, Member of the Reformed Medical College, U.S.; the Society of Medicine, Rouen; the National Academy of Sciences, Paris; also 27, Alfred-place, Bedford-square, London, continues to issue, on receipt of six stamps, 'The Guide to Health.' For Qualifications, vide 'Diplomas' and the London Medical Directory."

"To the Nervous and Debilitated.—Given away by an F.R.A.S., and Fellow and Honorary Vice-Pres. of the Imperial African Institute of France, Member of the Reformed Medical College, U.S.; the Society of Medicine, Rouen; the National Academy of Sciences, Paris; also 27, Alfred-place, Bedford-square, London, continues to issue, on receipt of six stamps, 'The Guide to Health.'"

The Edinburgh College.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—At the present time, when the Medical bill has become law, it seems to me that every movement of those in power should be carefully watched by those, who, having been so unjustly excluded from any voice in the deliberations of the Medical Council, have hitherto only enjoyed the unenviable advantage of contributing to its funds, by being compelled to repurchase the very questionable privileges they already possessed; and when any admission is made of the rights of the great body of the Profession—whose members being qualified alike to practise Medicine and Surgery, have been named by some, General Practitioners, but who are, forsooth, like the os innominatum, still unnamed—to a becoming rank in the Profession, it should be gratefully acknowledged.

These are happily many in general practice, who, having the true interests and well-being of their Profession at heart, have ever studied to advance the science of Medicine, and who, by their general attainments and unimpeachable conduct, have always striven to maintain "the dignity and welfare" of their vocation.

To such, I should think, and to all those who are sincerely desirous to see a broad line of demarcation drawn between their Profession and trade, the hand of fellowship held out by the Council of the Royal College of Physicians of Edinburgh, in the offer of the degree of M.D. must be regarded as a just concession; provided always, it be their intention to devote the increased funds of the College to the protection and to a judicious supervision of those holding their diploma.

On the Continent every member of the Medical Profession is either a Doctor of Medicine or Surgery; and now that the barrier of illegality has been removed from the Edinburgh M.D. I cannot understand what reasonable objection can be urged against its acceptance by those, who, though dispensing medicines for their own patients, are yet anxious to be distinguished from shopkeepers and vendors of drugs. I am, &c.

Park-road, Stockwell, May 10, 1859. Josh. L. Lowdell.

[Our correspondent confounds the degree of M.D. with the license of the College.—Ed.]

To my old "Subject" I am advised to Bury!!

(In imitation of Béranger.)

Stay yet awhile, thou dear old friend of mine;
Though mould now gathers on thy shrunken face,
And wither'd are those once strong arms of thine,
And scarce a nerve is left for me to trace:
Alas! 'tis true thou lookest very old,
And much has pass'd since we as brethren met;
But still thy vessels do injection hold:
So, dear old friend, we must not sunder yet.

Full well I mind the sultry July day
I bought thee, brother (for I wanted one),
When first I saw thee on the table lay,
Not long before your sands had wholly run.
And then I thought—this dead man will to me
Be far more faithful than the worldly set
Who damp my ardour with prognostics drear;
No, dear old friend, we must not sunder yet.

A cut I see thine old subclavian bears,
And the injection oozes from the rent;
So was my spirit cut by many cares,
And all my courage oozed till nearly spent.
But when I saw thy vessels full and red,
I knew some pupils for thy sake I'd get;
Your placid face put brave thoughts in my head:
So, dear old friend, we must not sunder yet.

Together have we spent full many an hour,
Full many an hour of moody silent thought;
But thou, mute friend, didst always comfort pour
Into my heart with dire forebodings fraught.
Thou told'st me that in thee I had a friend,
Who, till I chose, my side would never quit;
Thou'st never leave me for some selfish end:
Oh, dear old friend, we cannot sunder yet!

I do believe in days when warm blood ran
Where now injection cold and waxy lies,
Thou wast an honest, helpful, kindly man,
With warm, firm grasp and kindly beaming eyes.
Thou had'st a wife, for which that hand did work,
A child whose food it manfully did get,
Which real and honest toil would never shirk:
No, dear old friend, let us not sunder yet.

But still thy work, my brother, is not done;
My wife, my children, look to thee for bread;
Still may injection in thy vessels run,
Still put brave hopeful thoughts into my head.
And when my work comes also to an end,
I trust that heavenward my soul may flit,
Meet thine and thank it cordially, old friend:
But, dear old friend, we must not sunder yet.

The Baby's Napkin Protector.

Messrs. Craft and Wilson have submitted to us a waterproof napkin protector, intended to promote the health and comfort of babies and young children, and to prevent their dresses, underclothing, beds, etc. becoming soiled. It is made of beautifully soft waterproofed materials, edged with soft elastic bands provided with slides, which render it easy and comfortable, so that the clothes of a child wearing the Protector, and its bedding, are kept perfectly dry. It can be thoroughly cleansed by washing in cold or tepid water in a few seconds. It is unnecessary to add that any simple contrivance by which the clothing and bedding of an infant can be kept dry must tend to promote both health and comfort.

COMMUNICATIONS have been received from—

Baron I. von Liebig, Munich; Professor Simpson, Edinburgh; Dr. Conolly; Dr. Rigby; Mr. Wilde, Dublin; Dr. Weber; Mr. Humphry, Cambridge; Mr. Bulley, Reading; Mr. J. J. Murray, Edinburgh; Mr. C. Ricketts, Thelum, Punjaub; Dr. Cogbill; Registrar-General; Dr. Camplin; Mr. Mayhew; Dr. Kidd; Dr. McLean; Mr. Brown; Mr. Kennedy, Edinburgh; Mr. Sinclair; Mr. Moss; Messrs. Craft and Wilson; Mr. Sansom; Mr. Lowdell; Mr. Monteith; Mr. Welchman; President of the Pharmaceutical Society; Mr. Stephenson; Dr. Kramer, Berlin; Mr. McDermott.

APPOINTMENTS FOR THE WEEK.

May 14. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

Royal Botanic Society, 3½ p.m.

Royal Institution, 3 p.m. J. P. Lacaita, Esq. "On Modern Italian Literature."

16. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Dr. George Johnson "On the Diagnostic Characteristics of the Urine, in the various forms and stages of Bright's Disease of the Kidneys."

17. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Pathological Society, 8 p.m. (Council Meeting, 7.)

Royal Institution, 3 p.m. Professor John Morris "On Geological Science."

18. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

Geological Society, 8 p.m.

Ethnological Society, 8½ p.m. (Anniversary.)

19. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

Royal Society, 8½ p.m.

Harvian Society of London, 8 p.m. (Council Meeting, 7½.)

Chemical Society, 8 p.m.

Royal Institution, 3 p.m. Austen H. Layard, Esq. "On the Seven Periods of Art."

20. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m.

Royal Institution. (Meeting at 8, Lecture at 9 p.m.) Dr. J. H. Gladstone "On the Colours of Shooting Stars and Meteors."

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IMPROVED INVALID COT CARRIAGES,

THE GREATEST LUXURY AND COMFORT EVER INTRODUCED FOR REMOVING INVALIDS, BEING FITTED UP WITH THE

PATENT NOISELESS WHEELS.

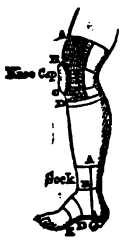
These Carriages may be engaged, on moderate terms, for any journey, on application to

H. & J. READING,

COACHBUILDERS, 14, RIDING-HOUSE-STREET, CAVENDISH-SQUARE.

Also a good assortment of New and Second-hand Broughams and other Carriages for Sale or Hire.

J. & E. BRADSHAW, late



Shoolbred and Bradshaw,

84, JERMYN-STREET,

begs to call attention to the various improvements in Patent ELASTIC STOCKINGS, BELTS, KNEE-CAPS, SOCKS, and Ladies' and Gentlemen's SPINE SUPPORTERS. A new description of BELT, invaluable for prevention of Cholera and the cure of Rheumatism, Lumbago, &c.

N.B. Every description of INDIA-RUBBER BANDAGE, vulcanised on the newest principle.

Directions for measurement sent by post.

N.B. A Liberal Discount to the Profession.

A female to attend on ladies.

Bastick's more Certain Forms of

REMEDIES. LIQUOR COLCHICINÆ,

LIQUOR HYOSCYAMINÆ, LIQUOR SMILACINÆ, &c.

These preparations are manufactured by processes which guarantee that each dose of these liquors contains an uniform quantity of the active constituents of colchicum, hyoscyamus, and sarsaparilla respectively, in their most effective forms.

"We shall be glad to see such solutions of the active principles of our most important drugs placed in the British Pharmacopœia."—Medical Times, January 29.

Pharmaceutical Laboratory, 2, Brook-street, Bond-street, London.

Pratt's Artificial Leg.

J. PRATT begs to call the attention of the Profession to the following Testimonial, just received:—

"Somerset,

June 20th, 1858.

"DEAR SIR,—It affords me much pleasure in being able to state that the Artificial Leg which you supplied me with is far beyond my best anticipations. From its being so LIGHT IN WEIGHT, and its action in the foot so natural, I can walk, or ride on horseback, with ease and comfort; and few indeed would detect it as being other than natural. It has given me full satisfaction.

I am, dear Sir, yours very truly,

J. W.

To Mr. J. Pratt,

Surgical Instrument Maker,

420, Oxford-street."

Persons who cannot swallow Cod Liver

OIL, should take NEWBERY and SONS' COD LIVER OIL CAKES, which are pleasant, and do not nauseate. Each cake contains one teaspoonful of the finest oil, and is taken even by children without suspicion. They resemble gingerbread in appearance, and will supersede Cod Liver Oil from its portability and greater digestibility in this combination. Invalids travelling should not be without them, for even as an article of diet while travelling, they possess a large amount of both animal and vegetable nutrition, most sustaining and invigorating.

NEWBERY'S N & S COD LIVER OIL CAKES.

Prepared by F. NEWBERY and SONS (Established A.D. 1746), 45, St. Paul's Churchyard, London; and sold by Chemists, &c. in town and country.

Price, ½ lb. 1s. 9d.; 1lb. 5s.

Struve's Seltzer, Marienbad, Vichy,

KISSINGEN, and other MINERAL WATERS.—Under her Majesty's especial Patronage.—ROYAL GERMAN SPA, BRIGHTON, STRUVE'S PUMP-ROOM and PROMENADES, offering every facility for a Course of Mineral Waters, as perfect and beneficial as at the natural springs, are NOW OPEN, for the Thirty-fifth Season. A prospectus, with the highest Medical testimonials, may be obtained gratis, at the Pump-room, or from George Waugh and Co. Chemists to the Queen, 177, Regent-street (west side), London, and other respectable houses in London and the provincial towns, where orders for Struve's Bottled Mineral Waters continue to be executed.

CAUTION.—The success obtained by Struve's Mineral Waters, owing to their perfect identity with those of the natural springs, has induced several parties to attempt imitations, sold as "Brighton Seltzer," "Brighton Vichy," &c., an analysis of some of which has shown an utter disregard of their true chemical composition. To distinguish Struve's Waters from all others, every bottle has a label and red ink stamp over the cork, each bearing Struve's name, without which name none is genuine, though contained in Struve's old bottles.

TRADE MARK.

No honest Grocer or Chemist, for extra

profit, will try to substitute inferior articles for BROWN and POLSON'S PATENT CORN FLOUR. Each packet has Brown and Polson's name and trade mark.

"This is superior to anything of the kind known."—Lancet.

1lb. oz. packets, 8d. For Custards, Puddings, and Cakes, it is also preferred to the best Arrowroot, and unequalled as a diet for Children and Invalids.

Paisley, Manchester, Dublin, and 33, Ironmonger-lane, London.

Important to the Medical Profession.

—The GENUINE Dr. JAMES'S POWDER.—Messrs. NEWBERY continue to prepare the above FROM THE ONLY RECIPE EXISTING, UNDER DR. JAMES'S HAND, and beg to recommend the Profession ALWAYS to prescribe it as "PULVIS JACOBI VER. NEWBERY'S," that they may not be disappointed in the result of their recipes by the substitution of COMMON ANTIMONIAL POWDER, which is often sold under the title of "Pulvis Jacobi verus," but is neither so MILD nor so CERTAIN in its operation as the Powder prepared from Dr. James's Recipe. The identity of these cheap imitations with common Antimonial Powder, is proved by the similarity of dose, viz., six grains.

*** Be careful to observe the name, "F. NEWBERY, No. 45, ST. PAUL'S-CHURCH-YARD," London, engraved on the Government Stamp affixed to each packet and bottle. Price for dispensing, 9s. per oz.; also in packets at 2s. 9d. Established A.D. 1746.

N.B. It is a remarkable fact, that James's Powder, prepared from Dr. James's recipe, may be SAFELY given in doses up to SIXTEEN grains, while common Antimonial Powder, and some other preparations sold as true Dr. James's Powder, cannot be administered in doses EXCEEDING SIX GRAINS WITHOUT DANGER.

None genuine without a seal in red wax, as in the margin, on the outside of each packet.

Blancard's Pills of Unchangeable

IODIDE OF IRON,

Recommended by the Academy of Medicine of Paris,

And authorised by the Medical Council of St. Petersburg,

Extensively tried in the Hospitals of France, Belgium, Ireland, Turkey, &c.

Favourably noticed at the Universal Exhibition of New York, 1853, and Paris, 1855.

"Of all the modes hitherto proposed of administering iodide of iron in the pure state, I think Mr. Blancard's the best."—Chemistry applied to Therapeutics, by M. Mialhe, Deputy-Professor to the Faculty of Medicine of Paris, Pharmacien to the Emperor, 1856, p. 319.

These Pills stand now very high in the therapeutics of every country, as may be seen by the above quotations, and also by the numerous scientific articles in medical periodicals and works (a).

Being enveloped in a very thin resino-balsamic coating, they present the great advantage of not being liable to any deterioration, of having no taste, of being small, and not distressing the stomach. As they possess the properties both of iodine and iron, they are especially beneficial in chlorotic, scrofulous, tubercular, or cancerous affections, as also in leucorrhœa, amenorrhœa, anæmia, &c. &c., and they furnish the medical man with an excellent means of modifying lymphatic, feeble, and debilitated constitutions. Dose, 2 to 4 pills a day.

N.B.—Impure or altered Iodide of Iron is an unsafe remedy, and may even prove dangerous. Only such bottles as bear an electro-plated seal fixed to the lower part of the cork, and the signature of the inventor placed on a green label, are to be considered as prepared by Mr. Blancard. The public should beware of spurious imitations.

To be had at M. BLANCARD'S, Pharmacien, Rue Bonaparte, No. 40, Paris. General dépôt in England at M. Gabriel Jozeau's, French chemist, 49, Haymarket, London. In Ireland, at Mr. Vittles, Stevens's Hospital, Dublin. In the United States, at E. and S. Fougera, Chemists, 30, North William-street, New York. To be obtained retail from the principal Chemists.

(a) Bulletin de l'Académie de Med 1850, page 1015; Gazette Médicale, Aug. 17, 1850; Union Médicale, Aug. 15 and 22, 1850; Gazette des Hôpitaux, March 15, 1853, and June 10, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31, 1855; Revue de Thérapeutique Médico-Chirurgicale, Feb. 15, 1855; Abeille Médicale, Revue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran Treatise on Pharmacy; Dorvault, Officine, &c. &c.

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh

LECTURE XIV.—*Concluded.*

SURGICAL FEVER—ITS CURATIVE TREATMENT.

THIS curative treatment of surgical fever may be divided into *local and constitutional* measures.

A. LOCAL CURATIVE MEASURES.

These are all so far antiphlogistic in their object, but include again two varieties, viz. 1. Measures directed to the primary wound or lesion; and 2. Measures applied to any part or organ which may chance to become the seat of any of the secondary inflammations.

1. *Local measures at the seat of the primary wound.*—I have already taken occasion to state to you that in instances of surgical fever the primary wound does not necessarily show any special or exaggerated amount of inflammatory action in it. In other instances there are appearances of the wound becoming over-excited and inflamed, if not before the surgical fever, at all events shortly after the first rigor, and after the first symptoms of rise in the pulse and of heat in the skin. Surgical fever, as I have already tried to explain to you, consists essentially of a morbid or toxæmic condition of the blood, which produces as its double and cotemporaneous effects, first, constitutional fever; and secondly, acute local inflammatory changes in various internal organs. Again, we found that this morbid or toxæmic condition of the blood was itself the result of the conjoint action of two morbific causes, viz. first, the absorption or entrance into the blood of some septic or zymotic material from the site of the primary wound; and, secondly, the presence in the circulating mass of some effete or other organic matters accumulated in the blood, and ready to be thrown by the absorbed septic material into that state of organic decomposition, or, at least, of organic alteration, which chemical pathologists tell us resembles fermentation, and which many of them believe to take place in all other specific febrile diseases. This septic poison of surgical fever we saw good reason to believe, was certainly not simple pure pus, as many pathologists had imagined; for 1. It was sometimes formed before suppuration had time to come on. 2. Pus was not secreted, as was at one time supposed, by the lining membrane of veins opening upon wounds, or attacked with phlebitis, and was not from thence passed into the circulation. 3. The white globules seen in the blood of surgical patients were not pus-globules, but the common colourless corpuscles of the blood. 4. The white matter found in the obstructed veins at or near the seat of primary wounds was not purulent matter, but only decolorised, changed, and broken-down blood. And lastly, I might have added, that when pure and simple pus has been injected experimentally, and in large quantities too, into the blood of the lower animals, it has not been found to produce the phenomena and lesions of surgical fever. At the same time the septic poison of surgical fever no doubt often coexists with, and is commingled with the purulent and inflammatory secretions of wounds; and possibly may sometimes arise from their decomposition, as when pus, etc. are long retained and confined between the lips or in the interior of a wound; and in experiments on the lower animals the injection of septic and decomposing pus into the circulation has led to symptoms during life, and lesions after death, analogous to, if not identical with, those of surgical fever. Generally, indeed, the septic poison of surgical fever would appear to be in some way a product of inflammatory action or secretion, derived, either first, from the bodies of other affected patients, and inoculated into the recent wound, as in the case of the contagious communication of surgical fever; or, secondly, and most commonly, formed in the site of the wound itself by some special septic change or decomposition in the inflammatory or organic products thrown out on the wounded surface. At all events Surgical Practitioners have hitherto used no methods of preventing the inoculation and infection of the system from the wound, except by keeping the wound and its site under the action of local antiphlogistic measures. Hence, it is generally held by British Surgeons that cases of surgical fever are more rare when wounds are treated simply with cold water dressings, than when they are involved in warm layers of lint, straps, and bandages, and with healing ointments directly applied to them. Every means, perhaps, that we can use to produce union of the whole wound by the first intention, and prevent arising between its lips points of suppuration, ulceration, and gangrene (phenomena that actually occur at the site of every ligatured artery), are measures calculated to prevent the supervention of surgical fever. I am not aware that it ever does occur to any dangerous extent in any case of operation where the lips of a wound adhere entirely, and in every point by primary union. When a wound shows marks of inflammation, however intense, Surgeons seem usually to content themselves with dressings of cold water, or hot poultices, changing from the one to the other according to the feelings of the patient; or they medicate these applications with lead, opium, etc.; but they seldom or never apply any more direct local antiphlogistic measures, such as leeching, etc.; though perhaps the adoption of such more active antiphlogistic measures might sometimes be of benefit.

Before leaving this subject of topical treatment, let me observe, that probably it may yet come to be a question whether local means, not exactly antiphlogistic, but consisting of specific prophylactic applications to the wounds themselves, may not, under some circumstances, prevent the chances of septic absorption and surgical fever. In the case of venereal chancre this principle is constantly acted upon to prevent the poison being absorbed, and the constitution becoming affected; the free application of various substances to the primarily inflamed spot or chancre being generally acknowledged as sufficient to prevent the chances of constitutional absorption and taint, provided these ectrotic substances are used sufficiently early. Some continental pathological anatomists firmly believe that they can withstand in their own persons, and in those of their assistants, all chances of the absorption of septic matters introduced by dissection-wounds of the hands, by washing these wounds with any acid, such as vinegar, etc. They hold that the poisonous matter in cases of these dissection-wounds is alkaline in its reaction, and is always sufficiently neutralised and destroyed by the free local application of acid washes. Would not applications on the same principle to surgical wounds be sometimes successful in preventing the accession of surgical fever? Lotions could be easily acidulated; and I have elsewhere tried to show that carbonic acid gas would perhaps form one of the most sedative, and one of the most rapidly healing applications to all kinds of wounds and sores. To wounds in their secondary putrescent or gangrenous stage, carbonic acid used to be applied by the older Surgeons in the form of the yeast poultice; and to the same state of wound, solutions of chloride of zinc or lime, aqua chlorinata, etc., are applied by Surgeons in our own day. It is alleged also that these chlorine preparations have been employed successfully in neutralising the septic poison of dissection-wounds. In relation to the prophylaxis of surgical fever, the question is, whether acid, chlorinated, or other antiseptic applications employed in the first days or hours of primary wounds, would not in some cases, and under some circumstances, neutralise or destroy any septic poisons in these wounds, and prevent the mischances of surgical fever arising in patients who are the subjects of these wounds.

2. *Local antiphlogistic measures at the seats of the secondary inflammations.*—When these secondary inflammations light up at some distance from the primary wound, as in the chest, in the synovial membrane of one of the large joints, etc., the patient is seldom in such a state of power and strength as to bear much antiphlogistic treatment in the way of leeching or cupping. If you then use local antiphlogistic measures at all, you will generally find more advantage, in the case of affected joints, by applying warm sedative lotions of lead and opium, and placing and fixing the affected part so that it should be maintained in a state of absolute rest; or by employing there, and over the large cavities when attacked, rapid and extensive counter irritation with turpentine, iodine, solid nitrate of silver, or chloroform. In cases of toxæmic fever, complicated with disseminated inflammations — as

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small-pox—the topical inflammations are liable, as we have already seen, to localise themselves almost altogether upon any part debilitated by previous inflammation or injury. Does not this fact afford us the true rationale of the action of blisters in most acute inflammations, dependent, as most of these inflammations are, upon some state of toxæmia? Would not early, free and full cutaneous counter irritation localise and determine to the external surface the inflammatory effusions in same cases of surgical fever? There is one condition in which antiphlogistic measures are sometimes pushed further in surgical fever, viz. where, as in our first patient, inflammatory action springs up on the general surface of the peritoneum after operations on the pelvic or abdominal organs. In this instance there seems a general belief that we may sometimes safely and successfully push our local antiphlogistic measures, as leeching, counter irritation, etc., to an extent that would do harm rather than good to secondary surgical inflammations under other circumstances. In such a complication at the present day, general bleeding would scarcely be dreamt of. But yet as I have shown you in another part of our course, in the analogous peritonitis of lying-in-women, Dr. Armstrong and Mr. Hey were so wonderfully fortunate as only to lose nine cases out of eighty-nine, or one patient in ten, in epidemic puerperal fever, by adopting this practice at the very first commencement of the malady.

B. Constitutional Curative Measures.

B. Constitutional Measures.—For only one type of fevers, viz. Intermittent Fevers, have we aught to wield in the way of a specific; for to their poisonous influence, as you know, quinine and arsenic are antidotes almost as certain as any that we have in toxicology. On the other hand, against surgical and other forms of fever Medicine has, as yet at least, nothing whatever that is specific to offer. Most or all of these fevers have a tendency to run through a determinate and definite course, and if we can keep our patient alive, and without any mortal damage amidst the internal machinery of the body, till that course is terminated, his life is preserved. To attain this fortunate end, we have generally a number of secondary indications to follow. Let me attempt to point out to you briefly what these indications chiefly are in the special case of surgical fever.

First Indication.—*To obtund and reduce the irritability of the Nervous System.*—Perhaps opium, in some form or another, is the drug that, on the whole, is most frequently used in the treatment of surgical—and its analogous disease—puerperal fever. It is especially had recourse to whenever any of the concurrent secondary local inflammations are particularly severe, and give rise to much pain and distress. Under these circumstances, there is sometimes almost apparently a tolerance of this remedy; and then it seems to act as a general supporter and stimulant, while by obtunding the nervous system it saves the patient from the depressing and dangerous effects which mere local pain produces upon a febrile patient. Even when there are few marked symptoms of local inflammation in the disease, if the patient bears opium well, and without sickness and vomiting, he may be kept under its influence for days in a passive and vegetating state, if we may so express it, while the disease runs through its course and comes at last to a favourable end. When given in surgical or puerperal fever, opium should be exhibited, not in large doses every twelve or twenty-four hours only, but in repetitions of small doses every few hours, so as to maintain a steady narcotic action. In this way you are certainly not so liable to produce that sickness and vomiting which unfortunately drives us too often from the continuance of this plan. Dr. Kelly, Dr. Clarke, and other American practitioners, have carried out the plan itself to an extent never, I believe, attempted by European Practitioners; and it is averred in some bad and almost desperate cases of puerperal fever with the highest success. They give the opium in repeated, but at the same time in such large doses, as to affect even the respiration of the patient, and to reduce, and keep reduced the respiratory movements eight or ten below the natural standard. In some instances they have kept the patient in this state for days, and till the feverish action was worn out. Of course such treatment would require great care, and constant watching of the patient.

Other narcotics besides opium, as belladonna, henbane, etc. have sometimes been tried, particularly where opium unfortunately disagreed with the patient; but none of them have proved equally beneficial.

Second Indication.—*To subdue the excitement of the Heart and Vascular System.*—This indication looks far too mechanical in its principles, though it is a well-known fact that great excess of rapidity in the movements of any machine is always dangerous, as being liable to damage and ultimately break down its mechanism. As, however, the over-excitement of the heart and vascular system in surgical fever principally results from the irritation of the morbid materials contained within the blood itself, the indication I allude to might be, perhaps, most correctly referred to our next head, viz. the artificial elimination of these morbid materials from the circulating system. But I speak of it as a separate indication, because in reality various Medicines have been proposed and used with the view of reducing the rapidity of the pulse, some of which are eliminatory in their action, and others not. Colchicum and digitalis, for example, have been employed; and both of them exert a depurating action through the kidneys, as well as a direct depressing action upon the heart. One medicine has of late been supposed to produce this sedative effect on the heart, without exerting any other appreciable therapeutic action. I allude to aconite, a strong tincture of which has been employed by various European surgeons in surgical fever; but it is difficult to regulate it in its effects, and in many persons it produces an almost dangerous and depressing effect, even in very small doses. Some of our American brethren have latterly been using extensively, in febrile, inflammatory, and nervous diseases, a new and potent drug belonging to this class, viz. the veratrum viride. Its effects have been described by Dr. Osgood, Dr. Norwood, Dr. Barker, and other practitioners. They tell us that they find that by exhibiting in repeated doses a concentrated tincture of the veratrum viride, they can reduce the pulse and keep it reduced with a certainty and to a degree which can be effected by no other drug. Dr. Barker and others have published cases where they have thus brought down the febrile pulse in a few hours from 140 beats to 80, 60, or less in the minute, and kept it at will at this lower standard. It is a drug altogether which is certainly entitled to the strong attention of European practitioners. And it is not merely an arterial sedative. It is at the same time apparently a powerful depurant, stimulating the action of the skin, kidneys, and secretory functions generally. It has been successfully used as a depurant in acute gout and rheumatism, instead of colchicum. The veratrum viride is an American plant; but I think, from what I have seen, that we may fulfil the same therapeutic indications with the species which is in all our European pharmacopœias—the veratrum album. As the different species of cinchonas depend for their therapeutical effects in ague, etc. upon their all containing one and the same principle, namely, quinine, so in all likelihood the different species of veratra depend for their therapeutical effects upon a principle common to all members of the genus, namely, veratrine. Many of the old Greek Physicians trusted often in chronic diseases, as Aretæus, Oribasius and others tell us, to a course of hellebore after they had failed in curing their patients by other plans of treatment. The researches of Dr. Adams leave little or no doubt that the white hellebore preparations of the Greeks were derived from the veratrum album. It will be curious if, in the cyclical changes to which Medicine is even subject, we now turn back after 2000 years to the ancient "helleborism," or hellebore cure of Hippocrates and his successors. They had recourse to it, however, principally in chronic affections, as insanity, epilepsy, neuralgias, dropsies, etc. American practitioners have, on the contrary, been using the veratrum viride, or American hellebore, as Dr. Wood terms it, principally in acute diseases, as in pneumonia and other forms of inflammation, in puerperal and other forms of fever. Let me allude to one other drug before leaving the present indication. Chloroform when given in full doses, either by inhalation or by swallowing, depresses and brings down the rate of the pulse. In any surgical patient operated on under a complete dose of this drug, you will find the pulse sunk from 90 or 80 to 70, 60 or less. I have taken advantage of this action of chloroform in some instances of disease. The first case I used it in was the following:—A lady, whom I saw with Dr. Scott, of Musselburgh, was attacked with peritonitis after abortion. The peritonitis was so very acute and severe, and all the accompanying symptoms so very formidable, with a weak and scarcely perceptible

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pulse racing above 150, that I had little or no hopes whatever of the patient surviving. At her own request, to relieve her from her great abdominal pain, she was placed under the influence of chloroform; and when so, Dr. Scott and I found the pulse sank down to 100 or less, and became stronger and steadier. We found further, that as long as the action of the chloroform continued, the pulse continued thus greatly lowered in rate, and improved in power. Hence we agreed to keep her for a time continuously under chloroform; and in consequence of the evident good results, she was retained upwards of sixty consecutive hours under its influence. By the end of that time the great abdominal tenderness and tympanitis were almost entirely reduced, and the patient in an infinitely more satisfactory and hopeful state than when she first breathed the chloroform. The pulse never rose again to any very high rate; and all danger was over. But you cannot obtain the same beneficial and sedative influence upon the excitement of the heart from chloroform in all patients; or to state the fact more correctly, you will find it difficult in some, and impossible in others, to regulate its dose so as to keep up its continuous depressing action on the heart without sickness, vomiting, and other symptoms, coming on in such severity as to force you to leave off its use and have recourse to other means and other indications of treatment.

THIRD INDICATION.—*To depurate the blood.*—This, doubtlessly, would be by far the most important indication of all if we had the means of fulfilling it with anything approaching to perfect certainty and accuracy. As it is, we constantly try to accomplish this indication in practice in surgical and in other fevers, and by a variety of means and channels. There are various channels in the economy by which superfluous and deleterious matters are thrown off from the blood. Some may be thrown off by the skin by the use of diaphoretics, or excreted through the intestinal canal and chylo-poietic viscera by purgatives and mercurials. Perhaps a combined antimonial and ipecacuanha emetic is one of the most powerful depurants, and most powerful alteratives too, which can be employed in the earliest stages of febrile action. Occasionally it will prevent or cut short an attack of continued fever, for instance; and in some varieties and types of puerperal fever it seems to act most beneficially. After a surgical operation leaving a large wound, many would fear giving an emetic lest the consequent retching and succussion of the body would too much disturb the wounded part; but the same objection does not hold good in reference to rigor and other commencing symptoms of surgical fever following any of the minor forms of surgical operation.

Hitherto two emunctories—the skin and intestinal mucous surface—have been chiefly used as artificial eliminatories by Medical Practitioners in most forms of fever; and preparations of antimony, calomel, various aperient and diaphoretic salts, and various vegetable purgatives have been long used, and still are used in endless combinations with this intention. But, perhaps, there are other channels of elimination of as great, if not still greater, practical value. Much of the effete carbonaceous matter of the body in a state of health is eliminated or burned off at the lungs; and in some diseased conditions any excess of such matters might probably be got rid of in the same way, provided we were acquainted with some means of exciting this elimination artificially. But the subject has not yet, so far as I know, excited in any sufficient degree, the attention of therapeutic inquirers; though we have ample evidence to show that various medicinal and poisonous substances when introduced into the body are exhaled, in part at least, from the pulmonary mucous membrane. Most of the nitrogenous excreta from which the blood requires constantly to be cleared pass out of the system through the kidneys. This remark holds true of the body in health; and, perhaps, it holds equally true of the body in disease. And when we remember that a large part of the morbid materials liable to be accumulated within the blood in febrile and other diseased conditions are highly azotised, the importance of the renal organs as a channel for the depuration of these morbid materials at once becomes evident. In fact, in the treatment of surgical and some other forms of fever, "renal purgatives," if we may use such a term, thus become in practice more important even than intestinal purgatives. We have various medicines that can with more or less certainty depurate the system by increasing the eliminative activity of the kidneys. In surgical, and still more in puerperal, fever some eliminative diuretics have acquired great reputation in the hands of various Practitioners from empiric observation only, and without their mode of action being considered. Let me merely enumerate, as a specimen, acetate and nitrate of potass and other diuretic alkaline salts, spirits of nitric ether, colchicum, oil of turpentine and tincture of the muriate of iron; which last drug has sometimes appeared to me under these circumstances to act both as an excellent renal purgative, and in part also to fulfil the next indication for treatment which I have to speak of, viz.—

FOURTH INDICATION.—*To sustain the vital powers of the patient by stimulants, etc.*—As surgical fever advances to its height this always becomes a most clamant and important indication. Sometimes under apparently the most desperate circumstances, the steady and methodic use of stimulants will enable you to pull your patient through. You are not utterly to lose hope of doing so in almost any case unless, what too often happens, the stomach becomes so irritable as to reject all sustenance in this way. This irritability may be sometimes cured, and still more frequently prevented by the free and frequent swallowing of small pieces of ice, a drug not entered in the pages of the pharmacopœia, but one more useful in reducing febrile action than the thousand medicines that are to be found in our apothecaries' shops. Be assured also that by far the best and most manageable form of stimulant is wine or brandy; and do not run the risk of upsetting the patient's stomach and losing your last chances of saving him by having recourse to lengthy medicated mixtures and prescriptions as stimulants. If you add any form of nutritive material to the stimulant, let it be of the simplest kind, as the whites or albumen of three or four eggs beat up in half a tumbler of cold water; which at once makes a nutritive and by no means disagreeable drink.

The time of commencing the stimulating treatment is to be regulated by two circumstances,—by the patient's strength beginning to fail, and by the good effect or the reverse of the first dose or two upon the patient's pulse, and other symptoms. If an error is committed in regard to the time of their exhibition, that error, I think, is oftener that they are begun too late than too soon. Some patients benefit by them from a comparatively early stage; nor does their employment prevent or counteract the effect of almost any of the other sets of remedies which I have mentioned. They may be used, for instance, along with opium or the various depurants, as alkaline salts or the muriate of iron; and sometimes those medicines that reduce the excitement and rapidity of the heart, do not appear to exert their specific influence till they are combined with some amount of stimulant. Thus my friend, Dr. Barker, in some of his interesting published observations on the veratrum viride, remarks, that while it will most surely reduce the quickened pulse of inflammation and irritation, "its use is not incompatible with that of stimulants. Experience has abundantly demonstrated the truth of this apparent paradox. One patient who recovered took, every hour for two days, one ounce of brandy, and three to ten drops of the tincture of veratrum viride, the quantity of the latter being determined by the frequency of the pulse, which was never allowed to rise above 80 per minute, although it sometimes fell down to 40. In another case the veratrum viride did not seem to produce any effect on the pulse, which remained steadily above 130, until the condition of the patient was such that I decided to give brandy. After the first ounce was given, it fell to 108; after the second to 86. Continuing the brandy, the veratrum viride was suspended for a few hours, and the pulse again rose to 130. After this," adds Dr. Barker, "it was curious to note the fact that, if either agent was suspended, the pulse would rapidly increase in frequency, while under the combined influence of the two, it was kept below 80 per minute."

M. OTTENBOURG informs the Medical Society of Paris, that observation has led him to the conclusion, that permanent enlargement of the tonsils protects against croup. Children, exposed to the infection of croup, having enlarged tonsils escaped the disease, while others without hypertrophy of these organs contracted croup. This view of the matter has led M. Ottenbourg to this practical result. He advises the parents of children not to allow their enlarged tonsils to be removed.

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ORIGINAL COMMUNICATIONS.

OBSERVATIONS ON MR. KESTEVEN'S REMARKS ON THE EVIDENCES OF RAPE ON INFANTS.

By W. R. WILDE, F.R.C.S.I. Dublin.

Mr. Kesteven has recently published three papers in this journal, in answer to my statement of the case of Amos Greenwood, sentenced to penal servitude for life, by Mr. Justice Wightman, at the Liverpool Assizes in December 1857, for the manslaughter, *by rape*, of Mary Johnson, a child under 11 years of age. Mr. Kesteven's communication, consisting of eleven columns, may be divided into four parts, viz.—A statement of my case as set forth in the *Dublin Quarterly Journal* for February last; his objections thereto, arguments, and counter evidence; quotations from authorities respecting the possibility of rape on infants; and a reprint of Kinder Wood's essay on Noma Pudendi extracted from the *Medico-Chirurgical Transactions*.

With respect to the first, I have but few observations to make, as in all other respects it is a fair statement. Mr. Kesteven has fallen into two errors, no doubt quite unintentionally, and perhaps in the opinion of some, too trivial to require comment; yet in a medico-legal investigation of this nature, referring to a case in which a man was put on trial for his life, and where accuracy of dates and circumstances were attainable, it is to be regretted that any discrepancy should occur. Mr. Kesteven in his paper of the 9th April says, the "child was placed in bed with a man, aged 22 years, in a small room in which her *parents slept* that same night in a bed within a yard of the other." Now, in the second paragraph of my paper I distinctly stated that the whole family in which the deceased and the convict were *servants*, slept in one room,—the Handcocks (not the Johnsons) in one bed, and the deceased and Amos Greenwood in another. This looseness is reprehensible; and it is the more necessary to be corrected because Dr. Taylor, in the last edition of his work on Medical Jurisprudence, has sent forward to the world statements of this very case for which he has not given any authority. I may, therefore, be excused from quoting my own observations on the subject:—"At page 698 of that book Dr. Taylor says:—'On the fourth day she (the child) was examined by a Medical man, and then she stated that the prisoner had had connexion with her.' Now, Mr. Winnard, the practitioner alluded to, states the direct contrary (see his evidence); and while these pages are passing through the press, he has again written to me to say:—'No charge was made against any one when the girl was brought to me, and no suspicion stated either.' Dr. Taylor does not say (possibly did not know) that the accusation was forced from the child by a promise and a threat. Again, he states:—'It appears from the testimony of two Medical men, who examined deceased on the fourth or fifth day, that the perineum was ruptured,' etc. For that statement read—'when examined on the fourth day, Mr. Winnard *saw no laceration of the perineum*;' but upon the fifth day Mr. Jameson, said to be a Surgeon's assistant, stated that the perineum was ruptured.' The same gentleman said it was gonorrhœa or venereal the child laboured under, and swore to the sores on the penis of the man being similar to those on the lacerated vagina of the child. Again, at page 699 we read:—'When medically examined on the fourth day, it was found that she was affected with syphilitic disease.' On the contrary, when examined by Mr. Winnard, on the fourth day, he saw nothing but vaginitis; and Mr. Lawrence and others state, from the same data as that presented to Dr. Taylor, that she presented no symptoms of syphilis. It is, therefore, scarcely fair to assert, a little farther down on the same page, that 'it was also proved that she was affected with syphilis.' And again, 'That there was intercourse, appears clear from the statement of the girl and the Medical evidence.' Besides, Dr. Taylor's own published opinion is altogether against the idea that she laboured under syphilis. He must have changed his opinion between January and March."

Furthermore, Mr. Kesteven says that "early in 1857," I addressed a series of questions to my professional brethren; now this was not possible, as the trial did not take place until the 6th of December in that year.

Strongly impressed with the idea (solely derived from the account of the trial in the *Times* newspaper) that a Medical mistake had been committed in this case, I instituted further inquiries, got possession of all the original depositions of the witnesses, was furnished with the briefs of counsel containing notes of the case, the cross-examinations, and the judge's charge; was communicated with by the three professional persons who saw the case before death, and was also honoured by some communications from the learned judge who tried it. I was still further convinced, from the information contained in all these, that a grievous error had been committed, owing to popular prejudice, professional ignorance, and judicial misconception. Actuated by a desire to acquit Science of what I conceived to be a medico-legal error, and to prevent this trial being converted into a "precedent" which might be quoted by authors on Medical jurisprudence, and reproduced in courts of justice, with all the authority with which "cases" are invested in the eyes of lawyers, I empannelled—if I may so say—a jury of twelve Medical men, who from their special practical knowledge of the subject, their position in the Profession, or their writings, were most likely in the three kingdoms to form a fair and just opinion of the case, which I stated to them in what I believe to be, a conscientious and impartial manner.

Of these gentlemen, seven refer the child's death to noma pudendi; the eighth, Dr. Byrne, Surgeon to the Lock Hospital in Dublin, had but one question put to him, and his answer is:—"I have to assure you that I have never seen, in young or old, a fatal case of primary syphilis attended with sloughing, ulceration, and mortification of the genitals." Consequently, so far as it goes, it is in favour of the prisoner, and against the opinion that the child died of syphilis.

Of the remaining four opinions no two agree. Here I beg to remark, that unless where some very manifest misconception of the circumstances attending the case occurred, I did not think it decorous in me to criticise the professional opinions of any of the gentlemen who kindly answered me, and which I have given verbatim in my essay; but as Mr. Kesteven has reproduced those of Mr. Acton, Dr. Taylor, Sir B. Brodie, and himself, as adverse to my position, I now beg leave to make a few objections thereto.

Mr. Acton has not expressed any decided opinion as to the cause of death. He only thinks that "phagedena, or sloughing phagedena may have produced all the sequelæ (that is, I presume, the death); but whether this was superadded on simple ulcers, or syphilis, warts, and purulent discharge, the evidence gave me no clue to decide." Mr. Acton seems to have mixed up the sloughing phagedena occurring in adult prostitutes with the noma pudendi of children. Had, however, Mr. Acton been examined at the trial, his evidence would have been strongly in favour of the prisoner, for he says distinctly:—"I may confidently state that I never heard or saw, or think it possible that the genital organ of a man could produce a rupture of the perineum in a girl;" also, "I think her cries would have raised the sleepers had such violence been used;" and again, "I do not think a girl could have been so injured, and the next morning gone to her work." Now, in the consideration of this case, let it never be forgotten "that rupture of the perineum,"—laceration of the septum between the vagina and anus, including the superficial sphincter at least,—was one of the chief points of the case relied on by the Crown, was solemnly sworn to by a Surgeon and his Assistant; was strongly put to the jury by the presiding judge; and was, by that high authority, stated as a reason for not altering his opinion, or re-investigating the case! It was the very point that a jury, probably of Liverpool shopkeepers, honest, worthy men, and intelligent withal in their walks in life, would fix on, as proving, beyond a doubt, the fact of a rape.

Mr. Kesteven himself, when writing to me on this part of the subject in January, 1858, did not then know of a single case of rupture of the perineum as the consequence of forced connexion, and says:—"I can scarcely conceive it possible that such injury should have been inflicted under the circumstances described;" yet he now adduces a number of cases, which have occurred in India, to which I shall refer presently, and of which I have here only to say, that while they can scarcely render the character of the Hindostanee blacker than

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recent events have proved it, they are, I am happy to say, inapplicable to the circumstances of the inhabitants of the British Isles. Before I dismiss this part of the subject, I wish those who speak and write so flippantly about rupture of the perineum from connexion, would examine "Houston's Views of the Pelvis," or look at those preparations showing lateral sections of the pelvis in the Museum of our College of Surgeons in Dublin.

Sir B. Brodie says:—"The girl was affected with symptoms which are not often of spontaneous origin." Yet if we believe the opinion of the large majority of the gentlemen whom I have quoted, as well as McWard and Kinder Wood, the symptoms I have described are *always* of spontaneous origin. Sir Benjamin Brodie does not believe that connexion was effected, but that the prisoner "*made attempts* to have sexual intercourse with the girl,"—thus differing widely from the judge, who, I presume, put it to the jury, as he did to me, when he states that the prisoner had forcible connexion with her, and that her private parts had been "dreadfully lacerated, and the perineum ruptured;" and which he assures me was proved to the "satisfaction of the jury," although Sir Benjamin Brodie only thinks he went so far as to make "attempts," and altogether ignores the statement about the ruptured perineum.

The evidence of Dr. Taylor relied on by Mr. Kesteven, and which attributes the death to inflammation from *violence alone* to the genital organs, differs altogether from the opinion of the judge, and that of Mr. Kesteven himself. He says, "I can perceive no adequate cause for the inflammation and death but this;" and he has altogether omitted in his book every mention of Kinder Wood's cases, which nearly all continental and American authorities quote, and which I am now glad to see reproduced in this journal. From the following passage I think common sense will dissent:—"I think the perineum might be ruptured *without the child resisting;* one would *anticipate* crying, but fear might repress this. The cries if made might, or *might not*, awaken persons sleeping in the same room. [The beds were within a yard of one another!] I find no evidence of crying or resistance in the cases quoted."

Dr. Taylor, although he does not enumerate ruptured perineum among the signs of rape in his book, adduces two cases in support of his opinion. The one quoted from Dr. Chevers' "Medical Jurisprudence of India;" the other cited in the *London Medical Gazette*, vol. 29, p. 160. Dr. Chevers' work I have not seen; it is not in any of our public libraries, nor have I been able to procure a copy of it from the booksellers. It seems to be the great authority relied upon by Mr. Kesteven; but it must be borne in mind that although sexual intercourse with young children is common in India, lying and deception are equally so among the natives from whom the evidence of these cases was obtained. Not long since an army Medical officer, long resident in India, informed me that he detected the following imposture. "A procuress brought a girl into the officer's barracks, Fort William, Calcutta; but the person to whom she was presented, objected to the girl on account of her youth. The bawd having been disappointed of her fee, in revenge injured the child so as to cause very considerable hæmorrhage from the genital organs. The girl was seen by an Assistant-Surgeon in the Fort, and the circumstances of the case having been reported to the police authorities, it was discovered to be a conspiracy against the officer to obtain money. The old wretch was severely punished, and the child soon recovered." The second instance adduced by Dr. Taylor in support of his position—that a child need not resist or cry while her hymen is being ruptured, her vagina distended and torn into the abdomen, and her perineum lacerated by the penis of an adult, turns out on recent inquiry not to have been a case of rape at all; and as the true history of this very remarkable case which occurred in 1840, has not yet appeared in any periodical, I beg to append my observations thereon for the benefit of the readers of this journal.

Since my article was published in the *Dublin Quarterly Journal of Medical Science*, I have learned the following additional particulars of the case of Andrew Hume, convicted of murder and rape at the Nenagh Assizes of 1840, and alluded to in that paper, and at page 697 of the last edition of Taylor's "Medical Jurisprudence." There were two counts in the indictment:—First, that the injury was committed with the finger; and, secondly, that it was produced by carnal violence. The Medical witness for the prosecution swore to the latter, and denied the possibility of the former. The prisoner was sentenced to be executed; but the jury recommended him to mercy on account of his youth; and one of the most intelligent of the jurymen stated in open court that he was not satisfied as to the act of criminal connexion. Baron Richards, the learned and humane judge who tried the case, having also had his doubts as to the mode of perpetration of the injury, caused further inquiry to be made, when it was found that the Crown had not produced three most material witnesses, viz. two of the three Medical men who were present at the post-mortem examination, and a soldier who could have afforded most valuable evidence for the defence. The judge's opinion was further confirmed by a very intelligent Medical man who happened to be in court during the trial. The High Sheriff immediately proceeded to Limerick for the new witnesses. The two army Medical officers stated their decided opinion that the rupture of the vagina was perpetrated with the finger, and said that they had already given that opinion to the authorities. From the evidence of the prisoner's comrade, it appeared that he had been drinking deeply during the march; that upon overtaking "the sick car," the child was crying loudly, and that Hume took it to pacify it, and to relieve the mother of the burden; that the child continued to cry, but that the prisoner never left the car; that the witness, seeing the child rolled up so closely in the prisoner's great coat, remarked that he would smother it, and that a few minutes afterwards he observed blood upon the man's hand, just before he returned the child to its mother. He also stated that the prisoner was intoxicated, and some time afterwards again took the child and was out of sight for a short time; and that, when the car came up, the prisoner was by the side of the road, holding the child by the arms, with its feet upon his shoe, as if endeavouring to save it from the cold: but not, as the report says, with the child standing in front of him. In fact, it was this very statement of a child under eleven months old "standing" up on the road-side after the infliction of such an injury that first induced me to question the validity of the alleged rape. Pending the investigation, the convict sent for the Medical officer of the prison, and confessed to having thrust his finger into the child's vagina while it was under his coat, as already described. Upon the recommendation of the Judge, the man's sentence was commuted to transportation.

Here I cannot refrain from adverting to the circumstance of the non-production of evidence by the Crown, where such is within the cognisance of the proper officer. At this very moment a man is undergoing sentence in a gaol in Ireland for a rape on a young child, in which case a Medical witness, the first who examined her, was not produced, because, as he states to me, an official informed him that he was afraid his evidence "would damage the case." I am constrained to say that in many instances what is aimed at is, I fear, not so much the attainment of truth, as to secure a conviction.

In this latter case a soldier was seen in company with the child at 4 o'clock p.m. on Sunday, and the so-called gonorrhœal (?) discharge was found in full vigour early on Tuesday morning!!

Dr. Taylor says, "Vaginitis may arise from spontaneous or mechanical causes; it may be followed by mortification and death." But he adds, "It is not likely to end fatally when depending on ordinary spontaneous causes." Now of the twelve cases recorded by Kinder Wood, *all* arising from "spontaneous causes," nine ended fatally: in Mr. Ward's cases, in which he says "it was absolutely certain that no injury could have taken place," some of them died.

Then as to Mr. Kesteven's own evidence, he attributes the death "to sloughing phagedena following an allowed sexual intercourse with some man affected with syphilis;" in other words, that she died of primary syphilis; but he modifies his original word "allowed" by agreeing with Sir B. Brodie that the act was only "attempted," and thus differs from the judge and the case put to the jury.

Mr. Kesteven quotes from Devergie's "Médicin Legale," an extract, in which the author says, that in very young children it is to be observed that the discharge is preceded, on the third or fourth day after violation, by itchiness of the thighs and pain in urination. Now, I submit to every practical Physician acquainted with the diseases of children, that the symptoms thus described are not those of defloration, but of "infantile leucorrhœa." Why should there be

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of necessity discharge, pain in making water, itching or excoriation of the thighs from connexion with a child?

The next example adduced by Mr. Kesteven is that of a case seen in St. Bartholomew's Hospital "about three-and-twenty years ago;" but as it has not been recorded, nor the circumstances investigated at the time, no matter what may be my own or Mr. Kesteven's private opinion thereon, the Profession cannot now make comparisons between the two, and consequently can form no judgment as to its merits or bearings.

Of all the unsupported assertions, the following will, I think, appear to any person who has calmly and carefully examined this case to be the most extraordinary. Mr. Kesteven says:—"Although no credence can be attached to the child's word [the only scintilla of accusation against the prisoner, and that too extracted from her *secundum artem* by a promise and a threat] yet there can be little room to doubt that the attempt [Sir B. Brodie's idea] at intercourse was made; but [it will scarcely be believed, yet the quotation is correct] that the prisoner desisted before the child's cries were loud enough to waken the sleepers." I have doubts whether, allowing all the latitude permitted in courts of justice, a judge would not correct the barrister who placed such an inference before a jury without some stronger evidence than that which was presented at the trial at Liverpool. Again, he says:—"The child's silence regarding the matter was perfectly consistent with the *course of syphilitic disease*, and utterly irreconcilable on the supposition of laceration, rupture, etc." I am not aware that a symptom of syphilitic disease in young children is silence towards their female relations and friends. Again, if the child's evidence is unworthy of credit in one part, why should it be received in another?

(To be continued.)

ON DEFECTIVE LACTATION AND ITS REMEDY.

By C. H. F. ROUTH, M.D.
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(Concluded from p. 496.)

Non, indeed, are similar cases wanting, albeit (anno. iii. obs. 10) more rare, among *men*, who have become in like manner possessed of the function of a wet-nurse. (Alex. Benad. l. iij. Mat. c. 4. J. Schenke l. ij. obs. ii.) In Russia it is proverbial that many men possess this faculty, and furnish often enough much milk. Dunglison gives examples of several men in whom this faculty existed. Humboldt gives a case of a man, aged 32, who suckled his child for five months; Captain Franklyn gives a similar case. Professor Hall exhibited to his class at Maryland the case of a negro man, aged 55, who had suckled all his mistress's family, and of another man who presented himself at the Philadelphia College with a left breast secreting milk freely.—(Ib. p. 514.) "It must be admitted that suction, gentle and continued friction, pressure, kneading, and fomentation, and various other kinds of stimuli to the breasts and especially the nipples, do assist materially the production of milk. At any rate, these measures certainly, if they do not make the milk, nevertheless are of great use in provoking and increasing its flow." — (De lacte defectu, p. 20.) Apropos it may be a question how far upon these data Mr. Acton and other philanthropists might not hereby obviate the necessity of employing fallen women as wet-nurses, instead of duly trained honest women. But it is not always easy, and not always agreeable to the mother, to have her breast previously sucked by another person or child, till such time as the draught is induced, which is the readiest suggestion which presents itself to the mind to obviate the painful scene before described. Moreover, its very occurrence in many respects impedes the production of milk. The mother feels so unhappy in the prospect; and those mental emotions of sorrow and anxiety are induced which are known to stop the secretion of milk. Breast pumps in such cases, and particularly the india-rubber variety, may in some measure obviate the inconvenience; but in my experience, I have found that these pumps, unless very carefully used, do harm, and blood from the ruptured surface is frequently drawn out by them. What is far more to the purpose, however, is the gentle titillation of the nipple previously, catching hold of it between the finger and thumb, and pulling it gently outwards from time to time, imitating, in a milder degree, the milking movement which is practised upon cows.

2ndly. It is a known physiological fact that there exists great sympathy between the breast and the genital organs. Thus Thorwarth says—"Traditæ summatim, causæ lactis efficientis consentiente medicorum scholâ, remotae appellantur. . . . . Primiariæ illae, quae reputentur in principe genitalium muliebrum parte, utero nempe resident. . . . P. 20. Edito infante, et a matri separato, neccssitate physica servitii quâdam specie, ejus agunt nutrices atque tunc modo partes genitales titillentur, ut libio ardescat, insurgunt saepe, durescunt, splendent, papillas exserunt, et quando quæ ipsum lac, tanquam fontes salientes, emittunt. Ex quibus consequi est, quam mire irritabiles ac obsequiosæ mammæ partium illarum irritationibus moveantur. . . . Quidni igitur jure optimo cum genitalibus, tanquam sociis, intimo conspirare dici possunt? Quidni privatum dici absolutumque colere commercium?"—(Thorwarth de Lactis defectu, 23-4.)

Hinc forsan Scythæ, referente Herodoto, servos adigunt ut sufflatoria ossea, fistulis simillima, genitalibus equarum imponant, oreque inflent dùm interim—alii equas emulgent. Hoc ideo se facere aiunt, quod venæ equarum sufflatæ implentur, et mammæ descendunt. Copiam tandem lactis efficiunt (p. 154 Nardiu's Lactis Physica Analys). Injectio quoque per anum infundita, forsan contiguitate partium genitalum, sæpe mammas inflare, lactemque præbere sufficit.

Morality shrinks from making a particular application of these facts to the human female; but I have alluded to them, to point out the great impropriety there is in separating man and wife, when the wife is suckling, particularly if she is a hired wet-nurse. It is not right to separate a man from his wife at such periods in the fear that she may again become pregnant, or, by seeing her husband occasionally become discontented with her situation, and abandon the child; on the contrary, this very separation (where there is affection between the parties and no disease in the husband) is I think cruel, and is liable to bring on those very sorrows and anxieties which so soon and so effectually dry up the fount, when nature points out that the result of an occasional reunion would improve and excite the flow of good milk.

2ndly. Hygienic Treatment.—Upon this point there is little need to say much. Nurses of all others should have frequent exercise as well as good food. Cleanliness in their persons is equally indispensable, a practice I fear which our poorer classes do not readily adopt. I have frequently observed among them most displeasing odours, and neglect of personal ablution. To expect that a child nestling upon such odours could thrive were absurd; but even in those who are cleanly it is astonishing how pure air, or rather a change to a more rural air, will often induce a flow of milk, in a patient labouring under previously marked symptoms of defective lactation. I remember the case of a lady, against whom no blame could be attached for want of cleanliness of person or activity of habits, who, while residing in London, had scarcely any milk whatever, and when removed to the sea air a most copious flow was induced, which persisted for months after, when she again returned to London.

What I have said before on the subject of milching cows and goats, and of the effect of keeping the animals themselves and their stables clean, and their milk, is, of course, equally applicable to the human female. The question is only one varying in degree, not in kind.

3rdly. Dietetic Treatment.—It has been long known that one of the most effective methods of increasing the flow of milk in all animals is to give them an abundance of food; and it is almost exclusively this plan of treatment which has been followed out by practitioners of the day in increasing the flow of milk in the human female. Simon had proved already by a special experiment made upon a woman in very poor circumstances (and in whom he examined the milk at fifteen periods, commencing with the second day after delivery), that in proportion as he gave her good food, so in proportion did the quantity of solid matter in the milk increase, albeit the quantity of liquid matter was not so much affected. Hence it is that practitioners seem to have so much faith in this

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method of increasing the quantity and quality of milk, that they rarely adopt any other. The quantity of food given is far more closely investigated than the quality. Here, again, much that I have before said on the subject of milch cows or goats feeding, in former papers, applies equally to a suckling woman. It is the same common office to be performed in both cases. There is, however, this difference: The plan to be adopted, with a woman, is to produce milk not only sufficient in quantity, but in quality rich; and in this respect, therefore, the disadvantage of a diet too exclusively vegetable is to be guarded against. Such food generally makes the milk thin and serous; and it is only when it is rich in leguminous plants, and in the higher cereatia or flesh, *i. e.* when a due quantity of nitrogenous matter enters into the vegetable aliments taken, that both the quantity and quality of milk supplied are good.

Experience among suckling women proves the efficacy of analogous alimentation. First among the grains are lentil powder, or the so-called revalenta; but pea-soup and bean-soup have also a marked effect in improving the flow and richness of milk. The lentil and bean, however, is preferable to peas, where they are as easily procurable. Besides the better taste, the first is slightly aperient, and the latter does not produce flatus either to mother or child, which peas are very apt to provoke.

There is a remedy that has some notoriety among women in the present day, viz. whiting-soup, which is generally believed to provoke a flow of milk. I believe this is true, but that the effects are somewhat exaggerated. Still it is a good change: fish, and particularly those varieties which are rich in phosphorus, I allude to oysters and crabs, are very efficacious. Of course these last must be sparingly taken at first, and particularly during the first months of suckling, because they do not always agree with the infant, producing urticaria and roseola; but where this effect is not produced, these kinds of food afford a ready means of supplying the phosphates, which are so beneficial to both mother and child. As far as my own experience, however, goes, I give very much the preference to Conger-eel soup. It is not generally known, but is I am told the case, that it forms the basis of all rich and nourishing soups; and for this reason our French brethren, who have so much taste for "potages," import them in immense quantities from this country, where they abound. As a soup, it is peculiarly nourishing, and very readily improves both the appetite and the strength. Like lentil powder, the stomach will often retain it when it will reject all other kind of food. Mr. Jones, of Jersey, speaks highly of it, and gives a case in which after all other means had failed, it checked vomiting after chloroform. Its comparatively cheap price also renders it very easily obtainable by the poor. Crabs as a remedy for increasing the flow of milk, is of very old date. It is recommended by the author of "Gynæciorum" (p. 634, A). He also recommends for the same object, a blueish coloured fish (glauciscus), taken in its juice, and a variety of smelts (amarides), taken with fennel sauce and boiled in milk.

A remedy which I suppose bears some similarity to the former was formerly in great vogue among the ancients. I allude to earthworms. It is one, however, which is not likely to take with the British public. I am nevertheless bound to mention it. Aetius, in his "Tetrabiblos" (serm. 4, ch. 33), thus alludes to them: "Take about five or seven worms of fishermen, which are found in the mud of rivers (and are called *lumbrici*), bruise them, and add to them boiled dates, and mix them altogether. Give this compound in beer to the woman upon an empty stomach daily, and in about ten days you will be surprised at the quantity and excellence of the milk found." The author of "Gynæciorum" also recommends their exhibition (a).

Certain kinds of solid food and flesh have been recommended by eminent authors, in preference to those commonly in use. Aetius recommends fine bread, the legs of swine, tender birds, and the flesh of kids. Indeed, swine's flesh generally is recommended in preference to other kinds of flesh in several instances, and among these it probably claims the most favourable mention after the fishy varieties already alluded to (b).

Mr. Curwin found ("Treatise on Milk," 1825) that coleseed when given to a cow was far the most productive of milk (Brassica Napus. Rape); and in this respect was superior to cabbages, Swedish, and Kohl-rabbi. There can be no doubt that some of the culinary plants usually taken are preferable to others. Women popularly ascribe peculiar galactagogue properties to turnips; and the result of the Commission appointed to investigate the subject spoke very favourably of potatoes. To a certain point I think it must be admitted this popular belief is founded in truth. It is, however, among those numerous edible fungi which infest our pasture lands that those plants are to be found which are chiefly concerned in increasing this secretion. Their richness in nitrogenous matters may probably be the cause of this, as before stated. I must content myself with mentioning only one of these, the *Elaphomices granulatus* (Bearwood, p. 563), or Boletus (Lycoperdon cervinum), or deer balls, which if taken increases the milk. These, however, open a wide field for further experiment and observation.

As to *drinks*, the greatest diversity of opinion prevails. In speaking of a kind of food administered to cows, I had occasion to notice the effect which refuse slop from whisky distillers upon cows to which it was given, had in increasing the quantity of milk (p. 59). Upon the same principle it is that ale and porter have so high a reputation as milk generators From Aetius downwards all authors recommend them, and there is no doubt of their efficacy with many nurses. Many of these will tell you that they cannot do without it. To stout, and double stout especially, the preference, however, is given. (In my own experience I have found the double stout of Barclay, Perkins, and Co. most efficacious.) The use of such beverages, however, is in the main, abused. Apoplectic tendencies of a slight character are induced: although I have never seen anything like the result which obtains in animals fed on the exciting food before alluded to. The excess of porter taken soon ceases to exert the same beneficial effect upon the breasts, the function of which becomes less active till, in fact, it is entirely suspended. What is true as a physiological law in other points, that continued excitement of the same kind exhausts nervous energy, is true also for the breasts. The exciting influence should vary in character as well as degree; and in this manner the exhausting tendency is counteracted. Fortunately, we have in an analogous bland fluid—I allude to milk from the cow or goat—a liquid peculiarly adapted to produce milk readily in the suckling mother; and if in such cases the stout and milk are given alternately to the extent of two or three tumblers of the latter, to one of the former, or if they are drunk in combination (a beverage more agreeable to the taste than would appear to the imagination), a less exciting and more nourishing food and drink is thus provided for the mother, which will enable her often to perform her maternal duties with much ease to herself.

Another kind of drink which was much praised by the ancients is *sweet wine*. Aristotle, it is true, forbids it; Oribasius, Aetius, Avicenna, Paulus Aegeneta, and a host of others, on the contrary, recommend it. My own experience, I must say, except in those cases where there exists such debility as to necessitate the employment of stimulants, is against our ordinary wines; or spirits, indeed, of any kind in this country. I do not say a wineglass of two may not be indulged in; but the habit does not increase the flow of milk.

Much more efficacious are some of those soups usually made, and which have been alluded to (c).

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(a) Limbricorum vivorum. Scrup ij. tere et cum mollis cyathis ij bibat, ut non cognoscat (*). He also recommends their exhibition boiled in milk and honeywine, as a remedy most efficacious in inducing an abundant secretion of milk.

(*) "Lumbricus terrestris, officinalis, or earthworm, is so well known, that I need not explain its figure. In its use it proves very diaphoretic, diuretic, and anodyne. It is a discutient and emollient. It is good in apoplectic cases, and where the muscles and nerves are affected; in the dropsy, the colick, and in the scurvy it has been used with great success." (R. Bradley, F.R.S. Lecture on Materia Medica, 1730.)

(b) (From Galen.) Sunt autem hae aves C. conia (swan) vespertatis, noctua apis, et quae baccis junipero pascuntur, unde nominantur Germanis quam olifer turturum genere adnumerant. . . . . Quam merito ejus ramenta jusculis adjciuntur utpote saluberrimae ctiam puerperorum. See also Aegeneta on some kinds of game.

(c) Old recipe from a rich storehouse in treasury for the diseased. By A. T. London: 1596. 1. A very good medicine to increase milk in a woeman's breasts, ch. clii. p. 31:—Take Fennel Rootes and Parsnepe Rootes, and let them be boiled in broth, which must be made of chickins. Then let the patient eat the same roots with Fresh Butter, which must be new made, as possiblie it may be gotten, and this will cause great store of milke to encrease it any woeman's breastes. This hath been often proved. 20. Ch. 153. Take rice and seethe it in Cowe milk, and creame some wheathen bread therein, it must be such as is cleane without rie, and put

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OBSTRUCTIONS OF THE LACHRYMAL PASSAGES.

A NEW MODE OF "TREATMENT BY DILATATION."

By EDWARD CHARLES HULME, F.R.C.S.

Assistant-Surgeon to the Central London Ophthalmic Hospital, and Surgeon to the Blenheim Free Dispensary.

EVERY one who is in the habit of attending the practice of the large London Ophthalmic Hospitals, will not fail to observe the number of cases of the above affections which present themselves in various stages of development, from simple epiphora, to chronic inflammation of the lachrymal sac, with swelling (mucocele), and abscess, and its accompanying complications; while the disease, when confined to simple mucocele, is by treatment kept in check, the patient finding a certain amount of relief obtained, gives up attendance; yet, on the treatment being relaxed, the disease returns as bad as ever, and a more speedy and permanent cure is anxiously desired. Tonics, with counter irritation over the sac, by means of blistering fluid frequently applied, is the usual system adopted at the Central London Ophthalmic Hospital, and with a fair amount of success in controlling the disease. Mr. Bowman's plan of probing the passages, after slitting up the canaliculus from the punctum to the caruncle, is the most scientific and rational mode of treating the strictured part; but even this necessitates continual daily attendance and much expenditure of time on the part of the patient; and however practicable and advantageous in private practice, the poor find difficulty in giving such regular attendance as is necessary to ensure success.

I believe it is generally admitted, and it is in accordance with the results of my own observations, that the greater majority of these lachrymal obstructions have their origin in chronic inflammation of the lining membrane of the nasal passages, which extends upwards into the nasal duct, and so continuously into the sac; a thickening of the mucous lining takes place, a thick, glairy secretion is poured out, which unable to escape of itself through the nasal duct below, or through the apertures of the canaliculi towards the eye, accumulates, fills, and distends the lachrymal sac, and by this distension the entrances of the canaliculi become altered in position, pressed upon by the contents, and become thickened and obstructed. This mucous secretion gradually becomes muco-purulent; it generally retains this character; and the sac can with more or less difficulty be emptied by pressure, the contents escaping either over the globe through the canaliculi, or into the nostril by the nasal duct. Independently of this common cause of obstruction, the canaliculi themselves, as shown by Mr. Bowman, may be primarily obstructed; and I have satisfied myself by numerous dissections that the canaliculi have not always that regular entrance into the sac that they are described as possessing. I believe, therefore, that in the treatment of these cases the first point of importance to attain is the free and continued patency of the canaliculus in its whole length, and also at its entrance into the sac, and then to commence the treatment of the obstruction of the nasal duct, both of which points are fulfilled by the method I proceed to describe. Having provided myself with a set of wires, made of "virgin silver" (which, by its flexible nature, is very easily bent), of various diameters, from that of a hair probe to that of one-fifteenth of an inch, I slit up the canaliculus on a fine director, throughout its whole length, past the caruncle, on up to the sac. If the entry of the canaliculi is patent to the passage of a probe, I prefer not to carry the incision into the sac, as I think this should be avoided, if possible; but should no probe be able by the most careful manipulation to be introduced, then the incision must be carried on, and it is preferable to open the sac, when it is distended with its contents, the escape of which proves the entry of the knife into the sac. I then with a medium size wire, try and find the entry into the nasal duct. If successful in passing it directly through the nasal duct, I bend the wire over the edge of the lid, and cut it off with a pair of nippers, leaving a bend of about ¼ of an inch hanging externally over the lid. This end may be kept in its place by a piece of plaster, and it will be found to ride quite easily close in at the angle of the lids to the inner side of the caruncle, where there is hardly any motion of the lids, from the action of the orbicularis muscle. Should I not be successful in passing the medium size wire, I attempt the same plan with a finer one, which I bend in the same manner. Whichever sized wire be introduced, it should be worn for three or four days, at the end of which time I re-introduce a larger one, and continuing this gradual introduction of wires of a larger diameter, it is found that in two or three weeks the duct will take as full a sized wire as is necessary, *i.e.* one of from one-twentieth up to one-fifteenth of an inch. Should I fail in passing any wire at all into the nasal duct, which is often so firmly blocked up as to render the passage of any probe impossible, I get through the obstruction with a knife I have for the purpose, as it may be more correctly described as a fine trocar of a one-fifteenth of an inch in diameter, without a canula, and having a slight bend in it to accommodate it to the projection of the brow, and for this more or less force is required, according to the nature of the obstruction. Having withdrawn it, a full sized wire is passed, which is also bent and cut off in the manner above described.

I have been led to adopt this mode of treatment in my attempts to try the "bent styles" described by Mr. Bowman in the Ophthalmic Hospital Reports, No. 1, p. 19. The difficulty experienced in keeping the horizontal, thin portion of those styles in the tube of the canaliculus, the irritation their finer ends produced on the globe of the eye when not accurately adjusted, and the ulceration produced in that part of the canaliculus which was not slit up, *i.e.* between the caruncle and the entrance into the sac, induced me to extend the incision and to give the style a bend outwards. I speak from the experience of fifteen cases, in no one of which has any irritation been produced sufficient to induce me to withdraw the wire, or has even any patient complained of them; after slight inconvenience on the first day, it seems to be well tolerated. In one patient, in whom from the dense nature of the obstruction, I was obliged to use force, the relief from wearing this wire has been such, that after six months' continued use of it, she will not give it up; and, I might here add, that this patient had worn an old-fashioned style inserted through the skin, without benefit, inasmuch as the stricture was at the entrance of the canaliculi into the sac, as well as there being a dense obstruction in the duct. I think I may say that by this plan a speedy dilatation of the obstruction is attained; that the attendance of the patient is not required so frequently as when undergoing dilatation by probing; that the entrance into the sac is kept patent as well as the nasal duct; that the advantages of it over the old style inserted through the skin are very evident, and that its principle of restoring the course of the tears through their natural channel is correct. I am aware that there is one objection, but which, I think, may apply to all attempts at attaining a permanent cure of any obstruction in the mucous canals of the body, viz. the tendency to relapse. To obviate this, in a few of my more intelligent patients, I am instructing them to introduce these wires themselves after a full dilatation is obtained; and so by occasionally wearing them to keep up the patency of the passages. Anyhow, it must be granted, that if relapse should occur, the patient remains in a favourable condition for a re-introduction of the wires, or for the practice of probing.

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into the said mylke some Fennel seed, beaten into fine powder, and a little sugar, to make it sweet, and this is known to be exceeding good. 30. Ch. 164, p. 31, b. Take a good quantity of greene wheate, which groweth upon the ground between Michaelmas and Easter, you must take both of the blades and rootes, and stamp it very well, and straine it though a fine linen cloth into some posset ale, and put therein a little fine sugar, and this will encrease great store of mylke in woeman's breastes, within the space of three or four days. This hath been proved.

USE OF THE EARTHWORM.—The utility of the earthworm has but too much been overlooked, and yet that utility is very great. It aids in the accumulation and fertilisation of the surface soil in pasture lands, and this to so great an extent that it has been ascertained that cinders and other substances which had been thrown on the surface of grass lands had sunk to a considerable depth in the soil, and had been buried three inches deep, and this owing to the digestive process in the earthworm. In fact, the depositions of little heaps of earth, under the designation of "worm-castings," had, in process of time, produced a rich substratum of soil, highly advantageous to grass lands, while its runs enable the rain to percolate under the roots of the grasses.

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THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

HOSPITAL NOTES.

A STONE QUARRY IN THE BLADDER.

A man, aged about *55*, in an extreme state of ill-health, was admitted the other day, under Mr. Cock's care, into Guy's Hospital, and died very shortly afterwards. His immediate ailment was retention of urine, and it was not known that the existence of stone in the bladder had ever been suspected. At the autopsy, however, no fewer than fifteen calculi, all of some size, were found. The smallest of them were as large as half a walnut, and the whole together consequently filled the viscus. Instances of the occurrence of far larger numbers of stones are of course not infrequent, but we do not recollect ever before to have seen so many all of such full size. It was also well worthy of note that many of them were evenly rounded and showed no facets. We have repeatedly endeavoured to draw attention to the important practical fact that a stone with many facets has not necessarily had more than one companion. Here we have a reverse example. The large number of the stones had prevented the majority from assuming the condition usually held to indicate multiplicity. They had indeed acted on each other much as pebbles do on the sea-beach, and their mutual attrition had produced rounded and not flattened sides. It ought, therefore, to become an acknowledged rule, that the existence of two calculi side by side in the bladder is quite sufficient to produce the condition of facets in all its perfection, while the presence of more than three or four, provided they be not of such dimensions as to prevent much movement, tends to diminish the chance of its occurrence.

THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING 1858.

(Continued from page 498.)

The subjoined report includes as usual the following hospitals:—

The Royal Berkshire (Reading), the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Glasgow Royal, the Gloucester, the Hull, the Leeds, the Leicester General, the Liverpool Southern, and Toxteth, the Newcastle-upon-Tyne, the Queen's (Birmingham), the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the West Norfolk and Lynn (Lynn), the York County.

AMPUTATIONS.

Of the Leg — continued from page 498.— *Case* 15.—The Glasgow.—A man, aged 23, of highly strumous constitution, whose foot and leg had been amputated at two operations previously. The disease continuing in the tibia a third amputation became needful. It was performed just below the knee, and a sound stump was now obtained. *Case* 16.—The Glasgow.—A woman, aged 23, admitted with a compound dislocation of the ankle caused by a crush. An attempt was made to save the limb, but secondary amputation became necessary, and was performed on the tenth day. Recovered. *Case* 17.—The Glasgow.—A tailor, aged 18. Amputation on account of diseased ankle. Secondary hæmorrhage on the ninth day, requiring the stump to be opened. Doing well. *Case* 18.—The Glasgow.—A woman, aged 44. Amputation on account of disease about the os calcis. Recovery. *Case* 19.—The Norwich: Mr. Cadge.—A woman, aged 22, in feeble health. Amputation in the lower third, on account of old standing disease of the ankle-joint. Recovered. *Case* 20.—The Norwich: Mr. Firth.—A man, aged 26, the subject of diseased ankle. Amputation in the mid-leg. Recovered. *Case* 21.—The Norwich: Mr. Firth.—A cachectic man, aged 26, the subject of constitutional syphilis. Amputation for diseased tarsus, in the lower third of the leg, by the rectangular method. The edge of the anterior flap sloughed, and his recovery was retarded by his very enfeebled state. The stump ultimately obtained was a good one. *Case* 22.—The Norwich: Mr. Nichols.—A man, aged 34. Amputation on account of diseased ankle-joint. Recovered. *Case* 23.—The Gloucester: Mr. Wood.—A man, aged 59. Primary amputation for crushed foot. Recovery. *Case* 24.—The Cheltenham: Dr. Wright.—A girl, aged 17, admitted with gangrene of the foot consequent on a crush in a threshing machine. Secondary amputation on the second day. Recovery. *Case* 25.—The Newcastle.—A man, aged 20. Amputation on account of diseased ankle. Recovery. *Case* 26.—The Newcastle.—A man, aged 40. Primary amputation for compound fracture. Recovery. *Case* 27.—The Newcastle.—A boy, aged 14. Primary amputation for compound fracture. Recovery. *Case* 28.—The Newcastle.—A man, aged 30. Amputation for diseased foot and ankle. Recovery. *Case* 29.—The Newcastle.—A boy, aged 12. Secondary amputation, fourteen days after a severe compound fracture. Recovery. *Case* 30.—The Newcastle.—A boy, aged 16. Amputation for diseased foot. Recovery. *Case* 31.—The Newcastle.—A man, aged 30. Amputation for diseased ankle and foot. Recovered. *Case* 32.—The Newcastle.—A boy, aged 12. Amputation for diseased ankle. Recovered. *Case* 33.—The Newcastle.—A man of middle age. Primary amputation for compound fracture. Death from collapse within one hour. *Case* 34.—The Newcastle.—A man, aged 53. Secondary amputation for crushed foot. Death on the tenth day. *Case* 35.—The Newcastle.—A man, aged 25. Primary amputation for compound fracture. Death from pyæmia on the 26th day. *Case* 36.—The Newcastle.—A man, aged 28. Primary amputation for severe injury to the foot. Death. *Case* 37.—The Dundee: Dr. Crockatt.—A man, aged 20; admitted with a compound dislocation of the ankle. Primary amputation. Death from pyæmia (?) three days afterwards. *Case* 38.—The Leeds: Mr. Smith.—A man, healthy, aged 27. Amputation by rectangular flaps, for old disease of the ankle. On the fourth day rigors occurred, and were followed by profuse sweating, irregular pulse, vomiting, and convulsions. Death occurred next day. The autopsy showed neither pyæmia nor any traces of recent inflammation. *Case* 39.—The Gloucester: Mr. Wilton.—A lad, aged 18. Primary amputation just below the knee, for extensive injury to the leg. On the ninth day gangrene of the stump set in, and on the eleventh he died. *Case* 40.—The Royal, Berks: Mr. Moxhay.—A publican, aged 52, of intemperate habits, was admitted with a compound fracture of the leg, just above the ankle, the wound communicating also with the joint itself. An attempt was made to save the limb, but profuse suppuration having exhausted his strength, secondary amputation became necessary on the twenty-first day. Symptoms of pyæmia soon followed, and from these he died ten days after the operation. At the autopsy, depots of pus were found in several joints, and there was fatty degeneration of the kidneys. *Case* 41.—The Royal Berks.—A delicate girl, aged 16. Amputation on account of strumous disease of the left foot. Abscesses formed in the leg. About a month after the operation pyæmic symptoms appeared, and she died a fortnight later. No autopsy. *Case* 42.—The Glasgow.—A man, aged 35, in excellent health. Compound dislocation of the right ankle. A portion of bone had to be removed before reduction could be effected. He did well for ten days, when phlegmonous erysipelas attacked the limb. The discharge became very profuse, and he had repeated rigors. Great difficulty in keeping the foot in place. A month after the accident secondary amputation was resorted to. He was almost moribund at the time, and never rallied from the shock. Death in a few hours. *Case* 43.—The Glasgow.—A bargeman, aged 56, of sober habits, admitted with compound fracture of the leg, and extensive contusion of the soft parts. Gangrene supervened, and secondary amputation was performed a month afterwards. Gangrene invaded the flaps, and spread upwards to the abdomen. Death on the fourteenth day. *Case* 44.—The Glasgow.—A labourer, aged 19, admitted with an extensive contusion and laceration of the leg: but no bone broken. The limb had been too tightly bandaged prior to admission. Gangrene resulted, and second-

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ary amputation was performed a fortnight after the accident. Repeated rigors had preceded the operation. He never rallied from the shock, but sank within a few hours. *Case* 45.—The Glasgow.—A woman, aged 48, weak and emaciated. Amputation on account of gangrene of seventeen days' duration, and following fever. Gangrene attacked the stump, and she died on the fifth day.

Of the Foot.—Case 1.—The Leicester: Mr. Macaulay.—A healthy lad, aged 13, for two years the subject of diseased tarsus. Amputation at the ankle-joint. Recovery. *Case* 2.—The Leicester: Mr. Paget.—A scrofulous man, aged 27, for sixteen months the subject of diseased tarsus. Amputation at the ankle-joint. Recovery. *Case* 3.—The Queen's, Birmingham: Mr. Parker.—A boy, aged 16, the subject of disease of the metatarsus and tarsus. Chopart's amputation. Recovery, with an excellent stump. *Case* 4.—The Derby: Mr. Gisborne.—A lad, aged 18. Primary Chopart's (modified) amputation on account of crushed foot. Recovery, with a good stump. *Case* 5.—The Leicester: Mr. Macaulay.—A healthy boy, aged 11, admitted with a compound and comminuted fracture of the left foot. Recovered with a good stump. *Case* 6.—The Glasgow.—A girl, aged 17, the subject of disease of the ankle-joint. Amputation at the joint. Recovery. *Case* 7.—The Glasgow.—A man, aged 28. Amputation at the ankle-joint by Pirogoff's method. Recovery, with an excellent stump. *Case* 8.—The Newcastle.—A man, aged 40. Primary amputation at the ankle-joint on account of compound fracture. Recovery. *Case* 9.—The Newcastle.—A man, aged 30, admitted with compound fracture of the foot. Primary amputation at the ankle-joint. Pyæmia set in on the eighth day, and abscesses formed in the calf. A second amputation was performed on the thirty-first day. Death on the seventy-fourth day.

Of the Upper Extremity.—Case 1.—The Queen's (Birmingham): Mr. Cox.—A boy, aged 13, was admitted, with a severe injury to the forearm from machinery. There was extensive laceration, and both bones were comminuted. An attempt was made to save the limb; but decided symptoms of trismus supervening, amputation through the arm was performed. The lockjaw gradually abated, and he recovered well. *Case* 2.—The Reading: Mr. Moxhay.—A feeble old man, aged 62. Amputation through the forearm on account of hopeless disease of the hand and wrist. Recovery. *Case* 3.—The Leeds: Mr. Teale.—A feeble man, aged 62, the subject of diseased wrist, etc. following erysipelas. Amputation through the forearm by rectangular flaps. Recovery. *Case* 4.—The Leeds: Mr. Smith.—A healthy boy, aged 15, whose arm had been torn away just below the shoulder in a machinery accident. Primary amputation at the shoulder-joint. Recovery. *Case* 5.—The Leeds: Mr. Hey.—A healthy girl, aged 18, whose hand had been entirely disabled by an injury received two years before. Amputation by rectangular flaps through the forearm. Profuse secondary hæmorrhage on the ninth day. Recovery. *Case* 6.—The Leeds: Mr. Teale.—A feeble man, aged 32, the subject of diseased carpus of long standing. Amputation by rectangular flaps through the forearm. Severe erysipelas. Recovery. *Case* 7.—The Leeds: Mr. Smith.—A healthy man, aged 21, whose arm had been torn off by machinery. Primary amputation by rectangular flaps. Recovered. *Case* 8.—The Leeds: Mr. Hey.—A lad, aged 18, admitted with his hand shattered by the bursting of a gun. Primary amputation close to the wrist. Recovered. *Case* 9.—The Leeds: Mr. Hey.—A woman, aged 25, admitted with severe laceration of one hand. An attempt was made to save the hand, but it failed. Amputation by rectangular flaps in the third week. Recovery. *Case* 10.—The North Stafford: Mr. Turner.—A man, aged 27. Primary amputation at the shoulder-joint, on account of compound fracture of the arm. Recovery. *Case* 11.—The Derby: Mr. Gisborne.—A boy, aged 14. Primary amputation at wrist-joint for crushed hand. Recovery. *Case* 12.—The Derby: Mr. Johnson.—A man, aged 44. Amputation through the forearm for diseased wrist and ulna. Recovery. *Case* 13.—The Hull: Mr. Huntingdon.—A woman, aged 28, in very feeble health. Amputation through the forearm, on account of disease of the wrist. Recovered. *Case* 14.—The Glasgow.—A mill girl, aged 34. Primary amputation through the forearm on account of crushed hand. Recovery. *Case* 15.—The Glasgow.—A labourer, aged 18. Amputation for diseased carpus and wrist. Recovered. *Case* 16.—The Glasgow.—A man, aged 52, in good general health. Amputation through the forearm, on account of crippled hand after phlegmonous inflammation. Recovered. *Case* 17.—The Dundee: Dr. Crockatt.—A boy, aged 14, admitted with extensive laceration of the arm. Primary amputation below the elbow. Recovered. *Case* 18.—The Dundee: Dr. Crockatt.—A boy, aged 14. Primary amputation at the wrist-joint for crushed hand. Recovered. *Case* 19.—The Norwich: Mr. Crosse.—A man, aged 54. Primary amputation through the forearm, on account of a gunshot injury to the hand. Recovery. *Case* 20.—The Norwich: Mr. Firth.—A boy, aged 14. Primary amputation at the wrist-joint, on account of injury by the bursting of a powder-flask. Recovery. *Case* 21.—The Norwich: Mr. Cadge.—A man, aged 18. Primary amputation (flap, skin; circular muscle) through the upper arm, on account of injury from machinery. Recovery. *Case* 22.—The Norwich: Mr. Nichols.—A lad, aged 18. Primary amputation through the upper arm on account of gunshot injuries. Recovery. *Case* 23.—The Norwich: Mr. Firth.—A man, aged 27. Primary amputation (flap, skin; circular, muscle) through the upper arm after a gunshot injury. Recovered. *Case* 24.—The Gloucester: Mr. Wilton.—A boy, aged 15. Primary amputation through the forearm for crushed hand. Recovered. *Case* 25.—The Gloucester: Mr. Lovegrove.—A man, aged 40, whose hand had been shattered by the bursting of a gun. Primary amputation: recovery. *Case* 26.—The Gloucester: Mr. Lovegrove.—A man, aged 57. Primary amputation through the upper arm on account of crushed elbow. Recovery. *Case* 27.—The Newcastle.—A boy, aged 17. Primary amputation through the forearm for compound fracture. Recovery. *Case* 28.—The Newcastle. A man, aged 60. Primary amputation through the forearm for compound fracture. Recovery. *Case* 29.—The Newcastle. A boy, aged 12. Primary amputation for compound fracture of forearm. Recovery. *Case* 30.—The Newcastle.—A man, aged 22. Primary amputation through the upper arm for compound fracture of the humerus. Recovery. The man had also sustained a simple fracture of the opposite leg. *Case* 31.—The Newcastle.—A man, aged 55. Primary amputation through the arm for compound fracture. An injury had also been sustained by the larynx, and on the next day tracheotomy was required. Death on the second day. *Case* 32.—The Newcastle.—A lad, aged 16, who had sustained a compound fracture of one arm, fractures of both thighs, and many contusions. Primary amputation of the arm. Death on the seventh day. *Case* 33.—The Norwich: Mr. Nichols.—A man, aged 66, for two years the subject of disease of the elbow-joint. He was in a very feeble condition, with a red dry tongue at the time of admission. His sufferings being intense, he begged that the limb might be removed. Amputation. After the operation he lingered in a typhoid state and never rallied. Death one month subsequently. *Case* 34.—The Cheltenham: Dr. Wright.—A man, aged 21, admitted with compound fracture of the forearm and numerous contusions. Phlegmonous erysipelas followed and profuse suppuration. Amputation through upper arm two months after the accident. He did well for some time after the operation, but then had an attack of jaundice, under which he sank one month subsequent to the amputation.

ROYAL ORTHOPÆDIC HOSPITAL.—The twenty-first anniversary dinner of this institution took place last week at the Freemasons' Tavern, the Earl of Fitzwilliam in the chair. The Chairman proposed the toast of the evening, "Prosperity to the Royal Orthopædic Hospital," and stated that the institution was in debt to the amount of £400, which must have the effect of greatly retarding its usefulness. He should have much pleasure in discharging this debt, and setting the Hospital free from the incumbrance; and he hoped the public would respond to the appeal which the committee had made to them. The health of the Medical officers was proposed, and Mr. Tamplin returned thanks in an effective speech, in which he dwelt upon the special advantages which the institution conferred upon some of the most helpless of the community. The expenses for the year have exceeded the receipts by £400, and in addition to this deficiency there is a mortgage debt of £6000, which the committee entirely depend upon the liberality of the public to redeem. The Hospital from the commencement has received 24,000 patients; there are 1600 under treatment, and 200 waiting for admission. The Secretary announced that the subscriptions amounted to £2500.—*Daily Telegraph*, May 7, 1859.

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NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 337.—Bacon on Vivisections.

"We have also parks and enclosures of all sorts of beasts and birds, which we use, not only for view or rareness, but also for dissections and trials; that thereby we may take light what may be wrought upon the body of man: wherein we may find many strange effects, as continuing life in them, though divers parts which you account vital be perished and taken forth; resuscitating of some that seem dead in appearance, and the like: we try also poisons and other medicines upon them, as well of chirurgery as physic."—*New Atlantis.*

No. 338.—Latin Prescriptions.

"Physicians, I observed in particular, were objects of that remark, who persist in prescribing in Latin, many times, no doubt, at the hazard of the patient's life, through the ignorance of an apothecary. Mr. Throgmorton assented to what I said, and turning to his chaplain, to my infinite surprise, said to him, 'That is just as absurd as our praying in Latin.'"—*Cowper's Letters.*

No. 339.—Johnson on Vivisections.

"Among the inferior professors of Medical knowledge is a race of wretches whose lives seem only varied by varieties of cruelty, whose favourite amusement is to nail dogs to tables, and open them alive, to try how long life may be continued in various degrees of mutilation, or with the excision or laceration of the vital parts. . . . . Mead has invidiously remarked of Woodward, that he gathered shells and stones, and would pass for a philosopher. With pretensions much less reasonable, the anatomical novice tears out the living bowels of an animal, and styles himself Physician, prepares himself by familiar cruelty for that Profession which he is to exercise upon the tender and the helpless, upon feeble bodies and broken minds, and by which he has opportunities to extend his acts of torture, and to continue those experiments upon infancy and age, which he has hitherto tried upon cats and dogs."—*Idler.*

No. 340.—A Hero.

"'The Duke of W—— has been most alarmingly ill, and was not out of danger yesterday; it is kept a profound secret.' This time it was a violent bowel attack, with apprehensions of cholera morbus. In October we hear of apprehended cancer, with the characteristic incident that, 'Stephenson, the aurist, gives out that it was his pride endangered his ear; for, while syringing him, he begged he would tell him the moment he felt any pain, when he meant to stop, but it was beneath a hero to confess he felt pain.'"—*Memoirs of George the 4th.*

No. 341.—The Surgeon's Comment.

The Surgeon's like a God whom men adore,
When death about the sick man's bed doth soar;
Then hath he great respect and high regard,
Fed with the smoky promise of reward;
But as the patient doth begin to mend,
So doth the Surgeon's godhead straightway end.
Yet such attendance on him still is given
As if he were an angel come from Heaven;
When health and strength the patient do inspire,
To sleep, eat, walk, and sit up by the fire,
Then straight the Surgeon's state angelical
In his esteem unto a man doth fall,
Last, when the sick or sore is heal'd again,
And that the Surgeon seeks reward for's pain,
He is neither counted God nor angel then,
Nor is he entertained as man;
But, through ingratitude, that hellish evil,
They bid the Surgeon welcome as the devil.
Therefore—
When pained thy patient is, call for thy fee,
Or, when he's well, then patient thou must be.

These lines, framed and glazed, were suspended in the hall of Mr. Beesly, a Surgeon to whom Sir W. Blizard was articled.

No. 342.—A Logician's Medical Creed.

"1. That which is digested wholly, and part of which is assimilated, and part rejected, is—food. 2. That which is digested wholly, and the whole of which is partly assimilated, and partly not, is—medicine. 3. That which is digested, but not assimilated, is—poison. 4. That which is neither digested nor assimilated, is—mere obstruction. As to the stories of slow poisons, I cannot say whether there was any, or what, truth in them; but I certainly believe a man may be poisoned by arsenic a year after he has taken it. In fact, I think that is known to have happened."—*Coleridge's Table Talk.*

No. 343.—Hahnemann.

"I don't believe in all Hahnemann says; but he is a fine fellow, and, like most Germans, is not altogether wrong, and, like them also, is never altogether right."—*Ibid.*

No. 344.—How to Choose your Doctor.

"Physicians are some of them so pleasing and conformable to the humour of the patient, as they press not true cure of the disease; and some others are so regular, in proceeding according to art, for the disease, as they respect not sufficiently the condition of the patient. Take one of a middle temper; or if it may not be found in one man, combine two of either sort: and forget not to call, as well the best acquainted with your body, as the best reported of for his faculty."—*Bacon's Essays.*

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Medical Times & Gazette.

SATURDAY, MAY 21.

MEDICAL SERVICE OF VOLUNTEER AND RIFLE CORPS.

The wars of Europe have been aptly compared to revolving storms. They begin by turning within a narrow circle upon an imperceptible pivot, but end by whirling within so vast an orbit "that the sun goes down on nations with no common language except that of battle, no unanimity beyond that of general fury, and blind eagerness to destroy." The more one thinks upon the war which has just broken out, the more senseless it appears. In the words of the old song—

"Friends and foes, to battle they goes,
But what they all fights for nobody knows."

There may possibly be some simple Arcadian who, dreaming of Italian independence, may look upon Louis Napoleon as the disinterested liberator of the Peninsula, and may believe that when the land whose soil is "the dust of heroes" is freed from the polluting heel of the Austrian, the Frenchmen will leave the Iron Crown of Lombardy, if not the sceptre of united Italy, to the Sardinian ally, and the war will cease with a revision of the treaty of 1815. But those who, failing in their search for any reasonable motive for the origin of this war, are compelled to refer alone to the ambition of the French Emperor, foresee various complications which will oblige England to take part in this struggle; and may possibly lead to an attack upon our island should our attitude not be sufficiently imposing to ward off long premeditated invasion. It is true that we have just been favoured with a proclamation of neutrality; but those who are curious in historical parallels

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remind us that within three years after the penultimate proclamation of neutrality by this country, England joined in a conflict which only terminated at Waterloo, after years of bloodshed and immense pecuniary sacrifices; and it is a very significant fact that the late proclamation is accompanied by an almost simultaneous appeal to volunteers. The call to arms has thoroughly roused the pugnacious spirit hitherto latent in this pacific generation. At any cost England must be kept secure against the horrors of war. The invasion of a hostile army, the ravages of a Gallic or Muscovite fleet, must be placed among the list of things impossible. The British rifle is to be as formidable and renowned as was the English longbow. We are to organise *millions* of marksmen,—effective volunteers, skilled riflemen, unfailing sharpshooters—drilled into regiments every man of which ought to be perfectly certain that within a certain distance of his rifle no enemy could stand and live.

The circular addressed by General Peel to the Lord-Lieutenants of counties sanctioning the formation of Volunteer Rifle Corps has been responded to with an ardour which was hardly anticipated. The Universities have led the way; and not only in every county, and in all our large towns, is the organisation commencing,—but members of the liberal professions are already uniting. Witness the following notice from the *Times* of Monday:—

"A Volunteer Rifle Corps, to be composed of members of the liberal professions, clerks in Government or private employ, and young men of respectability generally, is in course of formation. Such as are desirous of enrolling themselves in the corps are requested to send in their names to Colonel Travers, at Messrs. Addison and Co.'s, army agents and bankers, 11, Waterloo-place, Pall-mall."

Every day the martial spirit is rising higher, and there is no reason why we should not have, within a few weeks, an organised body of some two or three million effective volunteer Riflemen.

Members of the Medical Profession will not be behind members of the other liberal professions in coming forward for the defence of the country. There are good shots even among the town Doctors, who only get two or three days' sport in a season, or an occasional afternoon, after a morning's work in the consulting room, in the preserve of some friend or patient within fifty miles of London; while many a village Esculapius is almost as well known as a good rider "across country," or as a crack shot, as for his skill as Surgeon or Accoucheur. So that of some twenty thousand English doctors we may expect to see a large proportion joining the Volunteers—some serving cheerfully in the ranks, some obtaining commissions as subalterns, captains, or field officers—and some retaining their professional character, and acting as Medical officers to the corps.

Now the Medical service of volunteers must be organised. Each regiment must have its Medical officers; and in larger numbers than the standing army, in order to secure the constant presence of a sufficient Medical staff when the whole body is called out. According to present arrangements, every corps finds its own arms and clothing, and there is no pay, except in case of invasion, when the pay becomes the same as that of the regular army, in each rank. The power of granting commissions rests with the Lord-Lieutenant of each county. The course, therefore, to be pursued is, for those who wish to become Medical officers of Volunteer Corps, to apply at once for Commissions to the Lord-Lieutenants of their respective counties—and considering that occasional rifle practice is a pleasant and healthy recreation, and that each regiment is only to be called out eight days in each year, we feel certain that even if three million of riflemen are raised they will not want for Medical officers. Whether there may be hereafter any special organisation for this Medical service we cannot say. Nothing has been settled respecting it at the Army Medical Department—indeed the whole matter is in such an initiatory stage that we feel we have said enough to draw the attention of our readers to the subject, and to warn them in time to give their attention to the clothing, food, and shelter of troops, the construction of litters and ambulances, the arrangement of Hospital tents, and all those means of preserving cleanliness in the camp or the barrack upon which so much of the health and efficiency of the soldier depend.

THE WEEK.

A young man desires to kill himself. He therefore proceeds to the shop of Mrs. Hibon, chemist, Down-street, Piccadilly, and is immediately served by an assistant named Child, with one ounce of laudanum, for which he paid threepence. "The assistant admitted selling it, the poisoner merely telling him that he wanted it to make him sleep." How long unlicensed chemists and their incapable and ignorant tools are to be allowed to sell murderous weapons to the public is a mystery which it is difficult to solve.

Mr. Acton brought the subject of illegitimacy before the Statistical Society on Tuesday, in some observations upon the births in Marylebone, St. Pancras, and St. George's Southwark, in 1857—and he stated some startling facts. Of 388 illegitimate children who died in 1857, 326 died before they were one year old. A large proportion of the mothers of illegitimate children have been in domestic service, and male domestics are among the most numerous class of fathers. Thus the present system of keeping many single women and single men as domestic servants in households is productive of a large proportion of illegitimacy, and requires amendment. It was also shown that amendment in the bastardy law was required, especially that parishes should have the power given them of recovering from the fathers the sums they have expended on illegitimate children, as they have now from the fathers of the legitimate. Such an enactment would tend to check seduction, and relieve the rates. So far we cordially support Mr. Acton. To others of his recommendations we have objected before, and may do so again.

The infamous treatment of pauper children in some workhouses is likely to attract some attention, owing to a recent inquiry at the Cork workhouse. According to a report of the mayor, the poor children in this pauper prison have been starved into scrofula, starved into blindness (32 have been sent to the blind asylum, blinded in the workhouse), starved into idiocy. There are 48 young creatures stunted in growth and intellect, and scarcely one not diseased, though there are in the children still able to attend school, "115 *that can move about, and are not perfectly ruined.*" Here is a statement of the Mayor's which must be felt as a national disgrace:—"I find that during the last four years there has been an average of 869 children in the house, and the average mortality has been 156 children, that is, 18 per cent." The chaplain deposed that many of the children in the house are "suffering from scrofula and skin disease, or as they expressively call it, 'HOUSE-DECLINE.' I attribute it," he adds very justly, "to bad air, bad water, bad diet, and bad hospital classification." As the inquiry has been adjourned, we shall not say more at present than that it is high time a similar inquiry was instituted in our Metropolitan workhouses. It has long been needed; and we wish to warn Medical officers of these workhouses, and Medical officers of Health, that if the public are roused by exposures similar in kind to those of Cork, however different in degree, those who have not protested energetically against evils they know to prevail, will be

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held equally guilty with those whose neglect or mismanagement has been the chief cause of mischief. Assuredly the Doctor will be offered up as a sacrifice for the sins of Guardians, and Inspectors, and Commissioners.

We have had several inquiries, as to whether a man possessed of the Licence of the Edinburgh College of Physicians can call himself Doctor. We happen to know, indeed, that gentlemen have actually contemplated applying, and have applied for the licence, under the impression that with it they would obtain the legitimate title of Doctor. We can only say to all such inquiries, that universities alone can grant degrees of M.D.; and that whoever makes use of titles to which he has no rightful claim, will subject himself to penalties under the New Medical Act. The Edinburgh College clearly can grant no title of Doctor; and as an impression to the contrary has been widely circulated, we think the Edinburgh College is in honour bound to state the fact, and to say whether it approves or not of its Licentiates assuming a title to which they have no claim.

M. Desanges, an artist hitherto principally known as a portrait-painter of repute, has opened an exhibition at the Egyptian-hall which we can recommend to the notice of those of our readers who wish to pass a leisure half-hour agreeably. Portraits of officers and men who have obtained the Victoria Cross are exhibited, and many of the deeds by which the distinction was earned are represented in pictures of considerable vigour, the imagination of the artist having been assisted by detailed descriptions. The photographic copies of some of these pictures are very striking. We can testify to the excellence of several of the portraits, and can trace a strong family likeness in others. Captain Hewett, for instance, is very like his uncle Mr. Prescott Hewett, and Mr. Silvester has much of his father's look, Dr. Silvester of Clapham. We are happy to see that the humane duties of our Army-Surgeons under fire, are represented in the deeds which won the Cross for Dr. Mouat and Mr. Silvester.

The notorious Dr. Sidney Hall has again come before a court of law in an action brought by John Sutton, who described himself as a *Medical Student*, against Mr. Gilbert, a publisher in Paternoster-row, for £62 4s. as the price of certain filthy books Mr. Gilbert was said to have sold on Sutton's account. These books were called an "Essay on Spermatorrhœa" and the "Physiology of Woman." Dr. Sidney Hall appeared on the title-page as the author, but Sutton swore that "Hall had given him the outline of the works, and he (Sutton) had edited them and got them printed." . . . Dr. Hall had gone to America, and as his works had become well known, and the sale had greatly increased, he had published his own works in Dr. Hall's name to increase the sale. On cross-examination Sutton stated that he had published one book as "Edited by Isaac Palmer Hall." There was a person of that name, but he had never seen him. He (I. P. Hall) was a friend of Blott, the plaintiff's assistant, who had lent his name to the book for the purpose of maintaining the name of Hall. He had sometimes passed as "Dr. Sutton," sometimes as "John Sutton, M.R.C.S." sometimes as "John Sutton, F.R.C.S." Sometimes he put "M.D." after his name, and sometimes "F.R.S." He admitted that he was not entitled to use any of those letters after his name, but that he did so in order to sell his book. Among other works which he had published was one entitled "Quackery Unmasked." He admitted that he had received a £100 promissory note from a gentleman who came from Dublin to consult him, but he said he had returned that note; though he admitted that he had sold three £20 bills which he had received to his mother for £50. The defence was that the contract had been made with Dr. Hall, and that the defendant was liable only to him. The defendant, Grafton Gilbert, was called in support of this defence, and gave some curious information as to the sale of this vile class of books. He stated that in February 1858, the plaintiff and somebody else, supposed to be Dr. Sidney Hall, called upon him, and that he engaged to publish a work for Dr. Hall. Only one work was spoken of—viz. on "The Physiology of the Diseases of Women." The book was to be published at 1s. and he was to pay 4d. for each copy, which, he said, were the usual terms for books of that class. The books were to be supplied "on sale or return." In about six weeks they called again, and he agreed to publish a half-crown book for Dr. Hall, for which he was to pay 10d. for each copy. The book was "On Spermatorrhœa," and was "Edited by Isaac Palmer Hall." There was also an "Essay on Consumption," price 2s. which he was to sell at the same rate. The witness explained that he was to pay 4d. for the shilling book. He sold 830 books on "The Physiology of Women," at 1s. each; 220 on "Spermatorrhœa," at 2s. 6d.; and 144 "On Consumption." He had several still on hand. We need say very little more on this case, but it may be well to append the arguments of the counsel on both sides:—

"Mr. Edward James summed up the defendant's evidence, and trusted the jury would not allow the plaintiff to make a profit of the frauds which he had committed upon the public, but would give their verdict for the defendant.

"Mr. Prentice, in his reply, admitted that this was not a clear transaction on the part of the plaintiff, and that was why the defendant, a dishonest tradesman, sought to cheat him out of the money which he owed him for the books which he had sold. The defendant knew perfectly well that there was no Dr. Hall, and that the books which he had sold were the plaintiff's; and he made no objection to the transaction while he was allowed to sell the books and pocket the money; but when he was called upon to pay he set up this defence.

"Mr. Justice Wightman summed up the evidence at some length, and left it to the jury to say which side they believed.

"The jury, without hesitation, found for the plaintiff for £62, subject to a reduction of £10, in case the unsold books should be returned."

REVIEWS.

The Diseases of the Stomach, with an Introduction on its Anatomy and Physiology; being Lectures delivered at St. Thomas's Hospital. By William Brinton, M.D. 8vo, pp. 406. London: 1859.

These lectures are intended to give a brief but complete account of what is at present known concerning the diseases of the stomach; yet we rise from the perusal of the book deeply impressed with the obscurity and uncertainty which peculiarly attach to the maladies of the abdominal viscera. To the investigations of these maladies Dr. Brinton has devoted a large amount of time and attention; and the volume now before us contains a great number of important facts gleaned from a most extensive field of observation—a twelve years' experience of dispensary and Hospital practice. The clinical and pathological inquiry into the nature of gastric diseases which Dr. Brinton has here instituted, has led him also to suggest and apply various remedial measures in the treatment of these obscure diseases; physiological principles affording the basis of such rational treatment.

A summary of the anatomy and physiology of the stomach is prefixed for the convenience of the reader, and is illustrated by engravings on wood drawn by the author himself.

Dr. Brinton first considers the chief symptoms of gastric derangement, in such a way that we may interpret their connexion with the several diseases of the stomach. He suggests the following general rules as to the significance of pain as a symptom of gastric disease.

"It is grave in proportion not only to its severity, but

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also to its concentration and fixedness. In other words, a severe and continuous pain confined to a single spot of small size, is a more serious indication, than one which, at times of equal (or nearly equal) severity, fluctuates in its different attacks, and ranges the epigastrium, of which it habitually occupies a wide area. Pain is graver in or near the middle line, not only because it is, *cæteris paribus*, more certainly gastric here than elsewhere, but because this situation (at least such is my opinion) indicates a more serious derangement of the innervation of the organ, than where the pain has a less exact correspondence with the solar plexus. Lastly, of all situations, a median and a dorsal one (in anatomical language rachidian, and ranging from interscapular to lumbar) which is usually an addition and complication to a previous gastric pain, is the most serious, so much so, that it will rarely be found associated with any but the graver gastric dyspepsias, and belongs chiefly to deep ulcers, or to cancerous lesions of the stomach, involving all its coats."—P. 53.

As a symptom of gastric disturbance, vomiting seems to be an obscure sign. The gastric origin of vomiting cannot be decided from its mere severity and frequency; nay, more, says Dr. Brinton, "we must not expect that any single peculiarity of this symptom—such as its excitement by food, its association with epigastric pain, or even its expelling blood—will often suffice to decide its reference to the stomach." "One general rule respecting it, we may, however, lay down. While it is to the aggregate of symptoms that we have to look for our diagnosis of the cause of vomiting in any given case, it may, I think, be propounded that the facility with which an irritation produces vomiting varies (other things being equal) with the closeness of alliance between the stomach and the irritated part. For example,—vomiting is excited more frequently and readily by an irritation of the duodenum or pharynx, than by an irritation of the jejunum or mouth respectively; and again, by irritation of the small intestine rather than of the large; of the mucous rather than of the peritoneal coat throughout the whole canal, of the brain rather than of the integuments."—P. 68.

Hæmorrhage and flatulence, treated of in a similarly practical manner, conclude the first lecture. In the second, various circumstances are considered connected with the examination of the stomach after death; bearing chiefly on the mode of distinguishing pseudo-morbid appearances. The nature of gastritis is then described; and Dr. Brinton concludes that, "in all the more subacute varieties of gastritis, it is the free mucous surface—the intertubular ridges, the stratum of intercolumnar epithelium belonging to them, and to the open mouths of the tubes and their subjacent vessels,—which the inflammatory process chiefly if not exclusively affects."—P. 109. Catarrh, hæmorrhagic erosion, and follicular ulceration are then successively considered, and conclude the second lecture.

The third lecture treats of Ulcer of the Stomach,—a subject on which Dr. Brinton published a volume in 1857.

The fourth lecture brings together a great amount of valuable facts, illustrating the nature of Cancer of the Stomach.

The fifth lecture treats of Cirrhotic Inflammation, or Plastic Linitis of the Stomach,—the latter term being intended to suggest that the inflammation is confined to the filamentous network of areolar tissue ensheathing the vessels. Suppurative Linitis, Tumours, Hypertrophy, Atrophy, Dilatation, and Secondary Inflammation are also fully considered.

The volume concludes with some excellent remarks on Dyspepsia.

The whole work will fully repay a careful study; and we therefore heartily commend it to our readers.

A Treatise upon Penetrating Wounds of the Chest. By Patrick Fraser, M.D., late Staff-Physician to the Army in the Crimea, Physician to the London Hospital. Pp. 140. London: 1859.

The din and tumult of the battle field are but little favourable to literary composition, and the records of Military Medicine and Surgery are remarkably scanty in comparison with the vast abundance of materials on which they are founded. Hence crude ideas relating to injuries and diseases of the army in the field, founded upon a necessarily hasty method of observation, become too often the sources of error to the Military Surgeon, whose own experience perhaps corrects the dicta of his predecessors. Any attempt, therefore, made by an accomplished Physician, well acquainted with the literature of his Profession, and comparing upon the field of battle the results of actual injuries with the records of bygone experience, must be received with gratitude by his contemporaries; and merit of this kind is unquestionably due to Dr. Fraser for the production of the work now before us.

Dr. Fraser has chosen for his subject the pathology and treatment of penetrating wounds of the chest, and his choice has been determined by the meagreness of the information hitherto communicated in this department of Military Surgery. He arranges his materials under the heads of the Mortality, the Diagnosis and Prognosis, and the Treatment of the injuries in question; and in order to clear up certain questions relating to their pathology, he gives the result of some investigations upon the lower animals, in which the effects of gunshot and other wounds were carefully examined. The statistics of the proportion of gunshot wounds in the Crimean war, with their relative mortality, are drawn up from the documents in the Director-General's office, and from other sources. It appears from the former that of the total number of persons wounded in the late war, namely, 12,094, only 164 are returned under the head of lung-wounds, being 1·35 per cent. of the whole number.

Dr. Fraser's observations in the Crimea enabled him to examine accurately the value of certain current opinions on the subject of penetrating wounds in the chest, and by recording the symptoms during life, and examining the appearances after death, to correct some erroneous opinions hitherto entertained. Among these we may mention the value of dyspnœa, hæmoptysis and emphysema as diagnostic indications of wounds of the lungs, all which symptoms Dr. Fraser shows to be insufficient, taken singly, to indicate the pulmonary lesion, and which may indeed be absent when the lung is really injured, while some of them may be present when it is not. So, again, the supervention of pneumonia and pleurisy, supposed to be constant in lung-wounds, is shown by Dr. Fraser to be comparatively rare, more especially pneumonia. On the important subject of treatment, the recommendation of extensive blood-letting, made by most military Surgeons in the management of wounds of the lungs, is seriously called into question, and the practice condemned; for, judging from the experience of the Crimean war, the patients were generally in such an extreme state of debility, as often to render loss of blood in the highest degree dangerous.

The following summary of the treatment of diseases of the lung we shall give in Dr. Fraser's own words; and in conclusion we warmly recommend his treatise to the Profession as a valuable contribution to Military Surgery:—

"The elements of treatment in cases of penetrating wounds of the chest may be briefly enunciated, whether the substance of the lungs be, or be not, wounded, as follows: to calm the patient's mind, to relieve the nervous tremor, and promote reaction by wine and other stimulants. The removal of foreign substances, and all other causes of irritation, when practicable, always remembering not to poke too much when the wound is small; and if there be two openings, the closure of the anterior is to be attempted; and if there be no sign of effusion, both may be closed, but not from a fear of the admission of air, which the old authors so much dreaded. Baron Larrey speaks most highly of the advantages to be obtained from closing the wounds by means of adhesive plaster and appropriate bandaging. When effusion has taken place, and fails to escape by the wound, and unless, we hope to arrest further hæmorrhage by allowing the effusion so to compress the lung on the walls of the chest, and thereby arrest bleeding, the wound must be dilated, as recommended long ago by Heister, Le Maire, and Petrus della Certa; or make a counter-opening as recommended by Larrey. In none of my cases was this necessary; the Minié rifle ball saves all this trouble by making a sufficient opening, if any inclination of the body can be obtained for the passing out of the fluid. In some, venesection was practised; in some, calomel, antimony, opium, or stimulants, were administered, singly or combined; in some, absolute rest, and the utmost attention to diet, were alone strictly enjoined. In none of the cases in which emphysema appeared were scarifications required; but,

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from the evidence of Dr. William Hunter, the originator of the practice, and other writers, I should recommend scarifications in those cases in which the urgent dyspnœa appears to depend mainly on the constriction caused by the emphysema. In many cases nothing more is required than what is necessary in all,—namely, absolute rest, cooling beverages, moderate nourishment, and avoiding over stimulation."—P. 136.

An Essay on the Action of Medicines on the System. By F. W. Headland, M.D. 3rd Edition. London: 1859. 8vo, pp. 447.

We need do little more than announce the appearance of a third edition of this work, revised and enlarged. When a fourth edition is called for (which, judging from the rapid sale of the work, must be soon), we should advise more attention to the action of articles of diet on the system. A walk through the Food Department of the South Kensington Museum might lead to the revision of some popular errors, into which even Medical authors sometimes fall.

A Guide to the Practical Study of Diseases of the Eye. By James Dixon, F.R.C.S. Second Edition. London: 1859. 8vo, pp. 431.

The high opinion we entertained of the first edition of this work is well known to our readers; and this opinion is enhanced by the appearance of the second edition, which is both enlarged and improved. A section on the Ophthalmoscopic appearances of the Retina and Choroid will be read with especial interest, and we can recommend the work to be really what it professes—A Guide—and a very useful and trustworthy guide—to the Practical Study of Diseases of the Eye.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

CASE OF FRACTURE OF THE BASE WITH DISCHARGE OF BRAIN FROM THE EAR.

By Dr. LOCKWOOD.

The patient in this case was a sailor who, while under the influence of an epileptic fit, fell from the spar to the main-deck, down the fore hatchway, striking plumply on the crown of the head. He became insensible, with stertorous breathing, blood flowing copiously from the right ear. It was estimated that from fifty to sixty ounces had thus escaped. The next day serum was discharged from the ear, together with small particles of brain. The serous discharge continued for several days; but in rather more than a month after the accident he was enabled to return to duty, the watery discharge still continuing for another month, and at one time it put on a purulent character. Dr. Lockwood observes that the discharge of watery fluid and of cerebral matter from the ear sufficiently proves this to have been an instance of fracture of the base of the cranium produced by contrecoup: and he is not aware of there being a case on record in which recovery has taken place after discharge of a portion of the brain by the ear.—*American Journ. Med. Science*, April, p. 354.

CASE OF TRIPLETS.

J. M., aged 33, having already had four quite normal labours, and now seven and a-half months gone in her fifth pregnancy, was admitted under Professor Rousset's care, into the Bordeaux Midwifery Clinic on May 19, 1858. Until the sixth month of the present pregnancy all went on as usual, but the abdomen then assumed an unusual size, and afterwards so excessively enlarged as to preclude her getting about her occupations. Examined four days prior to delivery, her abdomen was found excessively but uniformly distended, and on the application of the hand active fœtal movements were perceived. By auscultation the fœtal heart could be heard at three different points and at no others. These points were nearly on a level with the epigastrium, where the sounds were heard very near and distinct, in the left flank, where they were more distant and less perceptible, and in the left iliac fossa, where they were very distinct. In this last locality alone was a *bruit de souffle* to be heard, and that a very distinct one. A triple pregnancy was diagnosticated. On July 8 severe labour pains set in, and, having continued an hour or two without the bursting of the membranes, these were ruptured and a well-developed child was quickly born. In ten minutes afterwards a second bag of membranes presented and broke spontaneously, and a second child was born: and soon afterwards a third bag presented, and the third infant was born half-an-hour after the second. The two first children presented by the vertex and the last by the breech. All were males. They were well developed, each weighing more than six pounds, and the whole, together with the cords and placentæ, weighing above twenty pounds. Traction was made at the same time on the three cords, and good pains coming on, two placentas, joined together at a point of their circumference, were soon delivered, and the other followed almost immediately afterwards. Scarcely any after-pains or milk fever followed, although the supply of milk was abundant. Both mother and children did well, so as to be enabled to be discharged from the Clinic.—*Moniteur des Hôp.* 1858, No. 129.

SUFFOCATION FROM AN UNUSUAL CAUSE.

By Dr. BRAUN.

A workman had for a long period been liable to occasional attacks of orthopnea, and to suffocative paroxysms brought on by attempts at swallowing. On this last occasion, after eating some pears, he had a very severe attack, accompanied by tenderness and sense of obstruction below the larynx, cough and retching. Under the idea of a morsel being detained in the œsophagus, a probang was passed, and after a slight resistance at this point, entered the stomach. Temporary relief followed, but the paroxysms soon returned, and continued until death, which soon took place. At the autopsy the neck was observed to be very large, and great enlargement of the thyroid gland was present. The larynx was arched strongly forward, the cricoid cartilage especially projecting. The right horn of the thyroid cartilage was much larger than the left, and its point, which was at least three-quarters of an inch long, near the cricoid, extended transversely under the larynx, and raised it forward. The upper aperture of the larynx was bent more backward, and was not sufficiently covered by the epiglottis. The pressure had impeded swallowing, and both larynx and trachea were filled, even to the bifurcation, with the masticated pear.—*Casper Vierteljahrschrift, Band.* xv. p. 350.

ON THE TREATMENT OF URETHRITIS IN WOMEN BY URETHRAL COMPRESSION.

By M. THIRIAUX.

M. Thiriaux observes that inflammation of the mucous membrane of the urethra is the most frequent affection that attacks the genito-urinary organs in women. It is an error to suppose that vaginitis is oftener met with; for an exact statistical account of the numerous cases observed in M. Thiry's wards at the St. Pierre Hospital, Brussels, proves that the women attacked with urethritis far exceed those suffering from vaginitis. This difference is especially observed among women who have had several children, and those who have committed sexual excesses. This greater relative disposition of the urethral mucous membrane to become inflamed, depends upon the vaginal membrane having the sensibility of its mucous membrane gradually blunted by the repetition of stimulation, so that at last simple irritating causes cease to affect it, and sometimes even virulent contagious causes, under certain circumstances, are inoperative. It may depend also in part upon the greater care with which cleanliness of this part is observed. Every one is aware how obstinate urethritis frequently proves in women; and the persistence of the inflammation may give rise to various alterations, the most frequent of which are, engorgement of the sub-urethral cellular tissue, deviations of the canal, and the formation of *culs-de-sac* in which the matter accumulates. Pressure made under the urethra will then press out a quantity of pus, the existence of which mere inspection could never have made known. These engorgements and collections, in their turn, become the means of keeping up the irritation and inflammation, especially when the practitioner is not aware of their existence. These obstinate cases are then best treated by making sub-urethral compression by means of a plug of tow or charpie. This mode of treatment, M. Thiry has long followed with great success—whether as the sole, or as a

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powerful auxiliary means. A firm plug, of a suitable size, is introduced into the vagina, so as to take its point of support at the posterior commissure, and press the urethra against the pubis.—*Presse Belge*, 1858, No. 50.

EXCERPTA MINORA.

Olive Oil in Sprains.—M. Aubrun, reviving a practice of Odier of Geneva, has for several years employed olive oil with great advantage in the treatment of sprains, whether accompanied by sanguineous effusion or not. The entire part which is the seat of swelling is anointed with olive oil, and then covered with wadding, which is itself moistened with the oil, and applying over this some oiled silk, the limb is left at rest for twenty-four hours. At the end of this time if the swelling or bruise still remains, the application is renewed. When the wadding cannot be applied, as in bruises of the face, etc., a thick layer of oil is put on with a pencil, and renewed whenever it becomes dry. Other oils, such as almond, etc., do not exert the same resolvent power.—*Bull. de Thérap.* tome liv. p. 475.

Achillea Millefolium in suppression of the Lochia.—M. Ronzier-Joly is convinced that suppression of the lochia is not infrequently a cause of disease, and not merely an effect. He has found their reproduction much facilitated by the patient taking strong infusions of *achillea millefolium.*—*Ibid.* tome lv. p. 356.

Ethereal Oil of Horse Chestnut in Gout and Rheumatism.—M. Masson states that he has largely employed this as a local application in gout and rheumatism. He gently applies it by means of a pencil to the inflamed parts, or when the sensibility is excessive, first around the periphery, and gradually extending to the centre. The skin must be well saturated, and for this purpose three or four paintings may be required at a few minutes' interval. The parts are then covered with blotting paper, wadding, or flannel, and then with oiled silk, and are kept at absolute rest. The dressing must be renewed once, twice, or thrice a-day, according to the condition of the part. The application is at first attended with some increase of the pain, but after half an hour relief is obtained. The chestnut is treated with sulphuric ether, in order to separate the oil, which is then obtained pure by the evaporation of the ether.—*Ibid.* tome lv. p. 217.

Re-vaccination.—M. Laure, after giving an account of the re-vaccination practised upon the sailors of the navy at Toulon, comes to the following conclusions: 1. Vaccine virus taken from arm to arm is incomparably more efficacious than the virus preserved on glass. 2. The virus taken from re-vaccinated adults produces as fine inoculable pustules as that taken from infants. 3. In the adult it is not a matter of indifference whether the virus be deposited under the epidermis or be carried deeper. This latter is the procedure to be adopted in re-vaccination. 4. Far from being useless, as has been thought by some, the re-vaccination of the army and navy ordered by the Government, is a hygienic measure of great importance, the strict execution of which should be incessantly watched. 5. Those who have had variola, as well as those who have been vaccinated, should be submitted to the operation. 6. The local phenomena and immediate consequences of this supplementary vaccination are slight, when the individuals in whom pustules appear are exempted from all service after the fifth day. The general phenomena are insignificant.—*L'Union Méd.* 1859, No. 41.

Multiple cancerous tumours.—M. Demarquay has at present under his care a woman, aged 52, in a condition of senile dementia, who exhibits a remarkable number of cancerous tumours, scattered over the entire body, except the hands and fore arms, the feet and legs. Of these tumours 132 have been counted: of these 22 are situated on the thighs, 27 on the abdomen, and 11 on the chest. The breasts are invaded with similar masses, as are the axillary and supra-clavicular glands. There are 32 tumours on the back of the body, and 18 on the upper arms. The tumours are moveable, subcutaneous, and do not adhere to the skin—most of them vary in size from that of a nut to a pigeon's egg. In one or two places the tumours have reached a large size, and put on a decidedly cancerous aspect. *Gaz. des Hôp.* 1859, No. 42.

Intermittent Lochial discharge.—Dr. Corse relates a case in which eight or nine days after a favourable confinement, the lochial discharge, which had assumed its yellowish colour, returned in its sanguineous form, and continued, accompanied by much pain, for nearly an hour. It then ceased, but returned again the next and some following days exactly in the same manner, at the same time and for the same period. The patient's health was quite good, and local examination detected nothing amiss. Learning that the patient about a year since had suffered malarial disease, Dr. Corse, although she had long since recovered from this, ordered her quinine and opium. The locial discharge did not reappear.—*Amer. Journ. of Med. Science*, April, p. 366.

GENERAL CORRESPONDENCE.

Letter from Sir John Forbes.

[To the Editor of the Medical Times and Gazette.]

Sir,—Having obtained the writer's permission to publish the accompanying note, I send it to you in hopes you will give it a place in your Journal. It is characteristic of its author, who has as clear views and as liberal aspirations as any member of our Profession. I am, &c.

Old Burlington-street, May 16, 1859. John Forbes.

"Southampton, May 14, 1859.

"My dear Sir John,—I read your address in the *Medical Times* to the students of the Grosvenor-place School of Medicine with so much pleasure that I cannot deny myself the gratification of thanking you for it. A bold honesty, speaking out plainly what is felt to be important and true, is always exhilarating. These two great principles which you have had so much at heart and have urged so strenuously for many years—the study of the natural history of diseases, and the hygienic treatment of diseases—are already, I believe, bearing good fruit in improved practice; and some future Sprengel will duly chronicle your name in connexion with the progress of Medicine in these two branches, as well as in the diminution of the quantity of drugs uselessly or injuriously swallowed. Indeed, I doubt whether on one point you go far enough.

"Is it justifiable to give medicines which one knows are useless, 'for the satisfaction of the patient's mind?' Is not this making a patient believe what is untrue? Is it not doing evil that good may come? We all occasionally do this; but are we right? And has not this practice been one part of the over-drugging system which has resulted in homœopathy? If the rational practitioner prescribes draughts, pills and powders, for diseases which would get well without them, and encourages his patient to believe that the disease which cures itself, is cured by these medicines; of course, when the patient takes globules under the same circumstances, he confidently believes that the little sugar-plums cure him. And the rational practitioner in encouraging this fiction is cultivating a state of the public mind which is the soil for every form of quackery, and therefore of its weakest phase—globulism. On the other hand, suppose that the whole race of Medical practitioners had resolutely determined to give no medicine unless it were really required, would they not have done good service in training the public mind in a scientific direction as regarded Medical evidence, and thus be greatly diminishing quackery? Ought not, therefore, a teacher to lay down as a principle that the practice of deluding patients even for their own satisfaction, is wrong? But there is another objection, and that is, the injury which any form of deception must do to the deceiver's own mind. Truthfulness and moral courage are so essential to a good physician or surgeon, that any act which impairs either of these qualities must injure his power of distinguishing and curing disease. A lawyer may be one-sided, and on that very account a successful advocate; a preacher who sees but one side of his shield may be highly popular; but the scientific physician or surgeon who has hourly to discover Nature's secrets, must have a truthful mind, or he fails in diagnosis, and a courageous heart, or he fails in treatment. As any form of humbug shows a want of truth and moral courage, every single act of humbug must in some degree impair the clearness and force of the mind. And the Medical humbug must therefore injure himself as a practitioner, as well as the general interests of his profession. Of course, you will agree with this as a fair inference from a simple principle; and if so, is it not the right thing to state the principle as the rule of action, leaving its application to

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practice to each man's own conscience? I join most thoroughly with you in the hope that the time will come when such a principle can be acted on without any exception: but will not the advent of this happy time depend on ourselves boldly acting up to the good rule of doing what is right, and leaving the consequences? If the public mind is to be educated in the laws of Medical evidence, we ourselves must do it.

"Although you talk of advancing years, I am very glad to see no traces of their advance in diminishing the vigour of your style or the earnestness of your purpose. There is one consolation in growing older. It gives time to watch the collapse of many more wind-bags and the solid victories of truth and science.

"With great regard and respect,
"Yours very sincerely,
"Joseph Bullar."

FIBROUS TUMOUR OF THE CHEST SIMULATING ANEURISM.

Letter from Dr. Dymock.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your report of the proceedings of the Pathological Society of London on the 5th inst. under the title of "Fibrous Tumour of the Chest simulating Aneurism," is related a brief but most inaccurate history of a case which, apart from its inherent interest and rarity, demands correction, were it merely to vindicate the posthumous reputation of two very eminent and sagacious members of the Profession, whose diagnosis in this instance I personally know was at direct variance with that imputed to them (undesignedly I believe) in your last number. The patient was by trade a sign-painter, a man of spare slender form, and of exceedingly regular and temperate habits. More than twenty years ago he accidentally detected a small painless unyielding swelling situated at about one inch from the right edge of the sternum, and opposite its lowest third. He thought little more of it at the time, until some four or five years thereafter, when he gradually became aware that any unusual exertion of the right arm, or inadvertently bringing the tumefaction into sudden contact with hard substances, forthwith elicited not so much a sense of pain as of tenderness. At that period (1843) he was seen by me for the first time, and on examination I found developed externally and on the region of the thorax above described, a hard dense incompressible pyramidal swelling of the size of a walnut, having a diameter of one inch and a-half at its base, which was almost circular. The integuments round about retained their natural appearance. On a most searching manipulation, I utterly failed in my attempt to trace its inward route, so closely was it impacted in the thoracic aperture, and so very exactly had the process of interstitial absorption been adjusted to the requirements of its exit that it was quite futile to discriminate the breach of continuity in the costal cartilages, which had even then made a very considerable progress. Neither pulsation nor bruit of any description could be discovered. The movements, sounds, and functions of the heart were altogether normal. I therefore regarded the swelling as a solid organised growth, feared, nay, suspected malignancy, and advised my patient by no means to intermeddle, but to shield it with wire cage covering, properly applied and lined with soft flannel. My colleague at the Dispensary, Mr. Trought, of this place, instituted an independent investigation, and concurred with my view. The patient was, however, soon pressed by his relatives to seek another opinion in Yorkshire, and the result was that he returned to his home in a few days bearing with him the alarming and doleful intelligence that he was the hopeless victim of a thoracic aneurism, and that his life was in hourly jeopardy from hæmorrhage. It was under this new phase, therefore, taken of the character of his ailment that he was now urged by Mr. Trought and myself to consult some of the most distinguished Medical men then in town. Their opinions were positive and unanimous as against the supposition of an aneurism. My lamented friend, Mr. Liston, subsequently conversed with me concerning the case, and assured me that he entirely agreed with Mr. Key and others as to the fact of its being an organised morbid product. Since its disruption the external tumour slowly increased, and of late years took a course upwards and to the right, overlying, as it were, the pectoralis major—not blending with adjacent textures, nor drawing any nutriment from their bloodvessels—being only loosely connected by the common medium of cellular tissue. The external aspect bore a striking and marked resemblance to a well-developed female mamma. The entire mass would probably weigh not less than sixteen pounds, and was separated by an isthmus into two unequal portions, of which the outer might be reckoned at a fourth. The inner had but very slight attachments, and was invested to the extent of about four-fifths of its superfices by a serous membrane. It seemed to Mr. Sharpley and myself to have originated in the anterior mediastinum. The right lung, carnified, occupied an inconsiderable space in the upper part of the cavity of the pleura. The whole surface of the tumour was faintly lobulated, and in its shallow sulci ramified venous trunks of some magnitude, not unlike the appearance disclosed on raising the dura mater from a congested brain. Several of these veins were seen to emerge from the fibrous structure itself, which they traversed in nearly straight lines, but no arterial branches were observed either by the naked eye, or by the microscope. Notwithstanding this enormous morbid development it seems truly wonderful that the patient up to within five or six weeks of his death, did not suffer from either general or special embarrassment in the all-important vital organs, with which it lay in such close immediate juxtaposition. There was no pain direct or sympathetic, no dyspnœa, no palpitation, no syncope, no hurtful pressure on the large vessels, consequently neither dropsy nor cerebral complication. The pneumogastric betrayed no signs of perturbation. The vast growth and its sustenance did not impoverish the constitution. The slow displacement, and ultimate annihilation, as it were, of the lung was accomplished without symptoms appreciable either by the patient or attendants. Yet the mechanical bearings of the internal morbid mass finally prevailed, though during so protracted a period apparently dormant. Serious encroachment upon the prior freedom of the great systemic veins had been insidiously advancing, and that point was at last reached when general anasarca, distressing dyspnœa, livid skin, lowered temperature, and wandering mind presaged and speedily induced the fatal termination. "Pulsating character," as associated with the large bloodvessels, or with the heart, or with the aorta beneath, or with the bruit within, in reality never existed at all; and therefore the ingenious hypothesis which Dr. Wilks propounded as a solution of a somewhat anomalous case falls to the ground. I am, &c.

Archibald Dymock, M.D. Edin.

Westgate-house, Louth, Lincolnshire, April 18.

P.S.—I need hardly add, that the poor man's diary is, as regards professional details, unworthy of reliance. Though very vain of using technical terms among his humble companions, he never comprehended their import, and, as a necessary result, was perpetually making most ludicrous mistakes.

AN EYE TUBE.

Letter from Mr. Savery.

[To the Editor of the Medical Times and Gazette.]

Sir,—Will you permit me to call the attention of those interested in the treatment of diseases of the eye, to a little instrument I have found very useful in applying drops to the conjunctiva; it consists of a glass tube three inches long and one-eighth bore, and the ends fused to take off the sharp edges; attached to one end of the tube is a flat bulb of india-rubber, by compressing which, and dipping the free end of the tube below the surface of the solution the tube is filled, and by again compressing the bulb the drop is thrown into the eye.

The advantages I believe to be possessed by this instrument over the scoop and brush are,—1st, its greater cleanliness; 2nd, the power of exactly adjusting the quantity of drop wished to be used; and 3rd, the retaining the drop in the tube without danger of its being thrown over the child's clothes or your own, if treating one resenting the application of the remedy.

The tubes and bulbs may be obtained of Messrs. Baker, Holborn. I am, &c.

J. Charles Savery,
Surgeon to the Hastings' Dispensary.

Marina, St. Leonard's-on-Sea.

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PROVIDENT MEDICAL ASSOCIATIONS.

Letter from Dr. Ogle.

[To the Editor of the Medical Times and Gazette.]

Sir,—The following principles and propositions are, to the best of my judgment, "socially sound, medically efficient, and morally unexceptionable." (See letters in *Medical Times*, Dec. 26, 1857; May 7, 1859.)

1. Charity receives as payment in full the effort, however small, which a man is willing to make, in order to provide that which is necessary for himself and his family. Justice only requires that the effort shall be in proportion to the ability of the person who makes it.

2. Medical charity of this sort may be exercised by means of association, and by help of the principles of mutual assurance.

3. The principal agents in a Medical work must obviously be members of the Medical Profession; they are not, however, to be Physicians or Surgeons to a club, but they are to be (Medical) Associates with the Public, for a purpose.

4. Lay members of the community who are willing to co-operate with others as honorary members or Fellows for the public good, by giving, according to their ability, time, talent, or money, to be "associated" with the Profession, for the same purpose.

5. The Fellows and the Medical Associates conjointly to admit the Members, and thus to form one corporate Medical Association.

6. The names of the Medical men who approve of the principles of the Association, and are willing to co-operate for the purpose, to be printed alphabetically, with their addresses and legal qualifications.

7. A Council, a Medical Committee, and a Ladies' Committee to be appointed. The former to consist almost exclusively of laymen, and to be elected by the Medical Associates. The Medical Committee to be to the same extent exclusively Medical, and to be elected by the Fellows. The Council and the Medical Committee so appointed to have liberty to elect respectively a Medical Secretary and a Lay President. These two to be, *ex officio*, members of all Committees. The Council and Medical Committee conjointly to elect a Ladies' Committee.

8. The Council to meet at least once a quarter; the Medical Committee once a week. Non-attendance, on an average, during the year, of more than once in four times, should be esteemed a disqualification.

9. The rules of the Association to be the unanimous voice of the Council and of the Medical Associates.

10. Bye-laws to be the voice of the majority of the Council acting conjointly with the Medical Committee.

11. Private written regulations, not contrary to the laws, to be allowed between Medical Associates and the members who are under their care; provided only that such regulations have been laid before the Council and before the Medical Committee.

12. In the interpretation of the laws, bye-laws, and written regulations, the decision of the Council to be final. The names of the Council are the guarantee to the public that the Association is worthy of support, and that the rules will be impartially administered.

13. Any person who wishes to become a member must apply in time of health to one of the Medical Associates. It is the exclusive right of the Medical Associate to say on what terms (subject only to the rules of the Association), he is willing to incur the responsibility that is implied by allowing a member to be enrolled. The sum named in the agreement is to be paid to the general account of the Association; the Medical Associate being entitled only to a proportion of it (three-fourths?)

14. A savings' bank should be established, so as to relieve the Association of the expense of collecting the payments of the members.

15. A member, immediately after the fulfilment of his part of the terms of agreement, is entitled to the advice and attendance, if necessary, of the Medical man whom he has chosen, and who has accepted him; provided only that such member make application in person, or send a written message to the house of his Medical attendant before in the morning.

16. An independent provision to be made by the Association, if the member desire it, for immediate attendance in case of emergency: the member in such case to have no claim on the Associate of his own choice, unless by separate and special agreement.

17. When a member is not able to pay a guinea fee for attendance on his wife at the time of lying-in, the Association to endeavour to supply the deficiency; provided only that in such a case a nurse be employed—during the time of labour—by the Medical attendant at his own charges.

18. Medicines and other requisites to be furnished, if possible, by the tradesmen in the neighbourhood. Nurses also to be employed at the expense of the Association, under the supervision of the Ladies' Committee.

In a future communication I will point out that this plan is not, as may seem at first sight, subversive of our Medical institutions, as at present established. Our Hospitals are, in spite of their defects, the glory of the land, and all that is wanted is a combined effort on the part of the public generally to relieve them from the abuses which mar their usefulness and threaten their very existence.

I am, &c. William Ogle.

9, Lower Belgrave-street, May 13.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, May 10, 1859.

F. C. Skey, Esq. President, in the Chair.

A paper by Edward Smith, M.D. LL.B. was read, giving

PRACTICAL DEDUCTIONS FROM AN EXPERIMENTAL INQUIRY INTO THE INFLUENCE OF FOOD.

The author, in some preliminary remarks, referred to the large amount of vital action which is necessary to maintain life, and mentioned the various circumstances which he had noted during the continuance of a prolonged fast. He stated that the practice of administering arrowroot, or other fashionable foods consisting of starch, with water, under the impression that it was more nutritious and easier of assimilation than wheat-flour, was indefensible, since it did not sustain the vital action to a degree capable of maintaining life, and that nature has not provided starch as food altogether apart from nitrogenous substances. He contrasted the action (or rather want of action) of starch with that of the cereals, and showed that the latter is nearly as great as that of any substances with which we are acquainted. He drew the distinction between an action which increases the existing amount of vital power, and that which only tends to prevent loss of vital power—two circumstances which in practice are commonly confounded; and showed that beef-tea, wines, and brandy can act only in the latter mode, while the cereals act in the first-named manner. Hence, in cases of prolonged exhaustion, where there has long been more waste than supply, the former is not sufficient, and it is essential that the latter be added or substituted. The action of milk is exceedingly analogous to that of the cereals both in extent and duration, and the combination of the two appears to be the most perfect kind of food. The casein is to the milk what gluten is to bread, and the oil in the milk with substances (respiratory excitants) which call it into action, in a manner quite analogous to the common combination of bread and butter, or of a mixture of fat and lean flesh. The author showed that milk and flesh were the best and most natural modes of administering fat, and altogether preferable to the administration of separated oils. He referred to the frequent use of skimmed milk in Germany as a medicinal agent, and of sour milk in Greece and America as a part of food; and explained the action of the former by its casein and sugar as respiratory excitants; and that of the latter by the advantage of administering lactic and other acids in that combination in the summer season and at other times, when the blood, by tending to undue alkalinity, is less capable of carrying on the oxydising process. He showed that in fevers skimmed milk is preferable to new milk. As fats lessen the respiratory changes, they ought to be, and are,

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combined with other articles of food which increase them. The author referred to the importance of determining the seasons for the administration of both fat and starch, and showed that there is less difference in the relative amount of these two substances, used in different climates, than has been commonly believed. He attached importance to the physical properties of fat, and explained the beneficial action of that substance when applied to the skin. He thought this latter mode of employing fat to be especially fitted for cases of debility, with lessened appetite and perspiring, soft skin, in which state the waste is always greater than the supply. The beneficial action of sugar was insisted upon; and the love of the French for sugar and water was explained by the refreshing coolness, the innocuousness, and the agreeable flavour of the fresh-made beverage, and the great freedom and lightness of the respiration which attend its action. He thought the ill effects of sugar in the healthy system had been exaggerated. The action of animal substances in increasing the respiratory process, in addition to the supply of plastic material, was dwelt upon, and shown to be of great value to the system. These are allied to gluten, and some of them probably act as ferments; and, in illustration, he especially cited cheese, which promotes assimilation if taken in small quantity, but is apt to disturb it if much eaten. Tea was shown to cause increased waste, and to excite every function of the body, and hence was well fitted to cases where there was a superfluity of material in the system, or where we otherwise desire to induce a temporary increase in the vital action; but is injurious to those who are under-fed, or in any case where there is greater waste than supply. In illustration, the author cited the increase in the loss of weight in the prisoners at Wakefield when tea was added to their food. The action of tea has been hitherto misunderstood, but the sagacious observation of Liebig as to its analogy with the active principle of the bile was much commended. He (Dr. Smith) recommended its use instead of spirituous liquors by soldiers on march, or otherwise exposed for a lengthened period to great heat; since by its powerful influence in increasing respiration and the action of the skin, without increasing pulsation, it was particularly fitted to counteract the influence of heat in its tendency to induce heat-apoplexy, or, as more suitably termed by Mr. Longmore, "heat-asphyxia;" twenty-five grains of tea in a concentrated cold infusion, taken every hour or half-hour during exposure would suffice. For similar reasons, he urgently recommended it as an adjunct in the treatment of suspended animation, as from immersion. It has a rapid and accumulative action, so that the small and repeated doses have much greater effect than larger and more isolated ones. It differs from coffee chiefly by increasing the action of the skin, and thereby tending to cool the body, and therefore the two substances are applicable to different conditions of system. He thought that both, and particularly tea, ought to be more commonly used as medicinal agents. Coffee-leaves he believed to be a valuable febrifuge medicine, and one particularly fitted for cases of nervous excitability. The author then contrasted the effects of brandy and gin with tea, and showed that in all respects they were directly opposed; but coffee so far resembled them in action, that it lessened the action of the skin, and thereby lessened refrigeration. Rum and beer he regarded as restoratives, and the combination of rum and milk as the best restorative employed as food; while brandy and gin simply lessen waste. He considered all alcohols as having their chief influence in sustaining the action of the heart, and recommended that they should be given in small quantities, and repeated every quarter of an hour or half-hour in urgent cases, so as to accumulate their action, rather than allow reaction to follow each dose by permitting a long interval between the doses. He mentioned a case in which he gave six bottles of port wine in forty-eight hours, with the effect of sustaining the patient's life, and reducing the pulse from 150 to 90 per minute. He believed that alcohol increased the respiratory action indirectly through the nervous system, and that in fine old wines and spirits this action is lessened by the volatile elements, which have a conservative tendency. He particularly cited the conservative influence of fine old port wine, and the disturbing influence of new and inferior spirits. The primary and secondary action of all alcohols, when taken in an amount to affect the sensorium, was always felt, and the author described the attendant circumstances. In conclusion, Dr. Smith stated that dislikes for food are indicative of lessened action, and that other foods of analogous properties should be provided in such cases; and also that it was probable that at least some kinds of azotised substances are more fitted for the hot season, when the chemical changes are greatly reduced, than has been heretofore believed.

Dr. Stallard thought the facts stated by the author however valuable, should be received with a certain amount of caution, and that a wider view of the case should be taken than that presented in the paper. The recommendation of bread in preference to beef-tea, appeared so contrary to the general experience of the Profession that it ought not to be received without further confirmation. The fact that Dr. Smith's experiments were upon a very healthy person might make all the difference. Beef-tea might be absorbed by the simple law of the percolation of fluids through membranes, but bread had to undergo a distinctly assimilative process, which in a weak patient might not be easily carried on. The author scarcely took into consideration the influence exerted by fat in the assimilation of non-nitrogenous as well as nitrogenous foods. It was possible that fat, instead of being assimilated, might pass out in the fæces. With regard to tea, it no doubt produced a greatly increased respiratory action; but the question was whether it was temporary or whether it had a permanent specific effect due to the composition of the tea itself. It might possibly have an ultimate depressing effect. He should like to ask whether the author's experiments showed any increase of the vapour expired after the use of alcohol.

Dr. Wilson complained that the length of the paper precluded anything like an adequate discussion of its statements—an evil which, he said, was unfortunately growing upon the Society. He concurred in the author's remarks as to the importance of fat in supplying loss by perspiration. Liebig's statements had led to the inference that fat was not used in warm countries; but in the course of Captain Sturt's journeys in the interior of Australia, where the heat in the deserts was most intense, he and his followers ate fat with the greatest avidity, their desire for it departing only when the heat subsided. Other instances of a similar kind had been recorded. The utility of casein to aid digestion had been long known, since Shakespeare made Ajax address Thersites,—"Come, my cheese, my digestion." (A laugh.)

Dr. Smith, in replying, said the influence of all food was of course temporary. His experiments were continued two hours, and when food was taken at the end of that period, he did not believe that any depressing influence would be found to have been produced by the tea previously taken. He believed fat in no way tended to increase the action of starchy food. Where fat had been added to starch, arrow-root, or sugar, the action had been always lessened. When alcohol was inspired, the vapour from the lungs was increased, owing probably to a local action; but when taken internally the difference in the vapour exhaled was not material.

A paper by Holmes Coote, Esq. was read,

ON A CASE OF CONTRACTION OF THE HEEL (TALIPES EQUINUS) FROM EXCESS OF ACTION OF THE MUSCLES OF THE CALF.

Mr. Coote communicated the particulars of a case to illustrate a form of talipes equinus not commonly recognised. There was no paralysis of any set of muscles; the flexors and extensors of the leg being firm and well nouriahed. But there existed a loss of balance of power between the two; and the flexor muscles gradually drew up the heel so as to keep the toes permanently pointed downwards. The first indication of this morbid state was often overlooked by the Surgeon. The foot was contracted and held fast when raised to a right angle with the leg; and patients tripped and stumbled in walking from the toes catching in any object on the floor. The disease had often been mistaken for incipient disease of the hip, in consequence of the irregularity in the patient's gait. The remedy consisted in the division of the tendo-Achillis, and in the very gradual extension of the twisting medium. The muscles of the calf were very often much more highly developed than usual: this hypertrophied state commonly subsided after treatment. A boot and iron were frequently needed during convalescence.

Mr. Solly said the statement of the author that the cases referred to were very little known, was incorrect, as hospital Surgeons were familiar with them.

The Society then adjourned.

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OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MAY 4, 1859.

Dr. RIGBY, President, in the Chair.

THIRTY-ONE candidates were proposed for the fellowship. These gentlemen will be balloted for at the next meeting, on June 1.

CASES OF EXTRA-UTERINE FŒTATION.

Dr. HARLEY exhibited a specimen of Fallopian-tube pregnancy, complicated with fibrous tumours of the uterus. The preparation was taken from the body of a negress, aged twenty-two, who died from rupture of the tube at about the fifth month of gestation. The patient was under the care of Dr. Magrath, of Jamaica.

Dr. WALLER also showed a considerable number of perfectly-formed fœtal bones, which had passed from the rectum of a female, forty-seven years old. The history was to this effect:—Ten years before the bones were passed, this woman fell in the family-way. At the end of nine months, labour pains set in, a sanguineous discharge followed, and then all symptoms of labour passed away. A month afterwards menstruation was established, and continued regular for ten years. The catamenia then became irregular, her health failed, and she had difficulty in the passage of the motions. Fœtal bones were then found to come away with the latter; and when all seemed to have been passed, the general health was restored.

A discussion followed, in which Dr. Tyler Smith, Dr. Granville, Dr. Rigby, Dr. Gibb, Dr. Harley, and Dr. Routh, took part.

Dr. R. U. WEST gave a description of

AN ANENCEPHALIAN MONSTER.

The woman who gave birth to this monster (which was exhibited to the Fellows) had previously had a large family of healthy, well-developed children. On the present occasion there was a very large quantity of liquor amnii, after the discharge of which, what was thought to be the head of the fœtus was felt low down in the vagina. A hand and arm also kept coming down, though they were pushed back again and again. Feeling convinced that the infant was dead, Dr. West bored a hole in the presenting part, introduced his fore-finger into the opening thus made, and pulled the fœtus away. There was an enormous placenta. The monster proved to be a perfect specimen of Geoffroy St. Hilaire's rare genus "Dérencéphale."

Mr. W. H. BROADBENT, M.B. reported a case of

ABORTION, WITH ALBUMINURIA AND CONVULSIONS, IN SIX SUCCESSIVE PREGNANCIES.

This case furnishes a remarkable instance of the relation of puerperal convulsions with albuminuria in successive pregnancies. There can be little doubt that the cause of the convulsions was the same in all the pregnancies. It also seems evident that it was not organic renal disease which stood in the relation of cause to the convulsions and abortions, since, while she was under observation, albumen only appeared in the urine when pregnancy had reached a certain stage, and disappeared within a fortnight of the expulsion of the ovum. It is further evident from this case, as from others observed by Dr. Tyler Smith, that the albuminuria is not to be accounted for by any mechanical interference with the renal circulation by the gravid uterus. Albumen appeared in the urine at a period of gestation when the uterus was by far too small to exert pressure on the kidneys. The renal congestion, which no doubt was the proximate cause of the albuminuria, depends, in the opinion of Dr. Tyler Smith, on reflex irritation of the kidneys by the gravid uterus, and resembles the congestion of the mammæ, salivary glands, and other organs in reflex sympathy with this organ.

Dr. FRANCIS ELKINGTON gave

REPORTS OF CASES OF POLYPUS OF THE UTERUS, WITH CLINICAL OBSERVATIONS.

In this paper, Dr. Elkington records the full histories of six cases of large uterine polypi, which are chiefly remarkable for the size of the tumours and the difficulties which were generally experienced in effecting their removal. The first case occurred in April, 1849. A ligature was applied by means of Gooch's canula, and at the end of five days the neck of the polypus was cut through. The lady afterwards became pregnant, and did well. The second example was under treatment at the same time. On making a vaginal examination, a large fleshy tumour was found completely filling the vagina, the os uteri being situated high up, and tightly embracing the mass. An obstetric physician of some repute had diagnosed inversio uteri, and recommended that an attempt should be made at reduction. Dr. Elkington, finding the uterus in its normal position by means of the uterine sound, detected the true character of the disease, and in consequence applied a ligature, which cut through the tumour at the end of fourteen days. She gradually regained her health, and afterwards became pregnant. The third history was that of a woman suffering from chronic inversion of the uterus, which had been mistaken for polypus. She was pale and anæmic, forty-seven years of age, and her only labour had occurred twenty-six years previously, and had been severe, with adherent placenta. At various times she had been much weakened by severe attacks of flooding, which at first recurred about every fortnight, but subsequently once a month. She also experienced at times much pain in the abdomen, accompanied with nausea and vomiting, so that she has never known good health since her confinement. On examination, a pear-shaped tumour was found protruding the os uteri, and occupying the upper part of the vagina; it was tender to the touch, had the appearance of the inner surface of the uterus, and the sound could not be passed between the tumour and the cervix. It seemed evident that the case was one of chronic inversion of the uterus; but as this condition had existed so many years, it was deemed unadvisable to make any attempts at reduction, and consequently only palliative treatment was adopted. By the latter, the general health was improved, the discharges lessened, and the suffering much diminished. The author's fourth example was under his care in January, 1846. She was the mother of twelve children, and she aborted in 1844, when in her forty-ninth year. Had never been well since, and had been weakened by several attacks of flooding. On examination, the uterus was found enlarged and tender, with the os uteri small. Leeches were applied, which relieved the tenderness, but the discharge, sometimes muco-purulent, sometimes sanguineous, continued. She remained very ill and feeble for many months, but no part of the tumour passed through the os uteri until the 11th of March, 1847. On the following morning, a ligature was applied round the base of the tumour, a large part of the latter coming away in seven days, and in eight days more the ligature, with another portion of the growth. Health and strength were slowly regained, but in July the patient was well, and was seen in good health two years afterwards. The patient in the fifth case consulted Dr. Elkington in Sept. 1839, at which time she was out of health, and was "unwell" too often. No enlargement of the uterus could then be detected, nor was any discovered until Christmas of the same year, when it was thought that a fibrous tumour or polypus existed in the uterine cavity. There was little change for some months, except that the uterus gradually increased in size; but about April, 1840, the os opened, and allowed the tumour to pass into the vagina. In July a ligature was passed around the upper portion of the polypus, which came away on the 11th, with a portion of the growth weighing sixteen ounces. It was clear, however, that a large part of the tumour still remained in utero, which in time descended into the vagina, so that a second ligature was used in September, 1840. By this means twenty ounces of the mass were got away, but the removal was followed by very severe phlebitis. Ultimately she got much better, and continued well for twelve months, at the end of which time the floodings began to return, and in two years she was as large as a woman at the seventh or eighth month of pregnancy. In December, 1842, there was some decomposition of the tumour, the discharge from which was most offensive. The mass gradually descended into the vagina, and on February 6, 1843, a ligature was applied for the third time. Pieces of the decomposed tumour came away with the whipcord on February 19, but the uterus still continued much enlarged. In December, 1843, her health began to break down, but she partially improved, and in February, 1844, was stronger, though the uterus was very much enlarged. At various subsequent periods parts of the mass sloughed, and were expelled, until, in March, 1846, another ligature was applied, which in a few

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days brought away one pound and a quarter of the growth. From this date she again improved, but remained very large, until May, 1847, when another portion was taken away by ligature. In the early part of 1849, she got permanently worse, and in May she died. Unfortunately, no post-mortem examination could be obtained. The last case was seen in April, 1856. In this instance there was a large polypoid growth, which was removed by ligature, but it grew again, so that in March, 1858, a second ligature was required. The lady, however, died from exhaustion before the tumour came away.

Dr. Rigby thought the thanks of the Society were justly due to the author for his very valuable paper. The cases detailed were such as gave rise to great anxiety in their treatment. He had had a patient under his care whose history partly resembled Dr. Elkington's fifth case, and from whom he had removed upwards of forty pounds' weight of tissue at different operations with the ligature.

Dr. Waller had also had a similar case under his care at St. Thomas's Hospital. He showed the instrument which he generally used for applying the ligature, and which consisted of Gooch's canula slightly modified.

Dr. Routh feared that he might be deemed guilty of some presumption in criticising Dr. Elkington's paper; but still he felt it right to state that, in his opinion, the plan of treatment adopted had not been so good as he had frequently seen practised by Continental surgeons. He thought that in most instances of polypus uteri the tumour might be cut off without any fear of hæmorrhage,—a proceeeding which was far preferable to the ligature, since by it all risk of purulent absorption was avoided. Supposing, however, that the practitioner was in dread of much bleeding, he might safely employ the écraseur; the wire or chain of which could even be passed round the tumour while it was still in utero.

Dr. Tyler Smith did not consider that any blame attached to Dr. Elkington for the course he had pursued, especially as the cases had occurred before the écraseur was resorted to as much as it is now. Moreover, he had found it difficult to apply this instrument, except when the polypus was small. He was in the habit, however, of passing a wire round the tumour by means of Gooch's canula; and then, by tightening the wire at once with the aid of a small winch he could cut off and remove the polypus in a few minutes. Dr. Smith stated also that he had lately seen a patient, with Sir Charles Locock, in whom the tumour was so large that only half of it could be removed at the first operation; and there was still a large mass to get away.

Dr. Murphy had received a great deal of instruction from the paper, though he rather regarded the treatment adopted as belonging to a past age. He thought that most if not all polypi might be drawn down and cut off at once, without any injurious loss of blood. He was generally in the habit of applying a ligature, which was allowed to remain on for twenty-four hours. By the aid of this the tumour was then drawn down to the orifice of the vulva, and the pedicle snipped through with a pair of scissors. By this plan there was not the slightest risk of hæmorrhage; and as there was no offensive discharges, there could be no fear of purulent infection. At the same time he was well aware that many difficult cases were met with in practice where resort could not be had to this measure; in many of which he would recommend dilatation of the os uteri, and then the drawing down of the tumour by means of forceps.

Dr. Elkington having replied, the Society adjourned.

HARVEIAN SOCIETY.

Dr. Hart Viner, President, in the chair.

Mr. Baker Brown read a paper on

FIVE CASES OF OVARIOTOMY.

Three of these were successful; in two the patients died. In the first case, in a married woman, 20 years of age, a multilocular tumour had existed two years. The operation was performed October 20, 1858. There were some adhesions on the right side. The pedicle was secured by a clamp, and fixed outside the wound. Recovery was very favourable, and the report in March, 1859, was "healthy and robust, and menstruating regularly." In the second case, of a single woman, 26 years of age, a multilocular tumour had existed about eighteen months. Ovariotomy was performed October 25, 1858. The walls of the tumour were very soft, and much fluid escaped at the abdominal cavity. A very thick pedicle was secured by the clamp. The case progressed very satisfactorily, and in March, 1859, the patient was reported in "robust health." In the third case, an unmarried German lady, 21 years of age, who had complained of periodic abdominal pain since her eleventh year, and of an abdominal tumour since 1857, and who had never menstruated, was operated on February 10, 1859. There were a few adhesions to the parietes, and some to the omentum, and the tumour contained fatty matter and hair. The body and cervix of the uterus were unconnected. Peritonitis came on, and the patient died at night on the day following the operation. In the fourth case, a woman 35 years of age, who had suffered for four years from an ovarian cyst, and had been tapped every six weeks from August, 1858, menstruation recurring regularly, was subjected to ovariotomy, February 24, 1859. There were adhesions to the liver, which were thick, and contained large vessels. These were secured with twine ligature, and returned into the abdomen. The patient died of peritonitis, six days after operation. In the fifth case a married woman, 45 years of age, was the subject of multilocular ovarian cyst, both ovaries being diseased. Both were removed by operation, February 25, 1859. A thick band of adhesion was divided by the écraseur. One pedicle was secured by a clamp, the other by whipcord. Recovery was very satisfactory.

A discussion followed, in which Mr. Weedon Cooke, Mr. Eardley, and Dr. Hare took part.

MEDICAL NEWS.

Royal College of Surgeons.—The following members, having undergone the necessary examinations, were admitted Fellows of the College, at a meeting of the Court of Examiners on the 11th inst.:—Bernard Edward Brodhurst, Grosvenor-street, Grosvenor-square; James Dennis Cronin, Royal Navy; Theodore Davis, Great Russell-street; John Lemprier De la Garde, Exeter; Alfred Raynard Duffin, Langham-place; George Thomas Fitzgerald, Whitehall-yard; James Foster Gray, Northampton; Henry Martineau Greenhow, Garden-court, Temple; Samuel M. C. Anderson, Claremont-square, Pentonville; James Reeves Traers, Hans-place, Chelsea. The following gentlemen were also admitted Fellows on the 12th inst.:—Alfred Aspland, Dukinfield, Ashton-under-Lyne; Alfred Baker Cutfield, Deal; Riton Oldham, West Hartlepool.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 16th inst.—viz. Messrs. Leonard Emanuel, St. John's-wood-place; Robert James Mc Morris, Tyrone, Ireland; Thomas Morland Hocken, Dublin; Frederic Turton, Wolverhampton; William George Ormerod, Bristol; George William Jameson, Caistor, Lincolnshire; John Alfred Illingworth, Newport, Monmouthshire; John Reid, Calcutta; Francis Thomas White, Rawreth, Essex; William Ash, Lansdown Villas, Chelsea; Peter Cullen, Calcutta; Francis Blake Hutchinson, Bridge-street, Blackfriars; William Brend, Bideford, Devon; William Wickham, Tetbury, Gloucestershire; Thomas Henry Hawkins, Reading, Berkshire; James Henry Stedman, Norwich; James E. Trevor, Plymouth; Edward Vernon Utterson, Winchester; Vincent Whitgreave, Walsall, Staffordshire; Robert Arnold Hall, Grantham, Lincolnshire; John Watson, Newcastle-on-Tyne; John Bride, Liverpool; Linton Bennett Brunton, Waterloo-place, Limehouse; John Lloyd Thomas, Pwllheli, Caernarvonshire; Walter Fawkes Mackenzie, Wigan, Lancashire; and John Christopher Armstrong, Gravesend.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to practise, on Thursday, 12th May, 1859:—Henri Ferdinand Theophile Martin, Ganges, South of France: William Waring, St. Ann's-terrace, Brixton-road;

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William Peacock Wood, Ashton-under-Lyne; Robert Mundy Gover, Andover, Hants; John Cribb, London; Henry Barber, Eastwood, Nottingham; Samuel Charles Langford, Hingham, Norfolk. The following gentleman also on the same day passed his first Examination:—William Howse, Burford, Oxon.

APPOINTMENT.

TURNER.—At a special general meeting of the Governors of the East Sussex, Hastings, and St. Leonard's Infirmary, held on Thursday, May 5, G. B. Turner, M.D. Surgeon, was elected Assistant Surgeon; the vacancy having occurred by the death of Walter Duke, Esq.

DEATHS.

JONES.—On the 7th inst., at Brompton, in the 74th year of his age, Charles Jones, late Surgeon in the East India Company's Service.

PROUDFOOT.—On the 14th inst., at Kendal, Westmoreland, Thomas Proudfoot, M.D., aged 68.

DR. Andrew Smith has presented a valuable collection of some 2000 *reptilia* to the University of Edinburgh.

REPRESENTATION OF CORK CITY.—We are happy to hear that Dr. Lyons, of Dublin, is contesting the representation of Cork, and we trust that he will succeed, and add to the strength of Medical members in the House of Commons.

DUBLIN OBSTETRICAL SOCIETY.—At the last meeting of the twenty-first annual Session of the Dublin Obstetrical Society, held on the evening of Saturday, May 14, in the hall of the Lying-in-Hospital, Dr. Fleetwood Churchill in the chair, Dr. Robert Barnes, of London, was unanimously elected an honorary member of the Society.

A FLY'S FLIGHT.—The formation of the wings of a fly enables it to attain a velocity of from 30 to 35 feet in a second. In this space of time a race-horse would clear only 90 feet, which is at the rate of more than a mile per minute. Now, our little fly in her swiftest flight will in the same space of time go more than the third of a mile. If, therefore, we compare the infinite difference of the size of the two animals, how wonderful will the velocity of this minute creature appear!

CRUELTY TO WORMS.—On examining the structure of the worm it will be found to be possessed of blood-vessels and nervous substances, which impart sensibility to every portion of its frame. What excruciating pain, therefore, must the angler inflict when he passes his barbed hook from one end of the body of the worm to the other!

BAD VACCINATION.—In the course of sixteen years, out of 3098 cases of small-pox which had been brought under Mr. Marsden's notice at the Small-pox Hospital, there were only 268 in which the marks of good vaccination occurred, and of these 268 only three cases died—showing the value of good and the prevalence of bad vaccination.

NUMBER OF LUNATICS IN THIS COUNTRY.—From the returns of the Commissioners it appears that, in the year 1852, the number of lunatics, exclusive of those in the union workhouses, was 17,412, of whom there were in private asylums 4430—viz. males 2331, and females 2099; and in county and borough asylums 12,982. In the year 1857 the total number had increased from 17,412 to 22,310. Of these there were in private asylums 4738—viz. males 2508, females 2230. At the present moment one in 830 of the population are unsound in their minds, and the number is increasing at a great rate.

THE ROYAL SOCIETY.—In the list of fifteen candidates recommended by the Council for election on Thursday, the 9th of June, at four o'clock, the following six gentlemen belong to the Medical profession—viz. Henry J. Carter, Esq., Surgeon in the E.I.Co.'s Service, Bombay; William Bird Herepath, M.D., Bristol; George Murray Humphry, Esq., Surgeon, Cambridge; John Denis Macdonald, Esq., Assistant-Surgeon R.N.; William Odling, M.B. and L.R.C.P., London; and Thomas Watson, M.D., and F.R.C.P. London.

IN Italy, as well as in France, authority is silencing quackery. Signori Rocca and Filippa have just been summoned before justice at Turin, and been fined 300 francs for practising Medicine illegally, and advertising that they can cure all kinds of diseases by magnetism. In addition to the fine, they have to undergo six months' imprisonment, and to pay the expenses of their own prosecution.

THE inspection of the shops of Pharmaciens and Druggists in Paris, which was formerly the charge of certain Medical judges, has been, by a decree, lately placed under the care of the Council of Public Health. Visits are to be made at least once a year, in each quarter of the town, by three members of the Council specially appointed by the Prefet.

MORAGH DISPENSARY, BANDON UNION.—On Monday last, the Committee of this Dispensary elected, by a majority of one, a gentleman who merely wrote to say he would accept the situation. The only testimonial presented was his receipt for £2 registration fee! The successful candidate is "all the way from Galway," and the only one that could be had out of all Ireland after sundry advertisements.—*Medical Press.*

PREVIOUS EXAMINATION OF THE UNIVERSITY OF CAMBRIDGE.—The Council of the College of Surgeons, at a meeting held on the 12th instant, sanctioned the reception of the certificate of having passed the above examination as an equivalent to the preliminary examination which is to be required of candidates for the diploma of member of the College after January 1861. The certificate of having passed the previous examination (together with an examination in certain additional subjects as required by the University of candidates for the degree of M.B.) is also accepted as an equivalent to the preliminary examination for the fellowship of the College.

DR. BROWN-SÉQUARD.—The lectures at present being delivered by this eminent physiologist in Dublin, are remarkably well attended. The audience daily comprises, with scarcely an exception, the leading practitioners of the Irish metropolis, and the professors and lecturers in the several schools. An arrangement having been liberally made by the professors in the University and the lecturers in the private schools, for the admission of their pupils at a nominal fee, a large body of students is also in attendance. It is long since so much interest has been excited among the Profession in Dublin as is manifested on the present occasion. It is the intention of the learned lecturer to publish this course, as well as that lately delivered in London, as a handsome volume.

FLIES' EYES.—The eyes of the common house-fly are five in number, two of them compound, and of comparatively enormous proportions, for they monopolise the greater part of the head, from each side of which they protrude in a semicircular form. The remaining three are small in structure, and disposed in a triangle on the top of the head, between the two large compound eyes. These latter, when placed under the microscope, will show that their surface is covered with a species of network, which is found to consist of a vast number of convex lenses, disposed in regular rows. These lenses, each of which forms the external surface of a simple but perfect organ of vision, have been carefully counted, and their number amounts to 4000, although it may be mentioned that in some other insects they are far more numerous, the mordella (a kind of beetle) having 25,000 of these lenses, and the butterfly 17,355. Some of our readers may think this impossible; but a great French naturalist has remarked that if it pleases the Great Creator to construct for the bee or the fly 10,000 eyes in order to meet more effectually the creature's wants, it is as easy for him to do so as to construct a single lens.

HOW PEOPLE KILL THEMSELVES IN ENGLAND.—Out of about 5415 cases of suicides the modes of death were very various, and some of them as follow:—"There were 10 suicides on railroads; 13 by self-precipitation down the shafts of mines; 1424 by mechanical injuries of all kinds; 561 by chymical injuries (fire and poison), and 3212 by suspension of the respiration. It is strange and almost incredible that, while the apothecaries' shop offers so many easy—it may be said, elegant methods of terminating existence—yet in England the vulgar canine death of hanging, or

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strangulation, is preferred both by males and females. With males, cutting the throat ranks next; drowning, third; and poisoning, fourth; with females the order is strangulation, drowning, poisoning, and cutting of throats. Females resort to the rope and to steel less frequently than men; they prefer the bowl and the water. Among poisons females very judiciously choose opium and its preparations as the favourite agent of destruction; next come arsenic and oxalic acid, two clumsy and barbarous means, because slow and torturing. Women use essential oil of almonds more than Prussic acid, *pur et simple*. Ten different forms of poison are used by males, and seventeen by females; even nitric acid, camphor, and phosphorus have been used; and one female took the deadly cyanide of potassium as her sleeping potion."

DEATHS FROM SUICIDE.—Upwards of 1000 persons in England and Wales seek refuge from suffering by suicidal death every year. The quinquennium of 1852 to 1856 gives a total of 5415 suicides—of which 1182 were committed in 1856 and 1076 in 1855. Of the suicides included in the Registrar's tables, 3885 were males and 1529 females. Suicide first occurs (in both sexes) between 10 and 15 years of age. The maximum is attained in the decennium 45-55, and then there is a steady decline until the decennium 85-95. No one commits suicide after the age of 95. It would seem that the greatest tendency to suicide in this country is manifested, in the male sex, from the 55th to the 65th year—in the female, from the 65th to the 75th year. The returns of 1838-9 indicate that the tendency to suicide is greatest in the decline of life. In the quinquennium already mentioned 19 males and 14 females destroyed themselves at 10 years of age; 348 males and 273 females at 15; 547 males and 244 females at 25; 726 males and 272 females at 35; 910 males and 336 females at 45; 778 males and 219 females at 55; 410 males and 135 females at 65; 127 males and 28 females at 75, and 9 males with 5 females at 85 years of age. It may be deduced from the extant statistics that the annual average number of suicides occurring in England and Wales, in every 100,000 of the population, in the five years, 1852-56, was 5·81, and the annual average proportion per cent. to the total number of deaths from all causes, 0·26.

THE ROYAL SOCIETY.—Sir B. Brodie, as president of the Royal Society, received a numerous scientific and literary party last Saturday evening, at Burlington-house. All the official rooms were thrown open, and a great variety of highly interesting objects exhibited. Among the most important of these were Professor Wheatstone's recently invented domestic and automatic telegraphs, which were explained by the professor; Mr. Hattersley's type-composing machine; Mr. Johnson's marine pressure gauge and volutor; Messrs. Murray and Heath's electro-magnetic motive engine and carriage propelled by electro-magnetism; M. Girard's hydro-platinum light; Professor Hughes's printing telegraph; a variety of extremely beautiful vases and cut gems from the Imperial establishment of Ekaterinburg in Siberia, exhibited by Mr. Atkinson; two fine living specimens of the rare and curious electrical fish, malapterurus electricus, exhibited by Dr. Bence Jones; and Mr. Gassiot's very interesting apparatus for showing the colours and stratifications in exhausted glass vessels in electrical discharges. Among those present were—Lords Sheffield and Camden, the Bishops of Winchester, Ripon, Carlisle, London, and Oxford; the Provost of Eton, the Master of the Temple, Sir James Ross, Sir C. Fellows, Sir C. Barry, Sir C. Eastlake, Sir J. Rennie, Sir James Clark, Mr. Fergusson, Sir C. Locock, Mr. Justice Erle, General Sabine, Sir R. Murchison, Professor Wheatstone, Professor Sharpey, Professor Faraday, Master of the Mint, Dr. Bence Jones, Colonel Sykes, Major Graham, Dr. Watson, Dr. Nairne, Sir J. Forbes, Professor Allen Thomson, Captain Collinson, Mr. Babbage, Mr. Tomes, Mr. J. R. Martin, Mr. Spencer Wells, Dr. Fuller, Mr. Buckland, Mr. Grote, Mr. Longman, Mr. Churchill, Mr. Spottiswoode, Mr. Hayter, Sir J. Croft, Sir E. Ryan, etc.

MEDICAL JOURNALS AND THEIR USES.—Books, then, can only give the results of scientific investigation, for they are of slow and laborious preparation, and tardy in coming into our hands; but the journals supply us immediately and constantly, and faithfully, with the processes by which these results have been accomplished. They are the archives in which all the treasures of Medical lore are first laid up, and they are the storehouses whence this knowledge is transferred, to make up the more complete and systematic science recorded in books. Without Medical journals, then, we can gain Medical knowledge only when it has become comparatively stale—its freshness has, in most cases, been there exhaled. Medical journals are to Medical books what newspapers are to works of human history, and to works of political economy—they each have their own necessary use and function in supplying the sum total of our knowledge. As the politician, or the man of business, who neglects the record of passing events found in the current history supplied by daily journals, would necessarily fail to battle successfully in the arena of life—so the practitioner of Medicine, who neglects the information and instructive precepts of the Medical journals, soon finds himself far in the rear in many important departments, however diligently he may read, even the latest works. Of the value of Medical journals we are, at present, unwilling to say more; our wonder is, not that so many are supported, but that each member of the Profession does not subscribe for and read, not only one, but at least two.—*Southern Med. and Surg. Journ.*

THE PUBLIC HEALTH.—We learn from the last quarterly return by the Registrar-General of the marriages, births, and deaths registered in the divisions, counties, and districts of England, that the returns present an unfavourable view of the public health; the people have suffered and have died in unusual numbers in many districts. Diphtheria has prevailed extensively. The marriages indicated some improvement in the prospects of the people at the end of last year; and in the first three months of the present year the births have not only exceeded the average, but have exceeded the numbers registered in any previous winter quarter. *Marriages.*—47,726 weddings were celebrated in the three months that ended on December 31st, and consequently 95,452 persons were married. The marriage rate in the quarter was 1·932 per cent. per annum; so if the rate prevailed a year, more than 19 persons would marry to every 1000 living. *Births.*—The births of 175,429 children were registered in the quarter that ended on March 31st last; and the birth rate was 3·621 per cent. per annum, or rather more than 36 in 1000 persons living. *Increase of Population.*—As the births amounted to 175,429, the deaths to 121,682, the natural increase of the population was 53,747; or, on an average, 597 daily. The probable increase in the population of the United Kingdom was at the rate of 896 daily. The meteorology is ably described by Mr. Glashier (p. 18). The mean temperature of the quarter that ended on March 31st, at Greenwich, was 43°·3, or 5°·5 and 4°·1 higher than the temperature of the two corresponding quarters of 1857-8; and 4°·9 above the mean temperature of 88 years. There are only two instances (1822 and 1846) since 1771, when the winter temperature was higher. The excess of temperature was observed in each of the three months. The air contained more than the average amount of water, but the humidity was less than usual, being 83 (saturation being = 100). The fall of rain was 3·1 in. at Greenwich: so it was 1·6 in. below the average. The rain-fall was deficient in all the southern counties, excepting Cornwall and Devon. The deficiency was less in the northern stations.

WHERE ARE THE LUNACY COMMISSIONERS?—A pocket blue book of 80 pages contains a supplement to the 12th Report of the Commission of Lunacy to the Lord Chancellor. It refers to the condition, character, and treatment of lunatics in workhouses. The large increase of lunatics in workhouses is noticed, in the first instance, as a phenomenon requiring explanation, the number having risen from 6800 to 7666, between January 1857, and July 1858. The cases met with are those of persons suffering from chronic dementia, melancholia, and epilepsy; they comprise many who are idiotic or imbecile, and include none who are able to take care of their own interests or welfare, or to conduct themselves discreetly, if left to themselves. The system of treatment in workhouses is so reprehensible as to surpass belief. The rules in force to check disorderly conduct in common paupers are most improperly extended to the insane, who are, in effect, prisoners in these "Bastiles" for life, incapable of asserting their rights, yet amenable to as much punishment as if they were quite sane. Of the Metropolitan workhouses,

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the majority are of great size, old, badly constructed, and situate in the midst of dense populations; the same statement applies to the houses in large provincial towns. The deficiency of means of accommodation and exercise for lunatics is a source of infinite evil. The Commissioners opine, in conclusion, that the best mode of providing for the insane poor who cannot be received into the present asylums would be the erection of inexpensive buildings adapted for the residence of idiotic, chronic, and harmless patients in direct connexion with, or at a convenient distance from, the existing institutions. These auxiliary asylums would be intermediate between union workhouses and the principal curative asylums. It is also suggested that the visiting justices of asylums have full power to visit workhouses, to order the removal of insane inmates therefrom to asylums at their discretion, and to order the removal into the asylum of pauper patients boarded with strangers. Various other suggestions are urged upon the attention of the Lord Chancellor to obviate the enormous evils complained of—evils which are truly disgraceful to a civilised and professedly Christian country.

State of the Public Health.—121,682 deaths were registered in the past quarter. The mortality was at the rate of 2·512 per cent., or rather more than 25 in 1000. The number of deaths was less than the number of deaths in the winter of last year by 4220; and the rate of annual mortality was less by 1 in 1000. In both the winter quarters the rate of mortality exceeded the average rate prevailing during the winters of the last ten years, which was 24·55, or nearly 24½ in 1000. In the first quarter of the year 1858, the weather was unusually severe; in the first quarter of 1859 the weather was unusually mild. In both quarters the rate of mortality exceeded the average. Upon comparing the rate of mortality in 125 districts and 23 sub-districts comprising the chief towns, with the average of ten previous winters, it is found to have slightly decreased; it was 26·47, it is 26·09 in 1000. Upon the other hand, the mortality in the remaining districts and sub-districts, comprising chiefly small towns and country parishes, has increased from 22·18 to 23·54; or the increase is 1·36 in 1000. It will be recollected that the sanitary measures in Ely reduced the mortality of the town below that prevailing in the surrounding parishes. And such will probably be the course matters will take unless sanitary measures are extended to the country as well as to the towns. The superior health of the country arises mainly from the circumstance that, the population being widely disseminated, the poisonous exhalations which are produced around the dwellings are destroyed to a considerable extent by the atmosphere. Now the houses in the suburbs of London and of the provincial towns are generally built by the architects with cesspools, which are not emptied daily, and which have not the advantages of drainage; so that the beneficial effects of the open country air in the daytime are likely to be neutralised by the impurity of the night exhalations in-doors. The mortality of the quarter in England at the rates prevailing in 63 of the healthiest districts would be 17·64 in 1000; and if the mortality of the whole population had been at that rate, the number of deaths would have amounted to 86,624 instead of 121,682. Consequently 35,058 unnatural deaths were registered in the 90 days. This implies not only loss of national life, but loss of health and English vigour, which it is desirable on every account to raise to the highest pitch in the present days.

Hindoo Lithotomy.—The following lucid description of the operation (probably written 1000 years before our era) which was well adapted to the spare habits of the Asiatic, has a marked resemblance to that described by Celsus, who may have obtained it from the East; and has since been well known as cutting on the "gripe," and is interesting from being the most ancient on record:—"The Surgeon is to press the calculus downwards, by rubbing the abdomen with his right hand, while the index and middle fingers of his left, with their nails cut short, and well oiled, are inserted into the rectum. With well-regulated force, the calculus is to be pushed downwards, until it form a swelling on the left side of the perineum, when it is to be cut upon, and removed. The Surgeon must take care to remove the calculus entire; and with this object a scoop is to be used, when it is soft, as when a small portion is left, it will slowly form another."—*Hessler's Hindoo Medicine.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, May 14, 1859.

BIRTHS.

Births of Boys, 993; Girls, 823; Total, 1816.
Average of 10 corresponding weeks, 1849–58, 1593·1.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	517	553	1070
Average of the ten years 1849–58	539·0	511·9	1050·9
Average corrected to increased population ..	..	..	1156
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	28	19	47

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	7	5	3	3	1	6
North ..	490,396	6	3	6	1	4	.	7
Central ..	323,256	1	3	7	..	12	1	7
East	485,522	7	..	12	3	5	2	6
South ..	616,635	4	9	17	6	6	..	8
Total . ..	2,362,236	18	22	47	13	30	4	34

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30·034 in.
Mean temperature	51·2
Highest point of thermometer	67·5
Lowest point of thermometer	38·0
Mean dew-point temperature	43·7
General direction of wind	N.E.
Whole amount of rain in the week	0·30
Amount of horizontal movement of air in the week	520 miles.

BOOKS RECEIVED.

The Hunterian Oration, delivered February 14, 1859. By John Bishop, F.R.S. etc. London: 1859. (A full and revised report of the Oration of which we gave a short abstract at the time of delivery.)

Hufeland's Art of Prolonging Life. Edited by Erasmus Wilson, F.R.S. Second Edition. London: 1859. (Rather a reprint than a new edition of this well-known work.)

The Wild Hebrides. By W. C. Dendy. London: 1859. 8vo, pp. 97.
Mr. Dendy is already known by his "Beautiful Islets of Britaine," and his "Islets of the Channel," for his accounts of holiday trips and island scenery. The "Wild Hebrides" is a third work very similar in purport and execution to the two former.

Prostitution considered in relation to its Cause and Cure. By James Miller, F.R.S.E. Edinburgh: 1857. Pp. 38. (A reprint of an able, earnest, and eloquent article, by the Professor of Surgery in the University of Edinburgh.)

A Treatise on Medical Electricity. By J. Althaus, M.D. London: 1859.

On Health, as depending on the Condition of Air. By J. White, M.R.C.S. London: 1859. (A pamphlet on a patent process for purifying the air of houses and large buildings, by washing it with water, with descriptions of ventilating apparatus.)

TO CORRESPONDENTS.

Several papers and letters in type are unavoidably postponed.

L.H P.S.—Certainly.

Amicus could obtain a letter of admission from any Governor of any of our Hospitals.

A Student and Sufferer.—The pressure of a truss is often all that is necessary in the treatment of varicocele; but we do not recommend the Mocmain trusses in preference to others.

Dr. T. Smethurst.—An anonymous correspondent informs us that Dr. Smethurst is "a very old Licentiate of Apothecaries'-hall, and has for some years held a Diploma of M.D. from a German University; and always practiced with credit to himself. He certainly practised Hydropathy, but his successor Dr. Lane, of Moor-park, Farnham, Surrey, does the same thing."

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House Surgeon.—The Branch Council for Scotland has considered the legality of appointing an unregistered person to fill the office of House-Surgeon in an Hospital or Infirmary, and the Registrar was instructed to write in answer—"That the Branch Council cannot, without exceeding their powers, offer any authoritative or legal interpretation of the provisions of the 'Medical Act,' and must simply refer their correspondents to Sects. 36, 37, and 40 of the Statute."

Medicus.—1. The subjects are, the Pharmacopœia and Physician's Prescriptions; Botany, Materia Medica, Chemistry, Anatomy and Physiology; Celsus and Gregory, unless the candidate has passed the preliminary examination in Classics and Mathematics. 2. At the College of Surgeons the first examination must be passed after the second Winter Session; the days are appointed by the Council, and the examinations are held in November, January, April, May, and July. At the Apothecaries' Hall, the first examination may be passed *at any time* after the completion of the second Winter Session. 3. These examinations may be passed at the expiration of the third Winter Session; but then a considerable period (not yet fixed) must intervene between the first and second examinations.

Memorial to Dr. Snow.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—A few professional friends have been kind enough to join with me in undertaking to place in the Brompton cemetery, a plain but durable monument over the grave of the late Dr. Snow, as a last and fitting memorial of the esteem in which he was held by those of his professional brethren who had the pleasure of his friendship.

Having ascertained that such a mark of remembrance would be congenial to the feelings of Dr. Snow's relatives, I take the opportunity of making the project widely known through your columns, feeling sure that a great many members of the Medical body will be glad to co-operate in paying this simple tribute to the memory of our late estimable and distinguished brother in science.

A committee will shortly be organised to carry out the suggested object to completion; meantime, subscriptions for the memorial may be forwarded to Dr. Hawksley, of 26, George-street, Hanover-square, or to myself.

I am, &c. B. W. Richardson.

12, Hinde-street, W., May 18, 1859.

A Knotty Point.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—A usually temperate cab-driver, of whose soberness at the time there may be some doubt, but who himself denies that he was drunk, and who certainly had not been drinking to excess, becomes insensible, and is seen to fall from his box-seat about eight or nine in the evening.

When picked up he is found to have a lacerated, but comparatively unimportant scalp-wound on his forehead, of about one and a-half inch.

In the course of the night he recovers consciousness to find himself suffering from general, but incomplete, palsy. This palsy is not accompanied by headache or any symptom referable to affection of the brain; but, being persistent, the private Surgeon hitherto in attendance resigns the care of the case on the seventh day. The man then applies to a Hospital to be treated for his palsy. He is found to have tenderness, not acute, in the lower cervical and upper dorsal spinal region, where, however, there is no bruise or other external injury. There is no evidence or suspicion of fracture.

Bearing in mind that full seven days have elapsed since his fall or commencement of illness, should the case now admitted into Hospital be regarded as Medical or Surgical?

By answering this question you will greatly oblige, yours, etc.

Taunton, May, 1859. "Hospital Registrar."

[This is a knotty point; but we believe that, when paralysis is the result of injury, the patient in most of our Hospitals would be placed under a Surgeon. In the case narated above, probably the patient would be put in a Medical ward.—Ed.]

The Battle of the Colleges.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—If I understand you aright there cannot be much difference between the Colleges of Physicians London and Edinburgh, as to the privileges of the year of grace they mean to allow to those Surgeon-Apothecaries, who, retiring from dispensing their medicines, so far follow the example of Physicians. If the London College, upon certain testimonials, grant to the General Practitioner, without examination, its Licence or Degree, I do not see an essential difference. It appears to me to a certain extent, the Colleges in this matter imitate the London College of Surgeons, who on certain testimonials, confer their fellowship without examination; but without, as I consider, the retrospective slur and caprice of the College of Surgeons inflicted upon the old members by making an invidious distinction which never existed in any branch of the Profession before. I never sought the fellowship and never should for these reasons—our Meades and Hunters had but one diploma common to all, and elevated themselves by their own talent and merit. In regard to the principle of these proffered honours, I think, and many of my Professional brethren also, that the Colleges of Physicians are much more consistent. It is very well known that any young man of diligence on passing the College of Surgeons and Apothecaries can, under the same necessary acquirements, go to St. Andrew's or Aberdeen and pass for an M.D. I therefore beg leave to ask, is not a man who has so passed through his London course, and engrafted upon it a long experience, much more competent to practise as an M.D.? Such an individual to be called upon to undergo any examination would seem to me to involve prior incompetency to practise Medicine or Surgery; at our Universities the M.A. takes the higher degree from testimonials and standing without any examination. I am far from disparaging our special Physicians and Surgeons, who are so from their outset, and who by their commonly better preliminary acquirements and speciality are deservedly first-class; but let me ask, do not many men who have the degree of an M.D. and that often alone, become General Practitioners, and thus invade our ranks?

I am, &c. An Old Surgeon.

Case of "Lara and Walters v. Ward."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As I see you have published a report of the above trial, which, owing to the plaintiffs' case having broken down, consists only of their counsel's version of it, and is therefore calculated (if it remains uncontradicted) to injure my character as a man of honour, I request the favour of your inserting in the next number of your journal, the following statement of facts which would have been proved on oath, had the judge thought it necessary to call on me for my defence.

On the 24th of February, Dr. Williams was introduced to me by Mr. Orridge, a Medical agent. We had several interviews, and entered into every particular connected with the sale of my practice; but failed to come to terms.

On the 4th of March, Dr. Williams, for the first and only time, saw the plaintiffs, who mentioned my practice to him; but on his replying that he had been in treaty with me and had declined to purchase, they gave him an introduction to another party.

On the 12th of March, having relinquished my intention of selling my practice, I withdrew it from the hands of all the agents I had employed, Mr. Orridge, Mr. Bowmer, the plaintiffs, and others.

But Dr. Williams having finally renewed and concluded the negotiation with me, I, of course, paid Mr. Orridge the commission due to him.

Shortly after, the plaintiffs made their extraordinary demand upon me, and I wrote them a letter in reply, stating the facts as above. This letter their own counsel thought fit to produce in evidence, and upon perusing it, the judge stopped the case; and I shall be content (if you will kindly give this statement the same publicity as the report of the counsel's speech), to leave it to the public and the Profession to decide whether I was not justified in honour as well as in law, in refusing to pay a demand for commission made under such circumstances.

I am, &c. T. Ogier Ward.

9, Leonard-place, Kensington, May 15, 1859.

COMMUNICATIONS have been received from—

Professor Simpson; Dr. Johnson; Dr. Bristowe; Dr. Richardson; Mr. Wilde, Dublin; Dr. Ballard; Dr. Wilks; Mr. Humphry, Cambridge; Dr. Leared; Dr. Copeman; Registrar General; Dr. Routh; Mr. Acton; Registrar General, Scotland; Mr. Martin; Mr. Longmore; Mr. Jones; Mr. Higham; Mr. Routledge; Mr. Stokes; Mr. Maskell; Mr. White; Mr. McDermott; Mr. Hobbs; Mr. Emerson; Dr. Edwards; Mr. Bullock; Dr. Battye; Mr. Saunders; Mr. Beale; Mr. Winter; Mr. Hodson; Mr. Vincent; Mr. Rose; Dr. Althaus; Mr. Atchley; Mr. Smyth.

APPOINTMENTS FOR THE WEEK.

May 21. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

Royal Institution, 3 p.m. J. P. Lacaita, Esq. "On Modern Italian Literature."

23. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8 p.m. "Discussion of Clinical Cases."

24. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Linnæan Society, 8 p.m.

Royal Medical and Chirurgical Society, 8½ p.m. Dr. George Budd "On Primary Cancerous Tumours within the Chest."—Mr. Haynes Walton "On Elephantiasis of the Scrotum" with operation—Mr. Richard Quain "On a peculiar Vascular Tumour of the Rectum."

Royal Institution, 3 p.m. Professor John Morris "On Geological Science."

25. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

Microscopical Society, 1 p.m. Anniversary Meeting.

26. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

Royal Society, 8½ p.m.

Royal Institution, 3 p.m. Austen H. Layard, Esq. "On the Seven Periods of Art."

27. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

Royal Institution. (Meeting at 8, Lecture at 9 p.m.) William Pengelly, Esq. "On the Ossiferous Caverns and Fissures in Devonshire."

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

By Mr. Fergusson—Hare-Lip; Operation for Bronchocele; Fistula in Ano; Division of Cicatrix after Burn.

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ORIGINAL LECTURES.

SUMMARY OF THE SUCCESSION IN TIME AND GEOGRAPHICAL DISTRIBUTION OF RECENT AND FOSSIL MAMMALIA.

BEING THE CONCLUSION OF THE TWELFTH LECTURE OF A COURSE ON FOSSIL MAMMALS, DELIVERED AT THE

Royal Institution of Great Britain,

By RICHARD OWEN, F.R.S.
Fullerian Professor of Physiology, etc.

HAVING recounted the chief steps which have been made in the restoration of the extinct quadrupeds of Australia, I conclude the physiological deductions from this class of organic phenomena, and the selection of topics, which seemed to me to be best adapted for the present Fullerian course. In the discourse of to-day, as in the preceding one on South American extinct mammals, you could not fail to be struck with the forcible and cumulative evidence which they supplied in proof of the law that with extinct as with existing mammalia, particular forms were assigned to particular provinces, and that the same forms were restricted to the same provinces at a former geological period as they are at the present day. That period, however, was the more recent tertiary one.

In carrying back the retrospective comparison of existing and extinct mammals to those of the eocene and oolitic strata, in relation to their local distribution, we obtain indications of extensive changes in the relative position of sea and land during those epochs, through the degree of incongruity between the generic forms of the mammalia which then existed in Europe, and any that actually exist on the great natural continent of which Europe now forms part. It would seem, indeed, that the further we penetrate into time for the recovery of extinct mammalia, the further we must go into space to find their existing analogues. To match the eocene palæotheres and lophiodons we must bring tapirs from Sumatra or South America; and we must travel to the Antipodes for myrmecobians, the nearest living analogue to the amphitheres and spalacotheres of our oolitic strata.

On the problem of the extinction of species I have little to say; and of the more mysterious subject of their coming into being, nothing profitable or to the purpose, at present. As a cause of extinction in times anterior to man, it is most reasonable to assign the chief weight to those gradual changes in the conditions affecting a due supply of sustenance to animals in a state of nature which must have accompanied the slow alternations of land and sea brought about in the æons of geological time. Yet this reasoning is applicable only to land animals; for it is scarcely conceivable that such operations can have affected sea-fishes.

There are characters in land-animals rendering them more obnoxious to extirpating influences, which may explain why so many of the larger species of particular groups have become extinct, while smaller species of equal antiquity have survived. In proportion to its bulk is the difficulty of the contest which the animal has to maintain against the surrounding agencies that are ever tending to dissolve the vital bond, and subjugate the living matter to the ordinary chemical and physical forces. Any changes, therefore, in such external agencies as a species may have been originally adapted to exist in, will militate against that existence in a degree proportionate to the size which may characterise the species. If a dry season be gradually prolonged, the large mammal will suffer from the drought sooner than the small one; if such alteration of climate affect the quantity of vegetable food, the bulky herbivore will first feel the effects of stinted nourishment; if new enemies be introduced, the large and conspicuous animal will fall a prey while the smaller kinds conceal themselves and escape. Small quadrupeds, moreover, are more prolific than large ones. Those of the bulk of the mastodons, megatheria, glyptodons, and diprotodons, are uniparous. The actual presence, therefore, of small species of animals in countries where larger species of the same natural families formerly existed, is not the consequence of degeneration—of any gradual diminution of the size—of such species, but is the result of circumstances which may be illustrated by the fable of the "Oak and the Reed;" the smaller and feebler animals have bent and accommodated themselves to changes to which the larger species have succumbed.

That species should become extinct appears, from the abundant evidence of the fact of extinction, to be a law of their existence; whether, however, it be inherent in their own nature, or be relative and dependent on inevitable changes in the conditions and theatre of their existence, is the main subject for consideration. But admitting extinction as a natural law which has operated from the beginning of life on this planet, it might be expected that some evidence of it should occur in our own time, or within the historical period. Reference has been made to several instances of the extirpation of species, certainly, probably, or possibly, due to the direct agency of man; but this cause avails not in the question of the extinction of species at periods prior to any evidence of human existence; it does not help us in the explanation of the majority of extinctions, as of the races of aquatic invertebrata and vertebrata which have successively passed away.

Within the last century academicians of St. Petersburg and good naturalists have described and given figures of the bony and the perishable parts, including the alimentary canal, of a large and peculiar fucivorous Sirenian—an amphibious animal like the Manatee, which Cuvier classified with his herbivorous *Cetacea*, and called *Stelleria*, after its discoverer. This animal inhabited the Siberian shores and the mouths of the great rivers there disemboguing. It is now believed to be extinct, and this extinction seems not to have been due to any special quest and persecution by man. We may discern, in this fact, the operation of changes in physical geography which have, at length, so affected the conditions of existence of the *Stelleria* as to have caused its extinction. Such changes had operated, at an earlier period, to the extinction of the Siberian elephant and rhinoceros of the same regions and latitudes. A future generation of zoologists may have to record the final disappearance of the Arctic buffalo (*Ovibos moschatus*). Fossil remains of *Ovibos* and *Stelleria* show that they were contemporaries of *Elephas primigenius* and *Rhinoceros tichorrhinus*.

The Great Auk (*Alca impennis*, L.) seems to be rapidly verging to extinction. It has not been specially hunted down like the dodo and dinornis, but by degrees has become more scarce. Some of the geological changes affecting circumstances favourable to the well-being of the *Alca impennis*, have been matters of observation. A friend (a), who last year visited Iceland, informs me that the last great auks, known with anything like certainty to have been there seen, were two which were taken in 1844 during a visit made to the high rock called "Eldey," or "Meelsoekten," lying off Cape Reykianes, the S.W. point of Iceland. This is one of three principal rocky islets formerly existing in that direction, of which the one, specially named from this rare bird, "Geirfugla Sker," sank to the level of the surface of the sea during a volcanic disturbance in or about the year 1830. Such disappearance of the fit and favourable breeding-places of the *Alca impennis* must form an important element in its decline towards extinction. The numbers of the bones of *Alca impennis* on the shores of Iceland, Greenland, and Denmark, attest the abundance of the bird in former times. A consideration of such instances of modern partial or total extinctions may best throw light, and suggest the truest notions, of the causes of ancient extinctions.

As to the successions, or coming in, of new species, one might speculate on the gradual modifiability of the individual; on the tendency of certain varieties to survive local changes, and thus progressively diverge from an older type; on the production and fertility of monstrous offspring; on the possibility, *e.g.* of a variety of auk being occasionally hatched with a somewhat longer winglet, and a dwarfed stature; on the probability of such a variety better adapting itself to the changing climate or other conditions than the old type—of such an origin of *Alca torda*, *e. g.*;—but to what purpose? Past experience of the chance aims of human fancy, unchecked and unguided by observed facts, shows how widely they have ever glanced away from the gold centre of truth.

Upon the sum of the evidence, which, in the present course I have had the honour to submit to you, I have affirmed that

(a) John Wolley, jun. Esq. F.Z.S.

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the successive extinction of *Amphitheria, Spalacotheria, Tricodons*, and other mesozoic forms of mammals, has been followed by the introduction of much more numerous, varied, and higher-organised forms of the class during the tertiary periods.

There are, however, geologists who maintain that this is an assumption, based upon a partial knowledge of the facts. Mere negative evidence, they allege, can never satisfactorily establish the proposition that the mammalian class is of late introduction, nor prevent the conjecture that it may have been as richly represented in secondary as in tertiary times, could we but get evidence of the terrestrial fauna of the oolitic continent. To this objection I have to reply: in the palæozoic strata, which, from their extent and depth, indicate, in the earth's existence as a seat of organic life, a period as prolonged as that which has followed their deposition, no trace of mammals has been observed. It may be conceded that, were mammals peculiar to dry land, such negative evidence would weigh little in producing conviction of their non-existence during the Silurian and Devonian æons, because the explored parts of such strata have been deposited from an ocean, and the chance of finding a terrestrial and air-breathing creature's remains in oceanic deposits is very remote. But, in the present state of the warm-blooded, air-breathing, viviparous class, no genera and species are represented by such numerous and widely-dispersed individuals, as those of the order *Cetacea*, which, under the guise of fishes, dwell, and can only live, in the ocean.

In all cetacea the skeleton is well ossified, and the vertebræ are very numerous: the smallest cetaceans would be deemed large amongst land mammals; the largest surpass in bulk any creatures of which we have yet gained cognisance: the hugest ichthyosaur, iguanodon, megalosaur, mammoth, or megathere, is a dwarf in comparison with the modern whale of a hundred feet in length.

During the period in which we have proof that *Cetacea* have existed, the evidence in the shape of bones and teeth, which latter enduring characteristics in most of the species are peculiar for their great number in the same individual, must have been abundantly deposited at the bottom of the sea; and as cachalots, grampuses, dolphins, and porpoises are seen gambolling in shoals in deep oceans, far from land, their remains will form the most characteristic evidences of vertebrate life in the strata now in course of formation at the bottom of such oceans. Accordingly, it consists with the known characteristics of the cetacean class to find the marine deposits which fell from seas tenanted, as now, with vertebrates of that high grade, containing the fossil evidences of the order in vast abundance.

The red crag of our eastern counties contains petrified fragments of the skeletons and teeth of various *Cetacea*, in such quantities as to constitute a great part of that source of phosphate of lime for which the red crag is worked for the manufacture of artificial manure. The scanty evidence of *Cetacea* in cretaceous beds seems to indicate a similar period for their beginning as for the soft-scaled cycloid and ctenoid fishes which have superseded the ganoid orders of mesozoic times.

We cannot doubt but that had the genera *Ichthyosaurus, Pliosaurus*, or *Plesiosaurus*, been represented by species in the same ocean that was tempested by the Balænodons and Dioplodons of the miocene age, the bones and teeth of those marine reptiles would have testified to their existence as abundantly as they do at a previous epoch in the earth's history. But no fossil relic of an enaliosaur has been found in tertiary strata, and no living enaliosaur has been detected in the present seas: and they are consequently held by competent naturalists to be extinct.

In like manner does such negative evidence weigh with me in proof of the non-existence of marine mammals in the liassic and oolitic times. In the marine deposits of those secondary or mesozoic epochs, the evidence of vertebrates governing the ocean, and preying on inferior marine vertebrates is as abundant as that of air-breathing vertebrates in the tertiary strata; but in the one the fossils are exclusively of the cold-blooded reptilian class, in the other of the warm-blooded mammalian class. The *Enaliosauria, Cetiosauria*, and *Crocodilia*, played the same part and fulfilled similar offices in the seas from which the lias and oolites were precipitated, as the *Delphinidæ* and *Balænidæ* did in the tertiary, and still do in the present seas. The unbiassed conclusion from both negative and positive evidence in this matter is, that the *Cetacea* succeeded and superseded the *Enaliosauria*. To the mind that will not accept such conclusion, the stratified oolitic rocks must cease to be monuments or trustworthy records of the condition of life on the earth at that period.

So far, however, as any general conclusion can be deduced from the large sum of evidence above referred to, and contrasted, it is against the doctrine of the Uniformitarian. Organic remains, traced from their earliest known graves, are succeeded, one series by another, to the present period, and never re-appear when when once lost sight of in the ascending search. As well might we expect a living Ichthyosaur in the Pacific, as a fossil whale in the Lias: the rule governs as strongly in the retrospect as the prospect. And not only as respects the *Vertebrata*, but the sum of the animal species at each successive geological period has been distinct and peculiar to such period.

Not that the extinction of such forms or species was sudden or simultaneous: the evidences so interpreted have been but local: over the wider field of life at any given epoch, the change has been gradual; and, as it would seem, obedient to some general, but as yet, ill-comprehended law. In regard to animal life, and its assigned work on this planet, there has, however, plainly been an ascent and progress in the main.

Although the mammalia, in regard to the plenary development of the characteristic orders, belong to the Tertiary division of geological time, just as "*Echini* are most common in the superior strata; *Ammonites* in those beneath, and *Producti* with numerous *Encrini* in the lowest" (b) of the secondary strata, yet the beginnings of the class manifest themselves in the formations of the earlier preceding division of geological time.

No one, save a prepossessed Uniformitarian, would infer from the *Lucina* of the permian, and the *Opis* of the trias, that the Lamellibranchiate Mollusks existed in the same rich variety of development at these periods as during the tertiary and present times; and no prepossession can close the eyes to the fact that the Lamellibranchiate have superseded the Palliobranchiate bivalves.

On negative evidence *Orthisina, Theca, Productæ*, or *Spirifer* are believed not to exist in the present seas; neither are the existing genera of siphonated bivalves and univalves deemed to have abounded in permian, triassic or oolitic times. To suspect that they may have then existed, but have hitherto escaped observation, because certain Lamellibranchs with an open mantle, and some holostomatous and asiphonate Gastropods, have left their remains in secondary strata, is not more reasonable, as it seems to me, than to conclude that the proportion of mammalian life may have been as great in secondary as in tertiary strata, because a few small forms of the lowest orders have made their appearance in triassic and oolitic beds.

Turning from a retrospect into past time to the prospect of time to come,—and I have received more than one inquiry into the amount of prophetic insight imparted by Palæontology—I may crave indulgence for a few words of more sound, perhaps, than significance. But the reflective mind cannot evade or resist the tendency to speculate on the future course and ultimate fate of vital phenomena in this planet. There seems to have been a time when life was not; there may, therefore, be a period when it will cease to be.

Our most soaring speculations still show a kinship to our nature: we see the element of finality in so much that we have cognisance of, that it must needs mingle with our thoughts, and bias our conclusions on many things.

The end of the world has been presented to man's mind under divers aspects:—as a general conflagration; as the same, preceded by a millennial exaltation of the world to a Paradisiacal state,—the abode of a higher and blessed race of intelligences.

If the guide-post of Palæontology may seem to point to a course ascending to the condition of the latter speculation, it points but a very short way; and in leaving it we find ourselves in a wilderness of conjecture, where to try to advance is to find ourselves "in wandering mazes lost."

With much more satisfaction do I return to the legitimate deductions from the phenomena we have had under review.

In the survey which I have taken in the present course of

(b) A generalisation of William Smith's, justly regarded by Edward Forbes and other philosophical naturalists as of higher importance than the identification of strata by species.

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lectures of the genesis, succession, geographical distribution, affinities, and osteology of the mammalian class, if I have succeeded in demonstrating the perfect adaptation of each varying form to the exigencies, and habits, and well-being of the species, I have fulfilled one object which I had view, viz. to set forth the beneficence and intelligence of the Creative Power.

If I have been able to demonstrate a uniform plan pervading the osteological structure of so many diversified animated beings, I must have enforced, were that necessary, as strong a conviction of the unity of the Creative Cause.

If, in all the striking changes of form and proportion which have passed under review, we could discern only the results of minor modifications of the same few osseous elements,—surely we must be the more strikingly impressed with the wisdom and power of that Cause which could produce so much variety, and at the same time such perfect adaptations and endowments, out of means so simple.

For, in what have those mechanical instruments, — the hands of the ape, the hoofs of the horse, the fins of the whale, the trowels of the mole, the wings of the bat,—so variously formed to obey the behests of volition in denizens of different elements—in what, I say, have they differed from the artificial instruments which we ourselves plan with foresight and calculation for analogous uses, save in their greater complexity, in their perfection, and in the unity and simplicity of the elements which are modified to constitute these several locomotive organs.

Everywhere in organic nature we see the means not only subservient to an end, but that end accomplished by the simplest means. Hence we are compelled to regard the Great Cause of all, not like certain philosophic ancients, as a uniform and quiescent mind, as an all pervading *anima mundi*, but as an active and anticipating intelligence.

By applying the laws of comparative anatomy to the relics of extinct races of animals contained in and characterising the different strata of the earth's crust, and corresponding with as many epochs in the earth's history, we make an important step in advance of all preceding philosophies, and are able to demonstrate that the same pervading, active, and beneficent intelligence which manifests His power in our times, has also manifested His power in times long anterior to the records of our existence.

But we likewise, by these investigations, gain a still more important truth, viz. that the phenomena of the world do not succeed each other with the mechanical sameness attributed to them in the cycles of the epicurean philosophy; for we are able to demonstrate that the different epochs of the history of the earth were attended with corresponding changes of organic structure; and that, in all these instances of change, the organs, as far as we could comprehend their use, were exactly those best suited to the functions of the being. Hence we not only show intelligence evoking means adapted to the end; but, at successive times and periods, producing a change of mechanisms adapted to a change in external conditions. Thus the highest generalisations in the science of organic bodies, like the Newtonian laws of universal matter, lead to the unequivocal conviction of a great First Cause, which is certainly not mechanical.

Unfettered by narrow restrictions,—unchecked by the timid and unworthy fears of mistrustful minds, clinging, in regard to mere physical questions, to beliefs, for which the Author of all truth has been pleased to substitute knowledge,—our science becomes connected with the loftiest of moral speculations; and I know of no topic more fitting to the sentiments with which I desire to conclude the present course.

If I believed, to use the language of a gifted contemporary, that the imagination, the feelings, the active intellectual powers, bearing on the business of life, and the highest capacities of our nature, were blunted and impaired by the study of physiological and palæontological phenomena, I should then regard our science as little better than a moral sepulchre, in which, like the strong man, we were burying ourselves and those around us in ruins of our own creating. But surely we must all believe too firmly in the immutable attributes of that Being, in whom all truth, of whatever kind, finds its proper resting-place, to think that the principles of physical and moral truth can ever be in lasting collision (c).

(c) Sedgwick, Address to the Geological Society, 1831.

ORIGINAL COMMUNICATIONS.

ON THE

ACTION OF CERTAIN SUBSTANCES UPON PHTHISIS.

By RICHARD PAYNE COTTON, M.D.

Fellow of the Royal College of Physicians, London. Physician to the Hospital for Consumption and Disease of the Chest, Brompton.

No. I.—Chlorides of Sodium.

So little do we understand the immediate cause of the formation of tubercle, and so unsuccessful has been every attempt to make a direct impression upon the so-called tuberculous *crasis*, that it becomes not only legitimate, but actually desirable to try the effect of different agents, even though the practice be empirical, and the success of the experiment doubtful. With this view, I have for some time past been administering various substances to the phthisical patients under my charge in the Consumption Hospital, and carefully examining the results. My habit has been to make no selection of cases, but to take them at whatever stage of the disease, and under whatever circumstances they might happen to present themselves—those only being excluded in which either some active symptom or unusual complication demanded more immediate and decisive treatment. Each observation has been made upon twenty-five cases, this number having been chosen as readily showing the result per cent. by the simple process of multiplying by four.

In the present communication I shall speak of the effect of the chloride of sodium.

This substance was administered to twenty-five patients, thirteen of whom were males, and twelve females; their respective ages varying from 16 to 38, the majority being about midway between these two numbers. In seven cases the disease was either in the first stage, or the very commencement of the second; but in the rest there was distinct evidence either of tubercular softening or actual vomicæ. To the copious and accurate notes made by Dr. Maxwell, the resident Clinical Assistant at the Hospital, I am chiefly indebted for the results of the trial.

The salt was dissolved in water, and given in doses varying from one to three drachms, two or three times a-day, the smaller quantity generally being prescribed at first, and gradually increased; a little compound tincture of lavender was added merely to disguise it. According to its effects, it was continued for a period varying, in the different cases, from two to eight weeks. It was found that one drachm could generally be taken without nausea; but in a few instances two drachms produced some degree of sickness, and three drachms caused vomiting, although, as a general rule, and in the majority of cases, these larger doses did not seem to disagree with the stomach. In two patients one drachm frequently gave rise to nausea, if taken upon an empty stomach, while two or even three drachms could be taken with impunity by the same persons soon after meals.

In fifteen cases the appetite either remained good, or became so during its administration; and in seven the appetite was either bad at first, or was lost under its use. In eight of these fifteen cases the increase of appetite was fairly attributable to the chloride; but in four out of the seven the salt was as fairly chargeable with its loss; thus showing the different effect of the chloride upon different individuals. In only three cases was thirst complained of, and this was generally remedied by freely diluting the solution.

Fourteen patients visibly improved while the salt was being taken—such improvement consisting principally in the increase of strength and appetite, and the diminution of cough and other general symptoms; eight patients as visibly became worse in their general condition; and three seemed to remain in every respect unchanged.

In four instances there was a manifest improvement in the physical signs; in six the pulmonary or local mischief as manifestly increased; and in fifteen there was no evidence of much change either one way or the other. It was singular that by far the greater number of cases of improvement, either in general symptoms or physical signs, occurred in the male sex.

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Thirteen of the patients increased in weight—the minimum increase being one pound, and the maximum six pounds; six lost weight—the greatest loss being three pounds, and the least one pound; and in six the weight remained as nearly as possible stationary.

A large amount of chlorides was always found in the urine of those who were taking the salt; but so little in comparison with the quantity administered, that much must have either passed off by the bowels or remained in the system. No unusual amount of diarrhœa, however, attended its use. The search after chlorides led to the discovery that the urine of all phthisical patients, even of those in the last stage of the disease, contains such compounds in considerable quantity.

The remarkable circumstance, so often noticed in the treatment of phthisis, that while the general health and condition are apparently improving, the local disease is nevertheless advancing, presented itself in two well-marked instances.

In estimating the effect of remedies, particularly in Hospitals—and in none more so than in that at Brompton—it is necessary to make proper allowance for the influence of concomitant circumstances. Improved diet, rest, hygiene, and hope, have a wondrous effect upon every kind of disease; but after carefully weighing the probable action of such agencies, I have arrived at the following conclusions, viz.:—

1. Chloride of sodium in some cases increases the appetite, and acts as a general tonic.

2. In doses of one or two drachms gradually administered, it seldom produces either nausea or derangement of the digestive organs, or occasions any considerable degree of thirst.

3. Its tonic influence in phthisis may fairly rank with many other tonics, such as bitters.

4. It does not appear either that chloride of sodium is a substance deficient in the tuberculous crasis, or that it has any direct effect upon phthisis when fully developed.

Clarges-street, Piccadilly.

OBSERVATIONS ON MR. KESTEVEN'S REMARKS ON THE EVIDENCES OF RAPE ON INFANTS.

By W. R. WILDE, F.R.C.S.I. Dublin.

(Concluded from p. 520.)

Among the arguments adduced by Mr. Kesteven against the prisoner is, that "he has not denied his guilt or the justice of his sentence,"—the words of Red-tapeism already flung in my face by the non-medical and non-scientific officials at Whitehall, which I certainly did not expect to find adopted by a man of science, as a medico-legal reason against a person's innocence. In the first instance the prisoner boldly denied the charge, and requested a policeman to be sent for (see sworn depositions). When discharged by his mistress he did not attempt to hide or escape justice: and he pleaded "not guilty" at the bar. What more was this wretched, ignorant costermonger's assistant to do but bow to the majesty of the law! I asked permission of the Secretary of State when the argument adopted by Mr. Kesteven was used as a reason against my inquiry into this case, to have the man questioned upon certain subjects, in the presence of the Governor, Chaplain, and Medical attendant, and my application was refused. If, on the other hand, an assertion of innocence is necessary to convince the Secretary of State, or could have any weight with that high functionary, then half the men hung in Ireland within the present century, and who boldly asserted their innocence on the gallows, had at least that circumstance in their favour, should any one consider that they had not had fair trials, or were illegally convicted.

Mr. Kesteven says, he "cannot but still retain the opinion that the direction of the Judge was strictly consistent with the facts;"—said facts being, "laceration and rupture of the perineum," which Mr. Kesteven himself, as well as all the other Medical men I have inquired from, denied the possibility of, under the circumstances described.

Mr. Kesteven says, "the circumstantial evidence is precisely that amount that justified the verdict against the prisoner." So, I answer, was the circumstantial evidence in all those cases described by Sir Astley Cooper; and in which he says the men were unjustly hanged or transported; so also in the cases recorded by Mr. Lawrence, Dr. Beatty, and myself. What could be more convincing than the circumstantial evidence in the first case ever described—that by Mr. Ward, in 1791—and which bears a most remarkable similarity to that of Mary Johnson? The girl and boy slept together for two or three nights, as did Amos Greenwood and Mary Johnson; the child complained of "having been hurt by him in the night;" the disease progressed, and she died on the tenth or eleventh day from the supposed infliction of the injury. Furthermore, the boy absconded, and these circumstances having been proved to the satisfaction of the [coroner's] jury, the very words used by Mr. Justice Wightman, and corroborated by the Medical opinion as to the cause of death, a verdict of *murder* was returned by that high tribunal. What more circumstantial evidence was adduced in Mary Johnson's instance? Yet before the case came on for trial at Manchester, Mr. Ward, to his lasting credit be it told, feeling convinced that "he had been mistaken in attributing Jane Hampson's death to external violence," fearlessly went forward and stated his opinion; and the man was acquitted. Mr. Kesteven says, with respect to his own ideas upon the circumstantial evidence, that "this was the opinion of the members of the bar who were present in court during the trial." With all due deference, this is an unsupported statement. When the members of the bar then present make any public statement of their opinion I shall be happy to reply to them. My present impression is, that there was not one lawyer in court who knew anything of leucorrhea, vaginitis, noma pudendi, or the medico-legal bearings of the case.

Mr. Kesteven's last argument in his first article is in the words of Justice Wightman—"Why should the symptoms be attributed to some infantile complaint, rather than to the venereal disease, when it was proved that the man who had connexion with her was infected with that complaint?" I answer, simply because the symptoms were not those of the venereal complaint, and it was not satisfactorily proved that any man had connexion with her. If Mr. Kesteven can refer the Profession to any well-recorded case of primary syphilitic sore appearing before or on the third day after connexion, and proving fatal on the tenth or thirteenth day, let him now produce it.

Mr. Kesteven has quoted from Devergie four rules, stated to be "those laid down by *all* medico-legal authorities for guidance in such cases"—that is, in cases of syphilis—although I do not find them in Taylor. But it was not proved that the child died of syphilis alone; no one says so but Mr. Kesteven himself.

Under this head Mr. Kesteven has drawn some conclusions not warranted by the premises—and there is one point upon which I do not think he has stated the case fairly. He says, "In this respect, this case is placed in a different category from those of infantile leucorrhea or noma, where the evidence of intercourse has only been extorted from the child by interrogations or threats." Now, Mr. Cobbett distinctly stated (see p. 59 of my paper) that the child at first *denied*, when questioned, that anything had been done to her, and that then the women about her told her "that *unless she confessed they would not be able to do her good.*" And again, Mr. Winnard, a most respectable Surgeon at Wigan, says, "The women, upon pressing her to make an accusation, told her that if she did not tell the truth she would be *worse, she would die*, and that *nothing could be got to ease her*, when she said that Amos Greenwood had on the Thursday night been upon her, and hurt her very much"—almost the very words used by Jane Hampson in 1791.

Mr. Kesteven says, "Mr. Wilde's view that such cases are instances of noma, would lead, if pushed only a very little further, to the inference that it is not possible directly to infect a female infant with syphilis or induce its consequences." I really am at a loss to perceive the argument or deduce any inference from the foregoing. Again, Mr. Kesteven says, the question has been raised, "whether it be possible for a rape to be *completed* upon an infant by an adult man—the fact of vaginal penetration being taken to complete the crime." In answer thereto I have only to say, I never raised it, nor did any of the gentlemen who replied to my circular, except Mr. Kesteven himself; who, alluding to the ruptured perineum in Mary Johnson, says:—"I cannot believe that a sufficiently persistent and rigid erection of the penis could be maintained long enough for the

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commission of such injury, in spite of the resistance of a child of 10 years of age." I have never denied the *possibility* of such an injury, and I am perfectly well aware of the legal interpretation of rape: therefore all the Indian cases adduced from Mr. Cheevers' work are beside the question at issue.

Mr. Kesteven's last argument (and the consideration of which is really of the greatest importance in this case), is that it is "not parallel to the cases recorded by Mr. Kinder Wood: their origin and course differ. They seem to have been epidemic, or to have occurred in groups; this was a single instance. They lasted, on an average, six or eight weeks (the shortest recoveries), the slightest cases lasted seven to twenty-three days; this proved fatal in fifteen days." Before I enter upon the parallel between the cases recorded by Kinder Wood and Mr. Ward, with that of Mary Johnson, I must again correct some errors into which Mr. Kesteven has fallen. Instead of lasting, upon an average, "six or eight weeks—the shortest recoveries,"—Kinder Wood says, "the duration of this affection is various; in one case the patient got better in twenty-three days; in a second, she recovered in seventeen days." These were the *only* two recoveries. Again, Mr. Kesteven says: "the slightest cases lasted seven to twenty-three days;" now, after a careful perusal of the paper in the *Medico-Chirurgical Transactions*, I am utterly at a loss to know what Mr. Kesteven means, for the only *slight* cases were the two alluded to above, which recovered; and there is no case related by Kinder Wood, or any other author, of noma pudendi, passing through its course either to death or recovery in *seven* days; and, that Kinder Wood was himself conscious of the difficulty of determining the length to which it may run, can be learned from the following passage in his paper:—"It is not possible to say what may be the duration of a fatal disease [case], this depending on so many circumstances of violence, constitution, etc., which must necessarily influence the rapidity of the termination; where the ulceration is deep and extensive, *I have never seen the patient recover*." Now, in instituting the parallel, let me state the pathological appearances, so far as they have been deposed to, irrespective of the so-called circumstantial evidence. The child was observed to walk lame, and seemed to be in pain on Sunday evening, October 25: when questioned she complained, in *presence of the prisoner*, and a woman, named Butterworth, of "a smarting in her thighs." Taking the middle period of the night and morning, when it is alleged the violence was committed, these manifestations were observed sixty-four hours, or about two days and a-half, afterwards; but as she then exhibited appearances which must have been of many hours' duration, it naturally follows that the disease set in within forty-eight hours, rather too early for the manifestation of syphilitic inoculation, as believed by Mr. Kesteven. The child was then examined by the women, when her genitals were found to be sore and her thighs excoriated. She complained of great pain all that night, a symptom scarcely ever observed in primary syphilis. The next morning she was examined by Mr. Winnard, Surgeon, of Wigan, whose statement is:—"I opened the labia: *the parts were inflamed, inside livid, lips swelled, and had ulcerated spots all over, varying in size from that of a pea downwards, and covered with yellowish-white sloughs.* I considered the case one of severe vaginitis when I saw it." Now this is really the only statement or description of the primary disease which can be relied on. Is there any case of primary syphilis on record in which the parts were covered with ulcers on the fourth day? Black wash and a purgative were prescribed. On the evening of that day, Monday, the 26th, she was removed to Heywood, although Mr. Winnard told her mistress "that the girl was very ill, and required care."

On the 27th she was seen by Mr. Jameson, an unlicensed practitioner there, who says:—"I found the organs of generation *swollen* and *very much inflamed*, and here and there *small ulcers; from the vagina came a very profuse sanious discharge.* She was suffering great pain, the perineum being lacerated [such laceration said to have been produced five days before, not having been seen by Mr. Winnard when he examined her twenty-four hours previously!] I was able to pass my fingers easily up to the uterus, the hymen being also ruptured [as from the anatomy of the parts might have been expected when the perineum was destroyed!] The discharge had inflamed the surrounding parts." In another deposition he says, "There was extensive ulceration of the labia along the perineum to the rectum and a purulent discharge from the vagina;" he also stated that he "found laceration of the girl's perineum, and her genitals had in consequence of the laceration an appearance exactly like the opening that is made *in a pig's throat by a butcher when he kills it.* This gentleman must have laboured under some difficulty in forming a diagnosis; for, irrespective of the story then told as to the violation and the extensive laceration of the parts, he swore at the trial, when questioned respecting the vaginal discharge, that "he could not satisfactorily show whether the discharge arose from clap or syphilis; he said it was venereal, and that in his opinion gonorrhœa might degenerate into syphilis!" It would appear, however, that notwithstanding the evidences of violence presented to his mind, he considered syphilis to be the predominating and most urgent symptom (thus agreeing with Mr. Kesteven); and he immediately administered mercury, and continued its use for the three following days.

On the 30th of October, Mr. Pickford, Surgeon, of Heywood, was called in, when he found "that mortification of the upper part of her genitals had commenced, and there was an extensive phagedenic ulcer on the lower part of her genitals, spreading towards the nates." This practitioner most properly discontinued the mercury, and ordered quinine. He saw her again on the 1st of November, "when the whole of the soft parts between the pubes and the sacrum appeared to be in a state of mortification;" and adds, "On my third and last visit, which was on the 4th of November, the skin of her nates had disappeared to the extent of several inches, and had left the cellular tissue completely bare and black. She died on the 5th," or the twelfth day after the symptoms were first observed. There is no record given of the constitutional symptoms, either premonitory or co-existing from beginning to end of this remarkable case; and Mr. Pickford informs me that neither he nor Mr. Jameson had ever heard of the disease described by Kinder Wood, until I drew his attention to it long after the trial. That this poor child did not receive proper treatment, either socially or medically, is manifest from the foregoing recital. She was dragged about from place to place, even while the ulcerative process was progressing; and she lived in a miserable and unhealthy state. She was first accused of having herself assisted in the production of the disease, by swallowing a sixpence (as may be inferred from the fact of Mr. Winnard's opinion having been required by the woman on that point). She was then interrogated, and suggestions made to her respecting criminal intercourse in various forms; and finally, she is threatened to be left to her fate, if some person is not named. Then, at the very moment when the original vesicles or aphthæ were passing into ulceration, she is put upon mercury, and the Medical (?) attendant passes two of his fingers through the inflamed and sloughing vagina up to the uterus, for what purpose is not stated. A post-mortem was made, of which the following is Mr. Pickford's description:—"We found a mortification of her genitals that extended from the pubes downwards, and as far backwards and upwards as the sacrum. The whole of her genitals, including the mons veneris, labia pudendi, urethra, and vaginal orifice, were a complete mass of mortification; the anus, rectum, and nates, were in a similar state of mortification to a great depth; on opening the abdomen and removing the pubes, we found the bladder quite empty, and rather inflamed externally; but internally there were numerous patches of inflammation, and the whole of its mucous lining was covered with thin purulent matter. The whole of the lining membrane of the vagina was black through mortification; but the uterus did not exhibit any unnatural appearances."

Mr. Kesteven objects to Mary Johnson's disease being noma, because that affection "seems to have been epidemic, or to have occurred in groups;" all Kinder Wood says is, that he had seen twelve cases in nine years, and two of these appeared to have occurred in the same year; but Mr. Kesteven has altogether overlooked the fact stated by Mr. Winnard, "that when they were in Wigan they lived in a very dirty foul place, called the 'Pig-market,' and that in that yard I had then a severe case of vaginitis which had only been arrested by repeated applications of lunar caustic." Again, Mr. Kesteven says,—"In this, mortification or sloughing was a prominent feature, and the cause of death;

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in those, Mr. Wood saw mortification only in one, and that had been maltreated;" but surely not so disgustingly so as the case of Mary Johnson. With respect to sloughing, mortification, and ulceration, they appear to have been used as synonymous terms in this case; but it is very remarkable that mortification should have been recorded in the two cases, which all agree were grossly maltreated.

The following quotations from Kinder Wood's essay will point out the similarity of Mary Johnson's symptoms to those of the disease he describes:—"The insidious manner of the first appearance; the similarity in its commencement to some ordinary affections of the parts. One or both labia are found inflamed and enlarged; the inflammation is of a dark tint, and soon extends internally over the clitoris, nymphæ and hymen; a thin secretion, which at this period may be observed, renders it not improbable that the lower part of the vagina may be affected [possibly] the inflammation extends into the urethra. From the period of the formation of the inflammation, so rapid is the progress to ulceration, that scarcely twenty-four hours elapse before a *number of small vesications* forming within the labia as well as externally, burst and form so many open surfaces which, *quickly spreading into each other, form large ulcers.* The thin discharge is now mixed with the secretions from the ulcerations, and is dark coloured, particularly offensive, and copious, irritating the adjacent parts, and contributing to extend the disease *along the perineum to the anus, and to the inner part of the top of the thigh, contiguous to the labia.* I have also seen the inflammation *spread over the mons veneris*, and be succeeded by *deep ulceration*, progressively extending as long as life continued. The character of the disease at this time is that of a deep foul and spreading ulcer upon parts weaker by a peculiar inflammation, and a constitution injured and weakened by previous febrile symptoms. *The external organs of generation are now progressively destroyed.* The discharge from the parts increases, and becomes *more and more offensive*, till the patient is worn out and expires. After the secretion begins to be copious, the adjacent parts to which the matter is applied assumes the same actions as the perineum, anus, top of the thigh. The patient evidently sinks under the debilitative influence of a deep and spreading ulceration. From all these considerations, it is not unreasonable to conclude the disease to be of a distinct and specific nature; its progress, its early termination in such deep and extensive ulcerations, all tend to confirm this opinion." Here I omit the general or constitutional symptoms alluded to—such as the peculiar whiteness of the face, and the specific fever—as there appears to have been no note taken by the Medical attendants of any such. The first Medical man who saw Mary Johnson very naturally looked upon the case as one of severe vaginitis, which, with the addition of the vesicles, it certainly then was. The two next Practitioners having at once adopted the idea of violence, and Mr. Jameson having certainly mistaken ulceration for laceration, no note was taken of the general symptoms. *Every local symptom, however, recorded by Kinder Wood was present in the case of Mary Johnson;* and I fearlessly appeal to all practical members of the Profession of Medicine and Surgery whether the disease described in the *Medico-Chirurgical Transactions*, and that of the case lately recorded in the *Dublin Quarterly Journal*, are not identical? It wants but one more extract from Kinder Wood to complete the parallel. After alluding to the disgustingly frequent instances of unjust accusations in such cases, he says:—"This disease has been frequently considered in court as evidence of *violence and venereal affection* [the very words used on the trial of Amos Greenwood]; inflammation, ulceration, and discharge having always had particular attention in a consideration of the evidence. That very erroneous conclusions may be drawn from a superficial inquiry into these symptoms, will be evident from the preceding observations." In conclusion he gives the notes of two cases, every symptom in which existed in Mary Johnson's instance,—pain, inflammation of pudendum, rapid ulceration, the dark purple hue of the parts, the perineum inflamed and covered with aphthæ, which also encircled the anus; the thin, copious, and offensive discharge, the irritation upon the top of the thighs, the small vesicles, the deep foul spreading ulcers, and the disease extending to the anus, etc. etc. were all identical. Perhaps after a careful comparison of the two, my good friend Mr. Kesteven may now think that the disease described by Kinder Wood, and the symptoms of that of which Mary Johnson died, are not so dissimilar as he at first supposed. Although he and I have differed in opinion, I am sure the Profession will be benefited by the discussion; at all events, those of its members, who, like the practitioners at Heywood, had never heard of noma pudendi before, will receive a useful lesson from the consideration of this case.

ON THE

USE OF IODIDE OF POTASSIUM IN THE TREATMENT OF IRITIS.

By JOHN CAWOOD WORDSWORTH, M.R.C.S.

Assistant-Surgeon to the London Hospital, and to the Royal London Ophthalmic Hospital.

About ten years ago a patient applied to me at the London Hospital, on account of a severe attack of iritis of six days' duration. He was of about 25 years of age, an attendant at a public-house, leading a somewhat irregular life, and had had primary syphilis some years before. This was the third attack of the disease: on a previous occasion he had been treated by mercury, leeches, etc. which greatly undermined his health, and compelled him to abandon his occupation for a season. He was subject to rheumatism in his limbs, and had repeatedly been laid up. On admission he was suffering from severe supra-orbital pain, attended with dimness of vision, almost amounting to blindness: he had a well-marked circum-corneal zone of a dull pink tinge, uniform, and circular, the iris was dull and redder than the sound one, the pupil rather dilated and irregular, the anterior chamber was nearly half filled by a yellow semi-opaque exudation. He had then no traces of syphilis, but was weak and dejected. He was ordered to take eight grains of the iodide of potassium, with tincture of orange-peel every eight hours, and to apply simply warm water as a fomentation to the eye.

On the following day the vascularity had decidedly diminished, his pain was less, he had slept during the night, and looked better in appearance generally.

3rd day (Saturday).—Had slept much better, having less pain, zone much faded, iris brighter, exudation disappeared, sight greatly improved.

5th day (Monday).—Had rapidly improved; no pain, vision only slightly dim, could sleep well, and had acquired a good appetite.

7th day (Wednesday).—Vascularity almost normal, no pain, sight almost perfect.

10th day (Saturday).—On the previous day, we had been at work in a cellar, the disease had returned as violent as before, the exudation had reappeared, and he had as much pain and loss of vision as at the first visit. He resumed his mixture, and rapidly recovered as before.

A young woman appeared at the Royal London Ophthalmic Hospital among the out-patients in the year 1851, suffering from a periosteal tumour over the lachrymal bone, producing stillicidium. Her appearance was very cachectic, and I learned that she was attending the Hospital for Diseases of the Chest, and had vomicæ. She denied having suffered any form of venereal disease. Leeches and fomentations relieved the tumour; but after two or three visits she reappeared with genuine iritis of a syphilitic character. She had a well-marked sclerotic zone of rather dull hue, nodules of red exudation on the front of the iris, with red vessels extending into them, the pupil was fixed, contracted, and irregular, slight photophobia and lachrymation, with scarcely any pain, but considerable impairment of vision. A mixture of the iodide of potassium gr. v. with infusion of gentian was ordered to be taken three times a-day, and she was directed to foment the region of the eye with warm water, if desired.

At the next visit, she had much improved in every way, her health was better, and she seemed in good spirits. From this time, her recovery was rapid and uninterrupted; she at last admitted that she had had primary syphilis, having assured us at eighteen previous visits, that she had never been so contaminated.

I have selected these two cases to illustrate the treatment of iritis by iodide of potassium. They are among the earliest that I submitted to that plan of treatment, and may be taken as types of a long series that has succeeded them. They

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show, in the first place, that iodide of potassium is sufficient for the cure of some cases of both rheumatic and syphilitic iritis, as no other means were adopted; but it is not intended, in making these comments on them, to assert that the iodide of potassium should supersede the well-established practice of administering mercury for the relief of syphilitic iritis, as the rule, but simply to enforce the value of this remedy in exceptional cases. Had I desired, I might have adduced, from a considerable number of cases, instances of the benefit of iodide of potassium quite as successful as those detailed; but having satisfied myself of the efficiency of the agent, I have not deprived the patient of those other means which experience has proved are of so much avail in the treatment of iritis. Hence it is considered desirable to make these cases the basis of my remarks on the subject generally, rather than to burden and over-illustrate them by a multiplicity of examples. An extended trial of iodide of potassium has led to the conviction that a safe and speedy cure of iritis can generally be effected by it alone; but it must be admitted that instances occur, now and then, that resist its influence, and can only be subdued by the administration of mercury in addition. On the other hand, it may be safely stated that a combination of both will often accomplish a cure in less time, and at less sacrifice, than either mercury or iodide of potassium alone. I have known iritis occur when the patient has been under the specific action of mercury, and at once subside on giving the iodide of potassium. In other cases, the disease has appeared during a course of the iodide, and succumbed to mercury. I have, therefore, been led to adopt the plan of combining the two remedies, when I have found that either does not quickly produce the desired effect. It has occasionally happened that a considerable augmentation of pain has ensued on the use of the iodide; and in other instances, where it alone has been adopted, though all the other symptoms of the disease have rapidly subsided, the impairment of vision has continued for some time; under these circumstances, I have administered a few doses of mercury with decided advantage.

As a matter of experience, as well as of theory, I should be indisposed to trust to the iodide alone, when the exudation exhibits a tendency to organisation by assuming the nodular form, or by closing the pupil, and so leading to synechia or opaque capsule. Perhaps, too, as a rule, its sole use should not be adopted if possible when vision is from the onset of the attack much compromised.

I have observed on many occasions a decided advantage follow its use, when the skin has quickly become affected by scaly or papular eruptions.

On the other hand, it has seldom succeeded if there has been much prostration of strength or syphilitic cachexy; and in rheumatic iritis, bark and soda, or quinine will be generally more efficient, when the disease is associated with debility.

In conclusion, then, I believe that the iodide of potassium cannot supersede mercury in the treatment of iritis, though it affords an excellent substitute in cases for which mercury is not admissible, either through some idiosyncracy of the patient, or when the specific influence of the mineral has been already attained; that in others, its combination with mercury will greatly expedite the recovery, and save the patient from the necessity of such a prolonged course of mercury as would seriously compromise the general health; and lastly, that in a large proportion of these cases the iodide will of itself suffice to effect a cure, especially when assisted by leeching and blisters.

41, Finsbury-square.

CASES OF DIABETES.

By JOHN M. CAMPLIN, M.D., F.L.S.

Since the publication of my work on Diabetes (favourably noticed in your Journal for Sept. 4, 1858), some of the cases which were then under my care have been brought to a successful issue, and I have selected three or four for publication, not only from the success which has attended their treatment, but because their history is now sufficiently complete.

Case 1.—August, 1858.—Mrs. ——, æt. 44, the mother of several children, rather a large woman, although she says that she has lost two stones in weight; supposes that her complaint has been brought on by anxiety; has latterly been subject to headaches and palpitations; skin very moist; says that she sweats profusely; has lost her appetite; has constant thirst; her lips stick together; and that she is so altered that a physician long acquainted with her, and who had seen her a few months before, did not recognise her when she called on him. Catamenia regular; bowels confined.

Her case was described by the physician (Dr. Forsyth, of Londonderry) who kindly recommended her to my care, as follows:—"She complained chiefly of debility and loss of flesh, and I had not much trouble in tracing these symptoms to a diabetic origin. I found the sp. gr. of the urine 1·040, liq. potassæ turning the sample to a claret colour. About eight pints were passed in the twenty-four hours."

When I first saw her, the diabetic symptoms thus described were rather aggravated than otherwise, the liq. potassæ rendering the urine extremely dark.

I prescribed—

℞ Acid. sulph. dilut. ʒiij.; liq. gent. compos. ʒiiss. M. cap. coch. parv. ter die ex aquæ cyatho.

℞ Aloes barb. ext. Saponis, āā xxiv.; pulv. ipecac. gr. iv.; ext. nucis vom. gr. iij. M. et div. in pil. xij. cap. j. vel plures h. s. ut opus f.; and enjoined a diet of bran cake, meat, and a free use of vegetables.

Aug. 31.—Urine diminished to four pints, and now only brown, with liq. potass.; thirst nearly gone, and in every respect better.

Sept. 15.—The sample of urine sent up for inspection contained scarcely a trace of sugar; the sp. gr. 1·015 (quantity not mentioned); and it was difficult to believe that it could be from the same person.

Nov. 1.—I received a note, stating that she had quite recovered; and on April 19 of this year her husband writes; "I am happy to say that Mrs. —— is now quite well: she has resumed her usual diet long since."

Case 2.—Dec. 1856. —— Esq. upwards of 70, attributes his attack to late hours in Parliament, which had been "too much for him at his advanced time of life."

The general health of this patient was not so much lowered as might have been expected, the disease having existed some months; but his son (an eminent Surgeon) considered him now fast declining: he complained much of weakness of the limbs, and had a little puffiness on the tibia; had taken gallic acid and other remedies by the advice of his Medical attendant in the country, and had also been put on a partially restricted diet; the quantity of urine was now about 80 oz. the sp. gr. not much above 1·030, but it contained a considerable quantity of sugar.

I prescribed—℞ Ammon. sesquicarb. ʒij.; infus. aur. co. ʒviii. m.f. cap. coch. ij. ter die; and directed a more rigid diet, with a little brandy and water instead of wine.

This prescription was occasionally varied, with ammonia as the general basis, and he took from time to time, small doses of pil. hydr. and pulv. ipecac. compos. and gradually recovered.

Aug. 5, 1857.—He writes, "I am glad to be able to say that for some months past I have been in excellent health, and my friends tell me I look as well as I ever did."

July 21, 1858.—I had a note from his son, who says: "He has latterly been well in health, and when I last examined the urine, no sugar could be detected, but there was a large amount of lithates. He lives pretty much as usual, temperately always as regards alcoholic liquors, but does not eat much bread—the bran cake his servants managed very well (a), and he takes it occasionally: he has lately suffered the operation of reclination on a cataract in his right eye, and the result I am thankful to say seems likely to be satisfactory."

On a recent occasion, when I accidentally met this gentleman, I had the satisfaction of hearing that my patient, though in his 78th year and feeble, had not required any restriction in diet for 18 months or more.

Case 3.—The Rev. Mr. —— nearly 64. Sept. 1857.—The history of this case written by himself is exceedingly graphic; and only the fear of occupying too much of your valuable space prevents me from transcribing it at length. The disease

(a) Several of my patients have succeeded equally well in the manufacture of the cakes—others have preferred purchasing the bran biscuits. When the bran cakes have been found unpalatable, or have turned moist in the centre, or rapidly changed, it has arisen from some fault in the preparation, or more commonly in the baking.

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had been slowly undermining his system several months, and having been in the habit for some years of resorting to a hydropathic establishment when out of health, he had recourse to that in the first instance. Contrary to what had been usual with him, instead of recovering strength, he continued to get weaker, and the nature of his disease not being ascertained, the proprietor considered him nervous, and recommended him to go to the seaside. After remaining there some weeks, still losing ground, he came to consult an eminent Physician in town, who discovered the nature of his case, prescribed for him, and put him on a partially restricted diet. When he placed himself under my care, he was somewhat better, but highly nervous and dyspeptic, the urine still abnormal in quantity, and containing sugar. I advised that the diet should be still further restricted—that he should have weak brandy and water instead of claret. Substituted ext. humuli at night for the opiate, as he was too wakeful to do without anything, and prescribed the following mixture: ℞ magnes. carbon. ℈iv.; pulv. acaciæ ʒij.; sp. ammon. arom. ʒij.; infus. gent. compos. ad ℥viii. m. f. mist. I find this prescription occasionally varied as Dec. 16. ℞ Potass. bicarbon. ʒiij. ℈i.; magnes. carbon ℈iv.; pulv. acaciæ ʒij.; tinct. hyoscy. ʒi.; infus. calumbæ, ad ℥viii. m. f. mist cap. coch. ij. ter die. At one time small doses of tinct. nucis vom. were ordered to the alkaline mixture, but soon laid aside again; he gradually recovered and resumed his clerical duties, which he had long been incapable of performing.

June, 1858.—He writes:—"I am now gradually returning to ordinary diet. I substitute brown bread for the bran cake. I have now more fear of lithic acid, than of sugar."

March 23, 1859.—"I have no return of diabetes, and am decidedly stouter, and more vigorous. Now take three glasses of port-wine daily, two at dinner, one mulled at night, or at 8 o'clock in the evening; brown bread and greens, meat three times a-day, but not much."

Case 4.—August, 1858.——— Esq., Banker, aged upwards of 60, consulted Dr. Babington, who prescribed for him, and kindly recommended him to me for instructions as to diet. Dr. Babington's prescription was five grains of ammon. sesq. in infus. gent. c. three times a-day. Writing to me shortly after, this patient says:—"It is quite astonishing how little water I part with in comparison—it was immediate when I paid strict attention to diet."

I had not heard of this gentleman for many months—in answer to an inquiry as to his state, he writes (April 23, 1859):—"I do not make more than one quart per day; sometimes there is a little red sediment at the botton. I sleep well, and eat well." . . .

The above are specimens of a few cases, in which a return to the ordinary diet has been practicable: in the majority the disposition to the formation of sugar has appeared too strong to render this advisable; and I have thought it better for the patient to be satisfied with comparative health and comfort, with the diabetic diet, than to run the risk of a relapse, particularly where, from the distance and other circumstances, I could not examine the urine from time to time.

The remedies prescribed in the above cases were in the first acid, in the others alkaline, in each the indications seemed obvious, and the result was most satisfactory. In cases now under my care (especially five or six from 30 to 35 years of age), I am testing the value of various remedies, and hope by classifying them, as much as practicable, to obtain definite results.

In conclusion, I would only remark that of upwards of twenty cases lately, more or less under my surveillance, I have only seen one fatal, and that in a gentleman who had long had phthisis, and was unable to rise from his bed when I saw him: two others have been unsatisfactory, as from various causes I have lost sight of them; in all the rest the disease has been kept in check, if not entirely removed.

33, Compton-terrace, Islington, N.

THE ORDER OF THE BATH.—At the late convocation of the Chapter of this Order six surgeons were instituted to the rank of Commanders, viz.:—John Charles Graham Tice, M.D. Deputy-Inspector-General of Hospitals; Francis William Jones, M.D. Deputy-Inspector-General of Hospitals; John Fraser, M.D. Deputy-Inspector-General of Hospitals; Charles Alexander Gordon, M.D. Surgeon 10th Regiment; and Joseph Jee, Esq. 78th Regiment.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

THE ROYAL OPHTHALMIC HOSPITAL.

ACUTE SYPHILITIC IRITIS IN AN INFANT.

(Under the care of Mr. DIXON.)

THE reader may find at page 420 of this journal for April of the present year the details of an example of the occurrence of acute iritis in connexion with inherited syphilis. The rarity of this affection, its insidious nature and destructive consequences, induce us to record another instance of it which has since been under our observation.

Emma D., a fairly grown infant, aged 4 months, was admitted under Mr. Dixon's care at the Ophthalmic Hospital on May 7. Although of average size, the nature of disease was made manifest by most marked symptoms. She was covered with a copper coloured scaly rash; had bad snuffles, and a sore mouth, with white patches on the tongue. Her anus was also sore, and superficially fissured. She was stated to have been quite without symptoms at the time of birth, and to have continued so till a month old. The snuffles began in the fourth week, and the rash showed itself in the middle of the third month. The mother was a florid and fairly healthy looking woman. She stated that she had never had any suspicious symptoms, and that she knew nothing as to what was amiss with her infant until a Medical man, whom she consulted, told her. After this she accused her husband, who admitted that he had had "the disease" shortly before marriage. They had been married eighteen months, and this was the first child. The husband was stated to have been ever since marriage apparently in perfect health.

The iritis affected the infant's right eye, the pupil of which was wholly closed by red lymph. There was no increased vascularity of the sclerotic, and the outer part of the iris was not obscured; the cornea was quite clear. A drop of blood appeared to have been recently extravasated into the lymph. The stage during which treatment could be expected to produce restoration of vision, had evidently passed by.

SAMARITAN HOSPITAL.

UNILOCULAR OVARIAN CYST—INJECTION WITH IODINE—SUCCESSFUL RESULT.

(Under the care of Dr. SAVAGE and Mr. SPENCER WELLS.)

[From notes by Mr. PHILLIPS, House Surgeon.]

M. A. G. aged, 56, widow, dressmaker, applied as out-patient under Dr. Priestley, who diagnosed a unilocular ovarian cyst, and reported the case as a very favourable one for the injection of iodine. The patient was accordingly admitted under Dr. Savage, March 29, 1859.

History.—She was married thirty-seven years ago. Her husband died two years ago. She has had eight children, five of whom are living. The youngest is 19 years of age. She has been generally healthy; the catamenia always appeared regularly, but were accompanied and preceded by great pain. They ceased two years ago, but appeared once last November. In November, 1857, she first noticed an increase in size in the centre and lower part of abdomen, which has gradually increased to the present time. Towards the beginning of 1858 she first felt pain, and on both sides of the abdomen, more particularly at what were her catamenia periods.

State on admission.—The whole abdomen from the pubes to about half way between umbilicus and ensiform cartilage was occupied by an elastic fluctuating smooth tumour, dull on percussion, the patient being about the size of a woman in the eighth month of pregnancy. Percussion clear in both lumbar and lateral lumbar regions. Uterus healthy. No depression of anterior wall of vagina. The pulse is small and weak, and the patient suffers a good deal from pain, and from the weight of the tumour and its interference with respiration.

A consultation was held, and it was agreed that Mr. Wells

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should tap the cyst, and if it proved to be unilocular inject it with iodine; while if it were multilocular he should perform ovariotomy.

April 12.—As fluctuation was more distinct above than below the umbilicus, Mr. Wells inserted the trocar in the median line, about an inch above the umbilicus, using Dr. Graily Hewitt's canula fitted with an exploring sound passing through a diaphragm of india-rubber, so that the interior of the cyst could be explored without permitting the escape of fluid. The extremity of the sound was passed round all over the interior of the cyst; and as it appeared quite smooth and no smaller ingrowing cysts could be detected, the sound was withdrawn, and an elastic catheter introduced through the catheter, by which thirteen pints and a-half of clear straw-coloured fluid were evacuated. When the cyst was quite empty, an ounce of a caustic solution of iodine was injected through the catheter by means of a glass syringe with platinum nozzle, and the catheter and canula withdrawn, leaving the iodine in the cyst. One or two drops of iodine solution followed the canula.

Mr. Wells stated that in most of the cases recorded in which iodine had been injected into ovarian cysts, some 4, 6 or 8 ounces of the strong tincture had been used; and he attributed many of the subsequent ill-effects to the rapid absorption of so large a dose of alcohol. In two cases he had seen himself, he believed the patients suffered from the alcohol, not from the iodine, and he determined to follow the example set by Mr. Hutchinson in a case recorded in the *Medical Times and Gazette* (vol. xvi. p. 602), and use an aqueous solution sufficiently strong to cauterise the secreting lining-membrane of the cyst, allowing for some unavoidable dilution by the fluid necessarily remaining in the cyst after it has been emptied as completely as possible. The solution used was made by dissolving a scruple of iodine and half a drachm of iodide of potassium in an ounce of water.

Not much pain was felt at the time, but it became very severe in about an hour all over the umbilical region. Two grains of solid opium were given at once, and a grain was ordered every four hours if the pain continued. She had a distinct rigor at night, followed by heat and perspiration.

Day after operation.—Easy; discontinue opium; distinct iodine odour in breath, but none discovered in the urine in the afternoon; pulse feeble.

Second day.—Some return of pain, and with superficial tenderness of abdomen, but she bears pressure well. Opium pills repeated.

Third day.—Still some tenderness; intestines much distended with flatus; tongue foul and dry; rapid, feeble pulse; bowels have not acted since the operation; an enema of barley water with two ounces of olive oil was administered. This was followed by a considerable increase of pain, and the opium was repeated.

Fourth day.—The bowels have been opened freely, and she feels much beteer. There was some return of pain at night, which was relieved by a large linseed poultice covering the abdomen.

Fifth day.—Feels very weak; scarcely any pain or tenderness; three ounces of wine were ordered.

Sixth day.—Diarrhœa came on last night, and this morning there is some pain, and an anxious countenance, with feeble pulse; opium repeated.

Seventh day.—Diarrhœa ceased; feels better.

Eighth day.—Diarrhœa and pain returned. A chalk mixture, with aromatic confection and opium, was ordered after each evacuation.

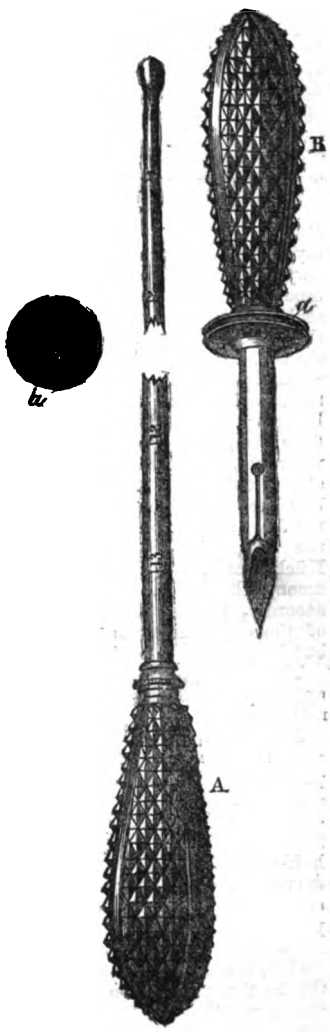
Ninth day.—Diarrhœa and pain have ceased, but the abdomen is tympanitic; she remains weak; wine increased to six ounces daily.

Tenth day.—A grain of quinine ordered three times a-day; on the next day the wine was increased to eight ounces.

She continued to improve, taking the wine and quinine; an enema was given on the *fourteenth day* to relieve flatus. At the end of three weeks she began to sit up, but remained weak; and the wine was increased to twelve ounces daily. She continued the quinine, and gradually gained strength.

State on discharge May 25th.—There has been no sign of the cyst refilling. It can be felt as a hard, smooth, moveable tumour, about the size of a cricket ball, lying centrally between the umbilicus and pubis. The patient expresses herself very grateful for the relief afforded, and, though not strong, is in good health.

Remarks.—Since M. Boinet first practised the injection of ovarian cysts with iodine, the operation has been performed very frequently, both in this country and on the Continent, and very considerable success has resulted. But there have been many deaths, and many failures. The result of all this experience is leading us to the conclusion that failure *must* follow the injection of compound cysts, and that death *may be*, and often *is*, the result of a practice which is certainly forbidden by our knowledge of the structure and growth of these cysts. On the other hand, it appears that in all the successful cases the cyst was simple or unilocular, and that the success has been very considerable. Thus, of 45 cases reported by M. Boinet, in 34 the cysts were simple. Of these, 31 were cured and 3 died; while of 11 compound cysts so injected there were 5 failures and 6 deaths. Nothing can show more strongly the importance of a correct diagnosis; and Dr. Graily Hewitt's exploring trocar thus becomes of great use as a guide to successful treatment. It is represented in the annexed cut, two-thirds of the natural size, a portion from the central part of the sound not being shown.



The apparatus necessary consists of an ordinary canula and trocar (B), and a probe fourteen inches or more in length, graduated in inches, rounded at its extremity, and composed of a flexible metal (A). In the shoulder of the canula is fixed a diaphragm of indiarubber (*a*), in the centre of which is a perforation, large enough to allow the trocar or the sound to pass, but grasping the sound so tightly as to prevent escape of fluid from the cavity into which it is introduced.

The trocar and canula are thrust into the tumour, as in the operation of paracentesis; the trocar is withdrawn, and the sound introduced in its place. The observer is now in a position leisurely, carefully, and conveniently to probe, by means of the sound, the whole of the interior of the abdominal cavity or cyst, and no fluid escapes during this examination.

Latterly a branch pipe has been added to the canula, fitted to an elastic tube and stopcock, so that the fluid may flow, if desired, while the sound is being used to explore the sac at different degrees of distension.

It may be well to add a few words as to the success of iodine injection in the practice of those who have followed M. Boinet. Dr. Simpson was the first to adopt it, and he is said to have done so in many cases with great success, but he has not published any numerical statement of the results. Dr. West has tried it in eight cases. Not one of these was fatal. In two there was no benefit derived. In one there was only slight improvement. In four the disease was clearly retarded, and in one it was cured, as at the end of two years fluid had not re-collected. In our fourteenth volume will be found a full abstract of a discussion on this subject at the French Academy of Medicine, where M. Velpeau stated that out of 130 instances in which iodine had been injected, 30

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deaths had occurred; 64 were permanent cures; and in 36 the fluid re-accumulated. But it should be remembered that in 20 of these fatal cases, the opening into the cyst had been maintained by a tube kept through the wound; a detestable practice, leading almost certainly to cyst inflammation.

We shall be obliged by those of our readers who have notes of unpublished cases in which ovarian cysts have been injected with iodine, if they will favour us with a short account of them—specifying the age of the patient; if single or married; the duration of the disease; if previously tapped; if one or both ovaries were diseased; if the cyst was simple or compound; the quantity and nature of the fluid evacuated before injection; the amount of iodine injected, and that left, if any; the immediate effects; the progress of the case; and the ultimate result.

ST. THOMAS'S HOSPITAL.

TAPEWORM INDUCED BY EATING RAW BACON.

(Under the care of Dr. PEACOCK.)

Recent investigations have done much to elucidate the hitherto mysterious question as to how certain parasites find their way into the human organism. Respecting the common tapeworm or tænia solium we now know for certain that its scolex, or immature form, is the cysticercus cellulosæ, and that the latter abounds in pork. We know, further, as a fact in the social history of different nations that this kind of tapeworm is found in almost exactly proportionate frequency to the use of pork as an article of diet. Wherever, as in Poland, Hungary, and our own country, the breeding of pigs flourishes, there the tænia solium abounds; and *vice versâ*, wherever, as in Iceland, there are very few pigs, there it is almost unknown. A sound physio-pathological reason may be given for the religious ordinance of circumcision among the Jews; and here we seem to have a parallel one offered for the prohibition of the flesh of swine. It is asserted by Küchenmeister (a) that this worm "is almost entirely unknown among those Jews and Mohammedans who live strictly according to their religious precepts, and who are not deprived of the opportunity of procuring their meat from 'clean' butchers' shops in which pork is never sold."

The history, given by the subject of the following case, appears to us of much interest in relation to the question just referred to.

Henry M. aged 36, a bootmaker, living in Houndsditch, was admitted as an out-patient at St. Thomas's Hospital, under Dr. Peacock's care, on January 10, of the present year. He stated that he had suffered from tapeworm for eight months past, and had voided many fragments on different occasions. Two months before he had taken repeated half-ounce doses of turpentine, but without getting rid of his enemy. In answer to inquiries as to his dietetic habits, he stated that he never took his fresh meat under-cooked, but preferred it well done. He had, however, since his marriage (to a German woman), adopted one of his wife's favourite dishes, consisting of raw bacon with vinegar and pepper. Of this he thought that on an average he had made his supper once a month. He was not aware that he had ever had tapeworm before adopting this custom, though he had been troubled with ascarides.

We quote the case merely on account of its bearing upon the possible modes of entrance of these parasites. It may, however, be of additional interest to some of our readers to add respecting the treatment, that Dr. Peacock ordered the tincture of kameela in full doses, and with the best effects. It was given at first in two drachms, and subsequently in three drachm doses, and when discharged six weeks later he appeared to be cured. Dr. Peacock informs us, that as the result of further trials with larger doses he has been led to entertain a somewhat higher opinion of the vermicide properties of the kameela than he formerly did. He still, however, considers that the ætherial oil of male fern is, on the whole, preferable, being at least as efficient and much less annoying to the patient.

To return to our main subject. The question suggests itself as to whether the scolices of tapeworm can retain their vitality in pork which has undergone the process of curing. It is generally admitted that thorough cooking always destroys them; and Küchenmeister believes that pickling and smoking (as of hams) would effect the same object. He even holds that an exposure of eighty hours is sufficient to destroy the life of the cysticercus. Von Siebold, on the other hand, believes that they may often escape injury during the rapid processes of curing and smoking as at present practised. The former writer appears to think that by far the most common mode of conveyance is by the butchers' hands or knife from the fresh pork. It is very probable that the man whose case we have given above was in the habit of having his rashers ready cut at the shop, and as the sale of pork and bacon is often conducted at the same establishment, the knife employed might very possibly have cut fresh measly pork just before. The case is, therefore, not so conclusive as to the efficiency of cured bacon to convey tænia as at first sight it may appear.

(a) For much interesting information on this subject, not elsewhere accessible to the English reader, see the Sydenham Society's translation of "Küchenmeister's Manual of Parasites," vol. i. p. 113, *et seq.*

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING 1858.

(Concluded from page 534.)

The subjoined report includes as usual the following hospitals:—

The Royal Berkshire (Reading), the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Glasgow Royal, the Gloucester, the Hull, the Leeds, the Leicester General, the Liverpool Southern, and Toxteth, the Newcastle-upon-Tyne, the Queen's (Birmingham), the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the West Norfolk and Lynn (Lynn), the York County.

AMPUTATION OF THE PENIS.

A man, aged 67, was admitted under the care of Mr. Crosse, into the Norwich Hospital on account of epithelial cancer of the penis of three years' duration. He was the subject of phymosis, and only after an operation for the relief of the latter, did his more serious disease become manifest. The organ was amputated, and he recovered well.

Appendix.—The following cases have been accidentally omitted in their proper places:—

LITHOTOMY.

Whole number of cases, 46. Recovered, 44. Died, 2.

Case 46.—The Leicester: Mr. Benfield.—A boy, aged 9, in good health. The usual operation, and a stone weighing nearly half an ounce removed. Recovery.

HERNIOTOMY.

Whole number of cases, 33. Recovered, 18. Died, 15.

Case 29.—The Reading.—A spare old woman, aged 66, the subject of a reducible femoral hernia. The hernia was small in size, and had been strangulated for forty-five hours. The sac was opened. Recovered. *Case* 30.—The Leeds: Mr. Hey.—A woman, aged 60, the subject of a femoral hernia strangulated thirty-two hours. The sac was opened, and some old omentum and a knuckle of intestine found in it. The adhesions were detached. Recovered. *Case* 31.—The Reading: Mr. May.—A woman, aged 56, admitted in an almost moribund state, with a large femoral hernia, which had been strangulated forty-eight hours. The sac was opened. Death twenty-one hours afterwards. *Case* 32.—The Leeds: Mr. Smith.—A man, aged 53, with a left inguinal hernia of small size, but strangulated five days. Sac opened. All went on well till the sixth day, when the wound appeared to be healed. He then got out of bed, and so caused a reprotrusion of the gut, which passed externally through the wound. It was tightly compressed by the bandage, and became much inflamed. Death on the tenth day. Autopsy showed intense

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peritonitis. *Case* 33.—The Leeds: Mr. Smith.—A woman, aged 58. A small femoral hernia had been strangulated twenty-four hours. Sac opened. Death from peritonitis.

OPERATIONS FOR STRICTURE OF THE URETHRA.

Whole number of cases, 3. Recovered, 2. Died, 1.

Case 3.—A man, aged 40, under the care of Mr. Johnson, in the Derby Infirmary. He was pale and emaciated, and had suffered from stricture for several years. Complete retention had existed for two days, and no instrument could be introduced. The perineum was laid open, and the strictured tract divided (without a guide). A gum elastic catheter was afterwards passed and retained. He had repeated attacks of diarrhœa, and sank exhausted five weeks after the operation. The wound had scarcely commenced to heal.

OPERATION FOR RECTO-VAGINAL FISTULA.

A woman, aged 26, under Mr. Gisborne's care, in the Derby Infirmary. The opening was large, being nearly two inches long. The vagina was occluded by adhesions, and the menses had been retained for twelve months. These lesions had resulted from an instrumental delivery. The adhesions were broken down, and the menses evacuated preparatory to the operation. In the latter the metal-button and shotted-wire sutures were employed. A portion of the centre of the fistula only healed. The woman declined a second operation, and left the Hospital at her own request.

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Medical Times & Gazette.

SATURDAY, MAY 28.

THE BRITISH PHARMACOPŒIA.

One of the first duties imposed upon the new Medical Council was the preparation of a British Pharmacopœia; and according to report, great progress has already been made in this important task. The catalogue of drugs employed in Medicine, and the modes of preparation of the pharmaceutical compounds, have hitherto been arranged in separate categories according to the views entertained respectively by the Colleges of Physicians of London, Edinburgh, and Dublin; hence has arisen an unseemly diversity of opinion, and a variety in practice, manifestly discreditable to British Medical science, and highly inconvenient to all those whose duty leads them to prescribe or to dispense medicines for the treatment of disease. The formulæ for the same drugs in one of the divisions of the British empire are almost always different from those adopted in another; so that the prescriber, unless in his own country, is in a continual state of uncertainty whether his views will be properly carried out by those who prepare his prescriptions.

To reconcile these discrepancies, and to bring about the uniformity which the three Colleges ought themselves to have aimed at many years ago, are the objects of the New Medical Council in the preparation of the forthcoming British Pharmacopœia; and although it will be impossible to please all parties, yet we may anticipate that the publication of a uniform system of classifying and preparing medicines will be hailed with satisfaction throughout each division of the United Kingdom. We cannot, however, conceal from our readers that the adoption of a uniform system will be attended with much present inconvenience to those who have been accustomed to a particular routine; and that the obligatory duty of preparing and compounding medicines upon a new system will disturb existing arrangements to an extent which at present is hardly conceivable.

One change which we believe has already been determined upon is the adoption of a uniform system of weights. The standard is to be the Avoirdupois weight, instead of the Troy weight, or Apothecaries' weight, hitherto used in this country. The former, we need scarcely remark, contains sixteen ounces in the pound, while the latter contains only twelve; and the value of the drachm, the scruple, and the grain, are very different in the two cases. By a strange diversity, or we might say perversity, of opinion, the three Colleges of Physicians have hitherto disagreed upon this most important particular; for while the London College adopts the Troy or Apothecaries' weight, the Edinburgh and Dublin Colleges adopt the Avoirdupois weight. It is evident that no preference is due to the one over the other. In the abstract, both systems are equally good; the only blame that can be imputed falls upon those who have disagreed upon a point comparatively so unimportant, but the discrepancy on which must have caused much unnecessary trouble and inconvenience. For all who take a philosophic view of the subject, it is a matter of perfect indifference which system of weights is adopted; but it is most essential that the system of weights and measures throughout the British empire should be *the same*. On philosophical principles, indeed, we conceive that a decimal system of weights and measures is the best, and that the Continental system of division into grammes, centigrammes, and milligrammes, and into centimetres, millimetres, etc. is most consistent with the abstract necessities of the case, and the best adapted for easy calculation. We hear that a proposition was made to arrange the weights and measures of the new Pharmacopœia upon a decimal system; but that the plan was not adopted.

We believe we may announce that the Avoirdupois weight has been finally agreed upon as the weight to be used in the new Pharmacopœia; all those members of our Profession who dispense their own medicines, and all Pharmaceutists, must make their arrangements accordingly; and, in all parts of the empire, must procure new weights. The measures of liquids will remain the same as at present, the minim being the sixtieth part of the drachm; and the weights and measures will be reduced to the same standard by altering the value of the present grain to ·91 of a grain, which is the weight of a minim of water. Sixty times ·91 of a grain will form a solid drachm, and eight of such drachms will constitute an ounce, while sixteen ounces will make the pound. All Physicians and Surgeons, too, will bear in mind that the doses of drugs which they will hereafter prescribe, must be modified according to the new arrangements; for, by prescribing drugs in their present doses, some inconvenient, if not serious, results might possibly ensue. Whether it was advisable to render such an organic change immediately compulsory throughout the empire is a question on which at present we are hardly prepared to offer an opinion: we shall merely remark that it will be attended with enormous present inconvenience, although the disadvantages will be eventually counterbalanced by the establishment of the general uniformity which all must admit to be most earnestly desired.

Upon another point connected with the new Pharmacopœia we must express our doubts whether the plan to be pursued is altogether consistent with the dignity of the Profession, the catholicity of Medicine, or the interests of the public; although we are quite aware that in the remarks we are about to offer, our opinions may differ from those of many of our fellow practitioners. We allude to the resolution which has been passed to publish the Pharmacopœia in the English language.

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It appears to us that the arguments in favour of publishing the Pharmacopœia in English, are very few and unimportant; while those on the other side are numerous and cogent. It may be urged that the directions of a *Latin* Pharmacopœia may be unintelligible to some druggist's apprentice, or perchance to some member of our own Profession; but surely no man is fit to exercise the Profession of Medicine unless he possesses sufficient general knowledge to decipher so much of Latin as is involved in an ordinary prescription; nor can we in any way understand why an elementary knowledge of Latin should not be required of all those who exercise the functions of dispensers of Medicine. Surely the pharmaceutist should be subject to *some* test of preliminary education, and a smattering of Latin is not an unreasonable acquirement to expect of a person who is to deal with instruments which may bring life or death to a fellow-creature. Besides, an English translation is always procurable by those who require it; and they whose Latinity is too feeble to master the original, would, as heretofore, avail themselves of such assistance. Or we see no reason why Latin and English should not be printed in parallel columns.

In the first place, then, we think that the abolition of all Latinity in the new Pharmacopœia will tend still further to discourage the pursuit of literature among the members of our Profession, some of whom are unfortunately amenable to the reproach of being in this respect behind many who belong to other learned professions; and even in the case of the Pharmaceutical Chemists, the Anglicising of the Pharmacopœia will deal a heavy blow and discouragement to the praiseworthy efforts of the Pharmaceutical Society and others who for many years past have been endeavouring to promote among their alumni at least a small modicum of taste for polite literature.

In the second place, the publication of an English Pharmacopœia in our own language will no doubt be acceptable to those who know nothing of the Latin tongue; but, on the other hand, the document will be almost unintelligible in all those countries where English is not spoken. From the very dawn of learning in Europe, the Latin language has been the medium of communication among the learned of all countries; and in the classification of the objects of the animal and vegetable kingdom, including many of the substances used as medicines, the generic and specific names by which these objects are known throughout the world are clothed in Latin terminations, and their characters usually described in the same language.

Again, the publication of a Pharmacopœia in the English language, will involve the writing of prescriptions in English —an innovation for which some plausible arguments may perhaps be adduced, but to which we conceive there are not a few objections. Independently of the lowering the standard of literary acquirements, at present aimed at, if not reached, on the part of the Medical Profession and of Pharmaceutists, there are some weighty reasons, of a psychological nature, why patients should be kept, in a certain degree, ignorant of the drugs they are taking. In the case of the more energetic and poisonous preparations used in the Materia Medica, it is sometimes desirable that nervous and hypochondriacal patients should be kept unaware of the medicines prescribed for their ailments; while, on the other hand, the employment of some apparently inert, though, perhaps, under the circumstances, appropriate remedy, may excite distrust, and even ridicule, on the part of some patient who expects a very decided and vigorous treatment.

Such are a few of the points which have struck us in relation to the new Pharmacopœia; and we shall revert to the subject at no distant perod, as it is one of the deepest interest to the Profession.

THE WEEK.

We are happy to announce that the remission of the Stamp Duties upon Licences to Practise is to be granted very shortly; as the Medical Council have received a notice from the Treasury that the Lords Commissioners are "prepared to propose to Parliament the remission of the Stamp Duty of £15 on Licences to Practise, but do not deem it expedient at present to make any alteration in the Stamp Duty on Fellowships." This will be a great boon to gentlemen who are about to obtain the licence of either of the Colleges of Physicians. When the proposition comes before Parliament, it is not impossible that the Duty on Fellowships may also be remitted, if an amendment to that effect be moved and supported by men of influence.

At the Coroner's inquest on Wednesday in the Richmond poisoning case, the evidence of Drs. Taylor, Todd, and Julius must be considered as overwhelming proof that the deceased died from poison. The question of administration remains for further inquiry. The case will, in all probability, turn out to be one of the most remarkable in the modern records of poisoning. One peculiar feature was that the medicines prescribed by the Medical attendants were, generally speaking, not given to the patient at all. Some of the mixture bottles were unopened and untouched; and so of the pills, only two or three were gone from a box. A question was raised as to the possible presence of arsenic in the bismuth prescribed; but we are informed that there was no arsenic in the bismuth at Dr. Julius's from which the medicine was prepared. It would not be right to comment further on the evidence at the present stage of the proceedings; but we append a short abstract of Dr. Taylor's evidence. He said:—

"He had received forty-five bottles, most of which contained some portion of liquid, which he had carefully analysed. He numbered each bottle, and found that number 21 contained a liquid which he found to consist of chlorate of potash and a small proportion of arsenic. He found a small quantity of arsenic in one of the kidneys; also in the small intestines; and he also detected the presence of antimony. His own impression was that in this case poison had been taken into the system by small and repeated doses, but at the same time it was not impossible that one dose of poison might account for the appearances presented. The effect of antimony or arsenic would be to create intense thirst, and arsenic would cause more intense thirst than antimony. In addition to the contents of the bottles found in the house where the deceased and Smethurst resided, witness had tested a quantity of homœopathic medicine, found in a box belonging to Smethurst. This medicine was contained in sixty-four tubes, and consisted of globules. He had tested the contents of many hundreds of these globules, and found no traces of arsenic or any otherpoison. They consisted simply of sugar, starch and gum; and if a person was to take the whole of the contents of the sixty-four tubes, it would do no harm, and certainly no good. The chlorate of potash was rather agreeable to the taste than otherwise; and its effect when combined with arsenic would be to pass the poison more quickly through the system, but this would not prevent the poison from acting upon the system. Many of the bottles which witness examined were quite full of the medicine which had been sent from Dr. Julius, and no portion of such medicine could have been given to the deceased.

"Serjeant Ballantine: Having heard the evidence as to the symptoms before death, and having examined the body after death, what is your opinion as to the cause of death?—Dr. Taylor: I believe that death resulted from exhaustion arising from ulceration of the bowels and the other symptoms described, and I can draw no other conclusion but that the taking of irritant poison into the system caused these symptoms, and consequently death.

"By the Coroner: I give that opinion without any doubt upon the matter. I found sufficient antimony and arsenic

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in the body to lead me to that opinion. I also gathered from the evidence that the deceased suffered most after swallowing any portion of food, and this would have been the case had she taken poison with any portion of the food."

Mrs. Hobson, a midwife, has been committed to gaol for manslaughter, by a Leeds coroner's inquest, because she mismanaged a midwifery case, in which the placenta was retained,—the subject of the misfortune dying of hæmorrhage under her hands. A Surgeon was sent for in the first instance when labour commenced; but as one could not be obtained, the midwife was procured. The midwife evidently did her best to get the placenta away; and under the circumstances we must say that it does appear to us an extreme case of cruelty to commit the woman to gaol and accuse her of manslaughter. This is rare justice, indeed, to allow the most villanous quacks to poison right and left with impunity; and punish a poor and probably honest old wife, whose position and services are recognised as honest and useful, because she cannot act like a first-rate Accoucheur!

We are indebted to an able correspondent for the following scrap from the *Cork Examiner*, which he very truly says fully bears out our prediction, that "the Doctor will be offered up as a sacrifice for the sins of Guardians, and Inspectors, and Commissioners."

"On Wednesday last we expressed, as plainly and distinctly as our power of language enabled us to do, our firm belief that the Physicians of the Cork Workhouse were responsible for the sanitary condition of the children of that establishment, inasmuch as they had not acquainted the Guardians with a state of things with which they were professionally conversant, and of which even the best attending guardians were necessarily ignorant—those guardians not being medical men, and therefore not competent to pronounce with authority on the various manifestations of an insidious disease. On that day we endeavoured to fix the saddle on the right horse, when we held the Physicians responsible for what was entirely within their province, and what it was their duty to proclaim to the guardians, to the ratepayers, and to the public."

We have, on more than one occasion, called attention to the flagrant abuses which result from the "gratuitous services" of Medical men—yielded after the indiscriminate fashion now adopted. We showed that the system was one enormous robbery practised upon the Profession by its own folly and injustice; that one portion of the Profession practised the thing to the injury of the other; and that thus such a competition was excited that one man now strives how he may give cheaper gratuitous services than another. A cotemporary has taken up the question in favour of these sort of services, and bases his position upon the consideration, that Medical men by this generous devotion of their time and talents acquire the high esteem of the public, and occupy an elevated position in the scale of philanthropy. Now this is, in plain and vulgar phrase, all bosh. The public is not to be hoodwinked in that way; it knows, just as well as the Profession knows, the meaning of all this philanthropy. Let officers of public charitable institutions tell, truly, why they give these gratuitous services; and there will be, as there can be, but one honest answer: It is that they may gain good odour and much repute in the eyes of the public at large, and thereby acquire that main thing which all the world is daily striving for. Our attention has again been called to this subject in consequence of an advertisement which has been forwarded to us. It illustrates in a striking way one of the points we insisted upon—viz. the daily increasing development of the absurd system—the daily bidding of one Medical man against another to do the work of the public cheaply. A Medical and Surgical Institution is advertised, as established in Islington, for the purpose of giving "first-rate advice" at the least "possible cost." For *two shillings* per head advice and physic of the quality specified is to be had there. But the public must come in shoals or the thing won't pay: "It is with cheap Medicine, as with cheap literature, overflowing numbers alone can maintain such an enterprise in all its integrity and usefulness;" and, "When it is considered that Physicians and Surgeons of acknowledged eminence and efficiency must be liberally remunerated, and that the medicines supplied are (sic) of the utmost purity and freshness, etc." Moreover—

"In order to extend the range of its benefits to the working portion of the community, it has been determined to issue *One Shilling Tickets*, to be obtained at the Institution, conferring the same advantages as are derived by those paying the regular fee; and it is suggested, that it would be a great kindness to present such tickets to domestic servants, and many others, to whom small sums are an object—so that the Institution may be the means of promoting 'the greatest good' to the 'greatest number.' A Physician and Surgeon in daily attendance."

Such is the programme of "Medical benevolence," dressed up in a most transparent chemise. Her handmaids on this occasion are, according to an advertisement in the *Islington Times*, represented by the following philanthropists:—"Medical Officers: Physicians, *Klein Grant, M.D. &c. &c.* late senior Physician to the 'Royal General Dispensary,' and to the 'Western Infirmary for Diseases of the Chest,' and Medical Referee to the 'Metropolitan Life Assurance Society.' G. C. Holland, M.D. &c. &c. Surgeon: I. Frampton Smythe, Esq. House-Surgeon and Dispenser: Mr. R. S. Hayman."

A correspondent in the country calls our attention to what he calls "the laxity which prevails in carrying out Registration, and the facility so afforded for the grossest kind of imposture." We should expose both our Correspondent and ourselves to legal difficulties were we to publish his letter; but we may state that he gives us the name and address of a man who was a low class day labourer; then a vendor of earth-worms and sheep's dung as remedies; then an herbalist; and lastly, a *Doctor*, self-styled, and popularly recognised as such. Lately he has signed a declaration before a magistrate that he was in practice as an Apothecary before 1815, forwarded this application to the Registrar, and *was registered*. We need hardly say that all such applications should be received with extreme caution. A man must be sixty-five years of age at least, if his statement of practice before 1815 be true. Our Correspondent adds:—"Proceedings have been commenced; but all the trouble and expense might have been saved if the *very commonest* caution had been exercised in the matter first by the magistrate, and secondly by the Registrar and his clerks, who could have easily seen whether there was such a name in the Medical Directory. The receipt was directed to J. B., Esquire, *Surgeon*,—the post-office people did not know any Esquire or Surgeon of the name in these parts, and very naturally did not send the letter." A case like this must not be passed over without a strict investigation. Day by day the necessity for District Registration Associations is becoming more and more evident.

THE MIDDLESEX HOSPITAL.—The Governors of this Hospital have purchased an adjoining house, partly for the purpose of enlarging the out-patient department; but principally to obtain accommodation for the residence of three Clinical Assistants. These assistants will be selected from amongst the most deserving students of the Hospital. They will, by the wise liberality of the Governors, be boarded, and have their quarters free.

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ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Anatomical and Physiological Examination of Candidates for the Diploma of Member of the College.—May 5, 1859.

1. What are the muscular agents by which the urinary bladder is evacuated? Are the actions of the muscles employed voluntary or involuntary? Further, describe the muscular coat of the bladder, and whence it derives its supply of nerves.

2. How is the boundary of the upper opening of the glottis formed? What is the unconstrained position of the epiglottis? What is the position of the epiglottis in breathing, and what in the act of deglutition? And how is the closure of the opening of the glottis effected?

3. What is meant by the "oblique bearing" of the pelvis, as seen in a well articulated skeleton? What is the consequent direction of the openings of the pelvis in the erect posture? And what is the reason assigned for the oblique position of the pelvis?

4. What are the muscles of the leg and foot which contribute to raise and sustain the body on the toes or tip-toe?

5. What are the communications between the ventricles of the brain.

6. What is the physiological explanation of sighing?

7. What are the origin and course of the spermatic artery? What is the disposition of its branches in the testicle? And again, what are the course, disposition, and termination of the veins by which the blood is returned?

Examination on Pathology, Surgical Anatomy, and Surgery, of Candidates for the Diploma of Member of the College.—May 10th, 1859.

1. What is the progress, from the commencement to the completion, of the process of union in a simple fracture? and what are the principal causes which may retard or wholly prevent bony union?

2. What are the circumstances which, without the aid of Surgery, may be effectual in arresting hæmorrhage, and in permanently closing the vessel, when a large artery has been divided?

3. What is the process of healing by granulation? What is meant by healthy granulations in respect of their organic condition? And how is a granulating wound finally cicatrised?

4. What are the causes of varicose veins in the lower limbs? Are the deep-seated veins liable to the same affection? and if not, what is the explanation? And what is the principle of the treatment of varices of the lower extremity, exclusive of surgical operations?

5. What is the character of the pulse, in respect of its fulness, force, and frequency, in inflammatory fever dependent upon acute local inflammation? and, on the other hand, in hectic fever dependent upon exhaustive suppuration?

6. What is the process by which extraneous bodies are encysted?

UNIVERSITY OF ST. ANDREWS.

MEDICAL EXAMINATION PAPERS.—MAY 1859.

First Examination.—First Part.

Translation from Latin into English.

Give the derivations and primary meanings of the following words: azote, cyanogen, diabetes, ethmoid, hypogastric, menorrhagia, parotid, peritoneum, and parthenogenesis.

First Examination.—Second Part.

CHEMISTRY.

1. What compounds does nitrogen form with oxygen, with hydrogen, with carbon, and with chlorine? State the composition of each.

2. Enumerate the alkalies and alkaline earths; and state what you understand by an alkali, a base, and a radical.

3. How is hydrocyanic acid prepared? Give a process for ascertaining the exact strength of a sample.

4. Give the tests for salts of copper.

MATERIA MEDICA AND THERAPEUTICS.

1. What Medicines have been employed either to counteract the predisposition to the formation of calculi; or to effect the solution or disintegration of urinary concretions within the body? Explain the *modus operandi* of such medicines.

2. What are the therapeutic uses of, 1 hydrochlorate of ammonia, 2 iodide of iron, 3 the preparations of arsenic, 4 prussic acid, 5 aconite, 6 strychnine?

3. Write Latin prescriptions, without using symbols or abbreviations, for a mixture containing strychnine, and for a dozen pills containing extract of nux vomica.

Second Examination.

ANATOMY AND PHYSIOLOGY.

1. Describe the anatomical relations and the functions of the principal branches of the fifth pair of nerves.

2. Describe the muscles of the leg which by their rigidity or contraction may give rise to the different varieties of club-foot.

3. Describe the iris and retina, and state what you know regarding their minute structure.

4. Describe the structure and uses of the glands of the skin.

5. What are the objects of the process of absorption, and in what different ways is this process effected?

Third Examination.

N.B. In answering the practical questions, the examiners require every candidate to specify the mode of treatment which he is in the habit of adopting, and the doses of the medicines which he prescribes.

PATHOLOGY, AND PRACTICE OF MEDICINE.

1. Mention the principal signs and symptoms known to you of aneurism within the thorax, and indicate their bearing upon the diagnosis with regard to the position and relations of the aneurism.

2. Describe the course of the symptoms, and indicate the treatment, of delirium tremens.

3. What are the principal causes of perforation of the alimentary canal? Given the symptoms of perforation, how would you proceed to discover its actual mode of origin in a particular case?

4. Describe and contrast eczema, impetigo, scabies. Indicate shortly the treatment of each.

Fourth Examination.

SURGERY.

1. Describe the early symptoms, progress, and results of scrofulous disease of the vertebræ.

2. Enumerate and describe the different kinds of cancer which affect the external parts of the body: mention the regions in which each is chiefly found; and the circumstances in which you would consider it judicious to employ the knife or escharotics in the treatment.

MIDWIFERY.

3. In what circumstance is it advisable to induce premature labour, and by what different methods may it be accomplished?

4. What changes take place on the mamma and nipples during pregnancy and after delivery; and what are the differences between the milk secreted immediately after parturition and that subsequently yielded?

Fifth Examination.

CASES.

1. A child, aged 5, has been delicate from the period of teething; apt to suffer from diarrhœa, disposed to feverishness from slight exciting causes. Once or twice it has been threatened with convulsions, and hooping-cough was followed by protracted chronic bronchitis, with shortness of breath and increased feverishness and emaciation. Present symptoms are restlessness, somnolency, alternating with fits of screaming and tossing; the child is irritable, and complains of the head; appetite is lost, and bowels are constipated; the face is flushed, pulse 120, but very variable both in strength and frequency; expression vacant, pupils sluggish and slightly dilated; eyes generally closed, and face averted from the light; there is great thirst and vomiting (which in the course of the illness has frequently occurred), is now less frequent; skin hot and dry; abdomen shrunk; no convulsion; no paralysis.

Remark on the diagnosis of this case, in such a manner as

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to give your ideas of the significance of each fact recorded above. State also the prognosis, and the probable condition of the organs in head, chest, and abdomen. Sketch out the general course of treatment applicable to such a case.

2. A young woman has had a chronic cough, chiefly during winter and spring, for three years; the chest has been repeatedly examined without any disease of the lungs, beyond slight catarrh, being discovered; but there is suspicion of tubercular disease. Of late there has been an aggravation, marked by suddenly developed pain in the right side, with severe dyspnœa; percussion of right side of thorax not dull as compared with left; in front and at some points of lateral region faintly tympanitic; respiratory murmur almost universally absent on right side; on left rather exaggerated.

What is the most probable view of the cause of the aggravation in this case; what further examination would you make, and what signs would you expect in the event of the probability you contemplate being converted into a certainty?

3. A sempstress complained of increasing difficulty in seeing to work: on examination there were found—1. Injection of palpebral conjunctiva, with heat and watering of the eyes; 2. Inability to read for more than a minute or two at a time, though the type appeared quite distinct at first, and distant objects were always seen clearly and distinctly; 3. Vision as of motes and twisted strings, these objects appearing to fall down across the field of view when the eyes were suddenly raised to the window; 4. The appearance of sparks and flashes of light before the eyes after much use of them.

Explain the pathology of these four sets of symptoms, and the treatment proper to cure or alleviate the morbid states which caused them.

REVIEWS.

CHINESE WORKS.

1. *Physiology and General Anatomy.*
2. *Surgery.*
3. *Diseases of Women and Children.*
4. *Medicine and Materia Medica.*
5. *On General Sciences.*
6. *The Twelfth Annual Report of the Chinese Hospital at Shanghae*, from January 1st to December 14th, 1858. Shanghae: 1859.

Medical science in China is at a low ebb. It does not equal the state of the Medical art in the time of Hippocrates and Celsus. The knowledge of anatomy and surgical treatment in ancient Greece and Rome was much superior to anything now in India and China. The excellent Medical colleges in the Indian presidencies are doing much for that country. They have both men and means at their command, and they send out native Practitioners fully competent for their work. Dr. Hobson has contributed to this good object in China, and has just completed a series of volumes on Medicine and the collateral branches, both for the instruction of native Practitioners, and to diffuse general information on these subjects, with the hope also that ere long the Chinese Government will do something to encourage the study of the Medical art. At present, he says, "there are no colleges or schools in the country, excepting the Imperial College at Peking for the use of his Majesty and high officers. Anatomy is totally interdicted both by law and public opinion. Any man, however, may practise Medicine, and thousands do so with the slender knowledge which books afford, or by the exercise of their own common sense, which proves a safer guide, and brings persons occasionally into notoriety, and a good income. In these books, which are based on principles adopted two or three thousand years ago, the important doctrine of the circulation of the blood is not only not understood, but perfectly confused and erroneous. Their theory of the pulse proves this to a demonstration. There is no distinction between arteries and veins—no knowledge of the heart's proper function, nor the necessary changes the blood undergoes in the lungs and capillary system.

"The Chinese know nothing of the nervous system, its functions and diseases. They have names for the brain and spinal marrow, but nothing more. They have a pulse for every organ but the brain. The true position, form, and uses of the viscera are not understood. They profess to be so, but a glance at their drawings manifests the most palpable errors. There is no lack of books and observations upon them, for everything, even the most mysterious and inscrutable, are explained by the *yin* and the *yang*, the hot and the cold, the dry and the moist, the superior and inferior influences! Almost every symptom is a disease, and every prescription (of which the books contain thousands) are for every imaginable symptom, indicating a miserable acquaintance with the nature and causes of disease—and so long as the Chinese are content to follow the old paths, there is little hope of improvement. In this condition of things, it seemed very desirable to attempt to introduce the well-established principles and facts of Western Medical science, to prepare the way for changes in the effete system of China. But knowing the character of the national mind, it would be folly to expect these to take place immediately; yet a commencement must be made by some one at some time; and, under this conviction, a work was prepared in Canton eight years ago, on the interesting subject of physiology and general anatomy, avoiding all theoretical opinions."

This work is mainly a translation of Dr. Carpenter's admirable treatise on Animal Physiology, with extracts from Quain's, Wilson's, and Paley's works. The drawings were copied from these, and, in the first issue of the work, were lithographed at the Hospital, but subsequently were cut on wood by Chinese workmen at a very small expense. This volume has been twice republished by Chinese mandarins, and is widely diffused both over China and Japan. The father of Governor Yeh, of Canton notoriety, published the whole work, and arranged besides the illustrations on eight scrolls, suitable for presents, and to assist persons desirous of acquiring the healing art; it is the first time, he says, "that we have beheld such productions. Our science cannot indeed compete with that of the philanthropic author." This, issued from the Governor's palace, by persons not friendly to foreigners, was considered at the time a great admission of our superiority, at least as it regarded the Medical art.

This work being extensively read by all classes, proved a good foundation for those to follow. The first of these was on the properties of air, light, heat, electricity, the elements of astronomy and natural history; on all of which subjects the Chinese, as a people, are extremely ignorant or misinformed. This work was also illustrated with numerous well-engraved woodcuts; and has been sought after with avidity, especially during the late brilliant appearance of a comet. This was followed by a treatise on "Western Surgery, its Principles and Practice." The books principally referred to were Druitt, Ferguson, Erichsen, and Cooper. The aim of the author has been to make it as plain and simple as possible; but the art itself being in such a low state in China, it is of course in some parts before its time; but it seemed very desirable that a general knowledge of Western Surgery should not be withheld on this account; it may stir up men to study it henceforth as a science, and not as an ignoble art. Another treatise was on Midwifery, including puerperal diseases and infantile affections. This is mainly a translation of Churchill's and Ramsbotham's works. This branch of our art is in the hands of ignorant Chinese women, who are only equal to cases of natural labour. Thousands of women die annually from hæmorrhage, crossbirth, and puerperal fever, for whom at present there is no relief. This treatise does not go into instrumental labour, but points out nature's proper course, and the simple artificial means to aid it when required. The last of the series is on the theory and practice of Medicine, simplified as much as practicable, and adapted to the climate and diseases of China, with a condensation of the Pharmacopœia, and a general vocabulary, in English and Chinese, to facilitate reference, and to fix a sounder nomenclature. Time will show how these works will be appreciated, and the good influence they will exert. It may be said only, in conclusion, that the foreign community in China have considered them worthy of their pecuniary support, having published lately a large edition of them for general circulation; and also that the Chinese Commissioners have purchased many copies to send to Pekin and other places. There is also a demand for them at Japan. These facts lead one to hope that the labour bestowed on their production will be seen some future day in the improved state of Medical Science in that vast and distant

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part of the world, and with it many other blessings which usually follow in its train.

Dr. Hobson's labours to promote Medical science among the Chinese claim for him the respect not only of his professional brethren, but of all interested in the advancement of humanity and religion in the vast empire of China. Dr. Hobson is now in this country for the restoration of his health. He has deposited with Mr. Churchill these interesting volumes, illustrating Chinese typography and pictorial art; and any gentleman interested in the subject is invited to inspect them in New Burlington-street.

Handbuch der Historisch-Geographischen Pathologie. Von Dr. A. Hirsch, in Danzig. Erste Abtheilung. Pp. 300.

Handbook of Historico-Geographical Pathology. By Dr. A. Hirsch. Vol. I. Erlangen: 1859. Pp. 300.

Under the preceding title Dr. Hirsch presents us with the first part of a work of which it may be truly said that it takes the rank of a pioneer in a very important branch of pathology. While medical geography describes the various localities on the surface of the earth in their climatic, social, and other relations, and aims at demonstrating how the nature of man is influenced by them, geographical pathology treats of the relation of diseases to the various climates and localities. The latter, therefore, according to the author, endeavours to show in what manner the various forms of disease are spread over the surface of the earth—what differences are observed in the course of the various diseases, as they appear in different localities—how race, nationality, terrestrial or social relations, and climate in general may be considered as essential to the existence and spreading of certain diseases—how the single species of disease are related to each other as to space, whether some exclude others, or occur more or less constantly together—finally, whether and what changes have occurred in the geographical distribution of diseases in the course of time, and what connexion may be found between these changes in social or climatic relations of the respective localities.

The author arranges the various diseases under three heads: viz. 1. Acute Infectious Diseases; 2. Chronic Constitutional Diseases; 3. Diseases of Organs.

The volume before us contains the first and, for epidemiology, most important section,—the acute infectious diseases; viz. 1. Malaria Fever (pp. 1—60); 2. Yellow Fever (pp. 60—110); 3. Asiatic or Indian Cholera (pp. 111—146); 4. Typhous Fevers (pp. 149—192); 5. Plague (pp. 192—214); 6. Small-pox (pp. 214 to 224); 7. Measles (pp. 225—235); 8. Scarlatina (pp. 235—242); 9. Erysipelas (pp. 243—256); 10. Febris Miliaris (Schweissfriesel, Suette miliare, pp. 256—272); 11. Dengue (pp. 272—276); 12. Influenza (pp. 277—300).

The pathological description of the disease is almost entirely omitted as belonging to the works on special pathology. The author gives first, the geographical distribution and the most important historical points; he then considers the influence of race, climate, soil, etc.; and finally the coincidence or antagonism of various diseases in the same locality.

Our space does not allow us to give extracts from the whole volume; but a short description of the manner in which Dr. Hirsch treats the subject of yellow fever will assist the reader in forming an idea of the work.

The oldest history of the epidemics of yellow fever is so incomplete, that it appears as yet uncertain whether it had existed in the Western hemisphere before the arrival of the Europeans or not: the author, however, inclines to the view that it had not previously existed, but that the immigration of a foreign nation from a temperate climate, and the changes in the social condition of life connected with this immigration, have been essential movements in the genesis of the disease. The West Indian islands, the coasts of Mexico, New Granada, and Columbia, have been, from the beginning, the seat of the greatest, and also of the endemic prevalence of the disease. The most complete reports, however, which we possess of the epidemics of the yellow fever, are those of the epidemics in North America. This circumstance has enabled the author to construct a table, as well on the geographical distribution of the epidemics in North America, as also on their chronological appearance. The continent of South America has been much less frequented by the yellow fever; and the greater part of its west coast had remained almost exempt up to 1852, when the disease, imported by emigrants from the Brazils, made its appearance at Lima, spread from there along the coast of Peru, and reached Chili in 1856.

Much more limited than in the Western, has been the prevalence of the yellow fever in the Eastern hemisphere. For epidemiology, however, the history of these limited epidemics is of the greatest importance.

Among the prominent points acting on the propagation of yellow fever, the author dwells especially on the influence of *acclimatation*. He maintains: 1. That the susceptibility of individuals, not yet acclimatised, is in proportion to the degree of geographical latitude under which they had previously lived; 2. That the susceptibility of strangers decreases in proportion as they prolong their sojourn in the yellow-fever district; 3. That the residence within the tropics is not sufficient to remove the susceptibility; 4. That acclimatation is only established by having gone through a severer epidemic without having been affected by the disease; 5. That the immunity is lost by several years' residence in colder latitudes, or in localities exempt from yellow fever, or even by the absence of the yellow fever from the place of residence during a long period; 6. That, however, perfect immunity is never produced, even by long acclimatation: 7. That the immunity is greatest for that locality in which the acclimatation has been obtained, that it is often lost by change of residence, even to a not more unhealthy place.

Dr. Hirsch then proceeds to the consideration of the influence of race, of climatic agencies, as season, temperature, moisture of atmosphere, barometric pressure and electricity, winds, and terrestrial properties. He afterwards discusses the subject of the social conditions, viz. the fact of the greatest prevalence and most frequent occurrence of the disease in large towns, and especially in the crowded quarters of the poor, in the lower situations, where there is a large amount of substance in a state of putrefaction: but, although the author acknowledges the great importance of these circumstances in the genesis of the disease, yet the theory of putrefaction does not appear to him to answer all the questions.

Finally, Dr. Hirsch alludes to the assertion occasionally made, that there are several species of yellow fever, which he completely denies, explaining the difference of opinion on this subject by the supposition that the bilious-remittent malaria-fever has been by some authors described as a species of yellow fever.

Short as this abstract is, it will suffice to show, what Dr. Hirsch comprises under the head of geographical pathology; and we are compelled to admit that this branch science may become of great importance to pathology in general, and especially to epidemiology, and to the ætiology of diseases. The establishment of sound hygienic laws must be the necessary consequence.

As the science of geographical pathology is, as yet, in its very infancy, it cannot be expected that the work before us is without defects; but the author has, thus far, fulfilled his task with great zeal, and exhibits, at the same time, much critical talent, and a very considerable knowledge of the whole field of literature relating to the subject. We have no doubt that the work will be read with great interest in this country, and we do not hesitate to say that it well deserves to be translated into the English language.

An Essay on Classification. By Louis Agassiz. 8vo, pp. 381. London: 1859.

The contents of this volume originally appeared as an introduction to a larger work, still in course of publication in Boston, and of which two volumes quarto have been issued under the title of "Contributions to the Natural History of the United States." The essay we now notice relates to the general principles of Zoology, and the "Categories of Analogy." It is a review of the classification of the whole animal kingdom.

The topics are treated in this most able and interesting volume in three parts or chapters, and may be summed up as follows, in the first part:—

1. The fundamental relations of animals to one another, and to the world in which they live, as the basis of the natural system of animals.

2. On the simultaneous existence of the most diversified types of animals, under identical circumstances.

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3. On the repetition of identical types under the most diversified circumstances.
4. On unity of plan in otherwise highly diversified types.
5. On the correspondence in the details of structure in animals otherwise entirely disconnected.
6. On the various degrees and different kinds of relationship among animals.
7. Evidence of the simultaneous existence in the earliest geological periods of all the great types of animals.
8. On the gradation of structure among animals.
9. Notice of the range of geographical distribution of animals.
10. Identity of structure of widely distributed types.
11. On the community of structure among animals living in the same regions.
12. On the social connexion in the structure of animals widely scattered upon the surface of our globe.
13. On the relation between the size of animals and their structure.
14. On the relation between the size of animals and the medium in which they live.
15. On the permanency of specific peculiarities in all organised beings.
16. On the relations between animals and plants, and the surrounding world.
17. On the relations of individuals to one another.
18. On the metamorphoses of animals.
19. On the duration of life.
20. On alternate generations.
21. On the succession of animals and plants in geological times.
22. On the localisation of types in past ages.
23. On limitation of species to particular geological periods.
24. On the parallelism between the geological succession of animals and plants, and their present relative standing.
25. On the parallelism between the geological succession of animals and the embryonic growth of their living representatives.
26. On prophetic types among animals.
27. On the parallelism between the structural gradations of animals and their embryonic growth.
28. On the relations between the structure, the embryonic growth, the geological succession, and the geographical distribution of animals.
29. On the mutual dependence of the animal and vegetable kingdoms.
30. On parasitic animals and plants.

An interesting recapitulation concludes the first part of this essay.

In the second part or chapter, the leading groups of the existing systems of animals are fully considered, in classes, orders, families, genera, species, and other natural divisions among animals.

In the third chapter is noticed, first, the principal systems of zoology; the early attempts to classify animals; the periods of Linnæus, of Cuvier, and the anatomical systems, such as of Lamarck, de Blainville, Ehrenberg, Burmeister, Owen, Milne Edwards, Von Siebold and Stannius, and R. Leuckart. Secondly, the physio-philosophical systems are then noticed, as expounded by Oken, Fitzinger, and M'Leay. Lastly, we have the embryological systems noticed, as represented by Döllinger, Pander, Von Baer, Rathke, Van Beneden, Kölliker, and Vogt.

The great importance and interest of the matter contained in this most able volume warrant us in thus fully laying before our readers a short summary of what it contains.

THE muscular fibres of animal life, according to M. Budge, increase in number with age, and the development of muscles in bulk does not depend solely upon increase of size of the fibres. He gives the following figures to show the changes of size of the fibres of the gastrocnemius muscle of a frog:—Frog of the length of 13·00 mil. 1053 fibres; 17·00 mil. 1727; 33·75 mil. 1925; 33·85 mil. 2271; 46·00 mil. 3434; 80·00 mil. 5711. Moreover he states that in a frog left without food for three months and a-half, the number of the fibres were 3364, and that they were very fine; while in a like frog left in its normal state, the number of fibres was 4462, and their structure normal.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

BISMUTH IN GLEET AND LEUCORRHEA.

By M. GABY.

M. Gaby states that repeated trials have convinced him that injections of oxide of bismuth constitute the very best treatment of *gleety discharges*. Thirty parts are suspended in 200 of rose water, and so injected as to leave as large a deposit of the salt as possible in the canal. Three injections *per diem* should be employed at first, and then fewer. He has collected 43 cases thus treated with success, five of which he briefly relates. *Urethral discharges*, unconnected with gonorrhea, as observed in certain diatheses, in masturbation, venereal excesses, etc., and increasing in quantity even after pure connexion, have been treated by this means in three cases. *Balanitis* and *balano-posthitis*, and *herpes præputialis* yield rapidly to bismuth, applied in powder after cleansing the part, and then covering with cotton. The various forms of *vulvar leucorrhea* may be treated with bismuth. One of these is entirely confined to the vulva, whether appearing as a consequence of follicular vulvitis or without preceding inflammatory symptoms. The latter is often met with in little girls. Pregnancy, want of cleanliness, masturbation, worms, or contusion, are among the exciting causes. After removing all complication the bismuth acts upon the discharge like a specific. In the leucorrhea of girls, powdering with bismuth is an excellent remedy. In ordinary vaginal leucorrhea, occurring in women otherwise healthy and having no other affection of the genito-urinary organs, the bismuth succeeds well. The cases of *urethra vaginal* leucorrhea are almost always of infectious origin. They have in some instances yielded to bismuth when resisting obstinately other remedies. It is to be remembered that all the cases in which the bismuth is useful are of the chronic description; and that pain and other signs of acute inflammation contra-indicate its employment.—*Bull. de Thérap.* tome lv. pp. 193 and 259.

ON THE ETIOLOGY OF PERMANENT FISTULÆ.

By M. VERNEUIL.

The prevalent doctrine concerning permanent fistulæ is that the absence of all tendency to cicatrisation observed in them, is chiefly due to the incessant presence and passage of excreted matters. To this explanation M. Verneuil offers various objections. In the first place, it is evident that the presence of such fluids does not always prevent *immediate union*," as the various plastic operations in which the cut surfaces are continually bathed with them sufficiently prove. Still, it must be admitted, that with few exceptions, a wound which gives passage to an excreted fluid, will, if left to itself, suppurate. Much will depend upon the extent of the wound, the amount of the separation of its edges, the continuity or intermittence of the passage of the fluids, and, above all, the length of the period during which such deleterious contact has taken place. Next, however, in the case of the wound being abandoned to itself, is its union by the second intention prevented alone by its being in contact by the secreted matters? In answer to this, we have first to observe, that wounds of the mucous membranes made by excision or existing as simple ulcers, undergo secondary cicatrisation in spite of the uninterrupted contact of the fluid which the injured cavity may contain. Both analogy and experience show that this may also be the case with regard to perforation of tracks. Hundreds of cases may be cited in which a spontaneous healing has taken place of fistulous openings in every variety of duct and cavity in spite of the presence of the secretions proper to them. Then, again, we have to observe the difficulty with which artificial openings into various cavities or obstructed orifices are maintained in the absence of a foreign body, and that notwithstanding the presence of these excretory fluids. The natural inference which the author draws from these considerations is, that "excreted liquids or excremental matters do not prevent the secondary cicatrisation of wounds, and that therefore these alone are not competent to give rise to the formation of permanent fistulæ."

It is not meant by this to assert that the contact of these fluids is without injurious influence, especially when they

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acquire irritating properties, and cleanliness is neglected. The excreta can, however, at most be said to delay the union. In the author's opinion a fistula should be regarded just as an ordinary wound or ulcer, its form being the only thing special about it; and the reason of its permanence should be sought for in the general or local, constitutional or anatomical causes which prevent the consolidation of ordinary wounds and ulcers, and not in the special mechanical causes which have been so easily admitted. M. Verneuil points out the contradictions which even some of the best modern writers have fallen into upon this subject; and observes that there are numerous questions in relation to it which remain without any satisfactory solution. Thus, it is not rare to find a small vesico-vaginal fistula cured after the application of the cautery or caustic, notwithstanding that a notable quantity of urine has continued to pass for several days after the fall of the eschar. How is this explained? Why, too, does a large breach in the perinæum, succeeding to gangrene, the result of contusion, frequently become spontaneously repaired, while the smallest loss of substance in the region of the penis is so frequently followed by a fistula of the most obstinate character? How is it that the blind fistula in ano, and consequently exempt from all fæcal contact, is just as obstinate as the complete fistula? Why is the wound in lithotomy so much more rarely followed by fistula, than solutions of continuity arising from gangrene or slow ulceration? And how comes it that a vesico-vaginal perforation produced from without inwards by a pessary, or from within outwards by a calculus, frequently closes of its own accord, notwithstanding its dimensions and the separation of its edges? Most assuredly it is something beyond the influence of the excreta that must explain these differences; and it is at least a useful thing to point out the insufficiency of our theories.—*Archives Gén., tome* xii. p. 653 and xiii. p. 63.

EXCERPTA MINORA.

Glycerine in Pruriginous Affections, etc.—M. Paupert states that prolonged experience convinces him of the justice of the opinion M. Demarquay entertains of the value of this substance used in lotion or ointments in pruriginous affections, accompanied or not with cutaneous eruption. In vaginitis too, and in slight ulcerations of the cervix uteri, it forms a most excellent basis (4 parts of tannic acid to 60 of glycerine), and a cure soon results. M. Demarquay, indeed, uses it as a substitute for grease whenever this is possible, in applications to the skin or superficial wounds. It possesses the great advantage of preserving the substances mixed with it for a long time unaltered.—*Moniteur des Hôp.* 1858, No. 78.

Nitrate of Silver in the Vomiting of Pregnancy.—Dr. Channing states that he has found the administration of nitrate of silver (arg. nit. gr. iv., opii gr. viii., in pil. xvi. cap. i. ter) very useful in the vomiting of pregnancy. Writing from Boston, on the "moral State" of Massachusetts, he represents criminal abortion as a daily practice there, performed in the most unblushing manner, and with complete impunity.

Strong Sulphuric Acid in Hospital Gangrene.—M. Pinilla, of the St. Jean de Dieu, Madrid, states that his success with this application has been very great. Pieces of old linen are dipped in the acid and applied, the irregularities of the wound being filled up with pellets of charpie similarly treated. After leaving the dressing exposed to the air for a few minutes it is covered with dried charpie and a compress and bandage. The pain is very great during two hours, and then gradually subsides, having been accompanied by no general reaction. A thick, hard eschar is produced, which, cracking at the end of eight or ten days, exposes a healthy ulcerating surface, which is to be dressed with spirits of camphor (15 parts of camphor to 500 alcohol.)—*L'Union Méd.* No. 55.

Black Oxide of Copper in Loose Teeth.—Dr. Hoppe strongly recommends, when the teeth have become loosened, rubbing some of the black oxide of copper well into the gums every morning by means of the finger. This induces the contraction of the hyperæmic periosteal vessels, and the teeth again become firm. Various stimulating applications will produce the same effect, but with injury to the gums.—*Berlin Med. Zeit.* 1858, No. 40.

MISS JANE CLARKE, the late Court milliner of Regent-street, has made among other charitable bequests, £500 to the Westminster Hospital.

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, May 16, 1859.

THE demolition of the Hôtel Dieu, or at least the removal of this establishment to some more healthy and convenient locality, is a question which has long been agitated by the authorities charged with the surveillance of the public health. We do not know whether this much-to-be-desired change is likely to take place; but we observe that important modifications in the existing arrangements have been recently made. The large building in front of the Hôtel Dieu, which was formerly occupied by the host of officials connected with the "Administration des Hôpitaux," and known under the name of "Bureau Central," has been recently gutted and fitted up for the reception of patients; the wards, some eight or ten in number, containing no fewer than 271 beds. Although completely isolated from the Hôtel Dieu as far as regards its exterior, nevertheless, by means of a subterranean passage ingeniously constructed, it may now be said to form an integral part of that edifice. The east wing of the front building, which is, we believe, the most ancient part of the old Hospital, has been entirely evacuated, and the patients have been transferred to the new wards above alluded to. This change both the Physicians and the Surgeons who have been officiating in the old wards must be glad of, for the chances in favour of the recovery of their patients will be very much increased. An illustration of this has just come under our observation in connexion with one of the very first operations performed after the transfer of the patients. It was a case of amputation at the lower third of the thigh, in consequence of malignant disease of the upper extremities of the tibia and fibula. The recovery of this patient has been unusually rapid, the stump having all but healed by the first intention—a very rare occurrence in the Hôtel Dieu: indeed in the old wards recovery from operations of a capital kind were exceptions to the general rule. While on the subject of changes in connexion with this great metropolitan Hospital, we may remark that M. Trousseau brought to a close a brilliant course of lectures on Clinical Medicine a few weeks ago. This, we, in common with many other Medical men, regret; the lessons of this distinguished Physician being not only highly instructive, but also intensely interesting. Decidedly he is by far the most attractive, the most popular, and the most eloquent of all the Hospital lecturers; and that such is not our individual opinion is proved by the fact that his lecture-room is invariably crowded to the very door. The summer course of lectures on Clinical Surgery and Medicine has now fairly commenced. M. Jobert figures in the former department, and M. Gueneau de Mussy, who is acting for M. Rostau, at present *en congé*, lectures on Clinical Medicine. M. Jobert is perhaps more at home in the use of the knife than in the lecture-room; it is, however, but justice to him to say that his remarks are generally of a useful and practical kind. We have only one fault to find with him, and it is a somewhat serious one in a Surgeon—it is that of procrastinating. He has, it may be, a highly interesting and important operation to perform, for which he fixes a particular day, and this too in the hearing of the patient who is to be the subject of it. The day arrives; students and practitioners assemble to witness the operation; but they meet only to be disappointed. The distinguished operator announces some trifling reason for further delay. Another day is appointed, and another, and another; at length it takes place on some day when it is least expected, much to the disgust and disappointment of those who were thus prevented from witnessing it. We have never been able thoroughly to comprehend M. Jobert's motives in so acting; but such conduct on his part, while it detracts from his popularity among the students, produces, as we have more than once had occasion to observe, injurious effects on the *morale* of the patients themselves. We trust that these remarks may meet M. Jobert's eye, and that he may profit by the hint contained in them. M. de Mussy is comparatively a young man, and is yet inexperienced as a public lecturer. He is, however, earnest, cautious, and painstaking with his patients; and is at the bedside well fitted to direct and instruct the students in the principles of diagnosis.

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At La Charité, MM. Beau and Piorry have commenced their summer course of lectures on Clinical Medicine, each in connexion with his own particular service. The former, to whom we have frequently listened with much interest, is a man of decided talent and extensive acquirements. He is an original and independent thinker; and if he has any fault, it is that perhaps of being a little too dogmatic in inculcating his views. At the bedside he is extremely minute and methodic in forming a diagnosis, and consequently very well calculated to instruct those who follow his lessons. We observe that he entertains peculiar notions and theories in reference to certain diseases;—in speaking of fever the other day, and while alluding to ulceration of the bowels so often found in the typhoid form of this disease, he gave it as his opinion that this lesion is the result of a morbid condition of the biliary secretion acting chemically on the surface of the intestines. This opinion he has arrived at after a series of carefully considered observations. His views on the pathology and treatment of puerperal fever are also somewhat peculiar. They were fully and freely expressed during the famous discussion on this important subject which took place at the "Académie de Médicine" in 1858; and we have reason to believe, from remarks which he casually lets fall, that they remain unchanged. This disease he does not in reality regard as a fever; in his opinion, it is rather a peritonitis, "*sui generis*," developed under the influence of a peculiar and special diathesis; its gravity being proportionate to the extent of the tissues involved in the inflammatory work. Thus he partakes the views of the two great schools of pathologists, or rather, he may be said to throw a bridge over the chasm which exists between the "Essentiellistes," and those who belong to the "Ecole localisatrice." He is, to all intents and purposes, an essentielliste, inasmuch as he believes in, or rather admits the existence of, a peculiar diathesis; and yet the "localisatrice" school may claim him as one of themselves when he says that what is called puerperal fever is, properly speaking, a peritonitis; diathesis being the starting-point of the former, while inflammation is that of the latter school. In puerperal peritonitis, whether limited in extent or embracing a large surface of the peritoneal covering, one of the most dangerous complications is, in his opinion, the formation of plugs in the heart, or in the large vessels therewith connected,—indeed, he says, when these cardiac concretions occur, a fatal termination may with certainty be predicted. In all cases where the inflammation does not extend beyond the umbilicus, the treatment he recommends, and which he says he has employed with great success, consists in the exhibition of quinine in large and continued doses. He begins the treatment with an emetic, ipecacuanha being that which he prefers. In those cases where a large surface of the peritoneum is attacked, this treatment, in common with every other that may be adopted, will prove unavailing. M. Beau, in common with M. Bouillaud, states that they often develope themselves suddenly in certain cases of pneumonia and other inflammations of the thoracic viscera, as well as in cases of peritonitis of a general kind, or in diseases of the uterus attended with inflammation of a limited extent. We give the following case in illustration of this latter statement. A woman between thirty and forty years of age was admitted into his service about five weeks ago, suffering under hysteria in its most painful and violent form. A careful examination led to the discovery of organic disease of the uterus. The treatment to which she was subjected brought about a certain amount of alleviation, without however making any impression on the original malady. A few days ago a new series of symptoms suddenly made their appearance, such as great dyspnœa, accompanied by precordial anxiety. The pulse was small, quick, intermittent, and irregular in volume. The hands were cold, the features contracted, and the lips violet coloured. In presence of these alarming symptoms M. Beau concluded that concretions were forming rapidly in the heart, or in the large vessels connected with it. The patient sank, and, a few hours after death, the autopsy, which took place in our presence, revealed the accuracy of the diagnosis.

In your number of Saturday, which contains my letter of May 2, owing probably to some imperfection in my manuscript, or to some inadvertence on the part of the printer, a little mistake has been made which requires to be corrected. In alluding to a case of idiopathic tetanus treated by M. Grisolle it is stated that each day opium (the principal drug employed) was administered to the extent of two grains. Instead of two grains, the actual quantity ordered and taken by the patient, for nearly a fortnight, was twenty-four grains of the extract every day, being at the rate of one grain an hour.

GENERAL CORRESPONDENCE.

HOSPITAL APPOINTMENTS.

LETTER FROM MR. GAMGEE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Those who have not forgotten the principles which were so eagerly debated in the autumn of 1857, in connexion with the appointment of a Surgeon to this Hospital, can scarcely have failed to peruse with interest an advertisement which has appeared in your columns for the last three weeks. As the day of application for the two vacant physiciancies is the 27th instant, no remarks which I may now make can influence those desirous of becoming candidates. While I thus take the earliest opportunity of discussing the question on its purely professional merits, I submit that it is my only opportunity; since, however deeply I might be convinced of the errors of a system, I could not attack it, when by so doing I might incur the risk of giving pain to gentlemen who may become my colleagues through its very abuses; but who nevertheless may possess such high claims, as would entitle them to the highest offices in the Profession by the most honourable competition. Four candidates are already in the field; more are said to be forthcoming; and I am a passive spectator of the contest.

In the advertisement referred to it is provided, that the election shall be made by the Governors of the Hospital,—viz. by all who subscribe two guineas annually to its funds. It is stipulated that the successful candidate shall lecture on Clinical Medicine in the Queen's College, and be competent to discharge other professional duties. It is added, that the candidate who has the majority of Governors' votes "shall be appointed by the Council of Queen's College to fill the vacancy." This addition was rendered necessary by express stipulation in the charter of the Queen's College and the Queen's Hospital, that all appointments —to both institutions—shall be made by the Council of Queen's College. A bye-law was for many years in force, "providing that in the event of vacancies in the Queen's Hospital staff, the testimonials of candidates were to be examined and reported upon by the Medical Professors of Queen's College, and that from those reported eligible and best fitted the Council was to appoint." Under this bye-law, which was the one in operation in '57, it was customary to append to the advertisement for candidates a prohibition against canvassing. Under the new law the Medical Professors are altogether ignored, and a personal canvass is invited by the Council undertaking to appoint whatever candidate obtains the majority of two guinea votes—votes which may be purchased by making any number of new governors the very day of the election.

The Queen's College of Birmingham, though now a school of arts, divinity and law, as well as Medicine, originated in the Royal School of Medicine and Surgery, founded by an eminent Surgeon. The Queen's Hospital was subsequently erected at the instigation of the Surgeon just referred to, as a Clinical Hospital complementary to the educational system pursued in the Queen's College. Yet any one who henceforward subscribes two guineas annually to the Queen's Hospital is to have the right of nominating the Professors of Clinical Medicine and Clinical Surgery in the twin institutions.

As a statement of fact I append this to my letters on Hospital Appointments which you have honoured with insertion. Comment would be superfluous; yet with no small effort I repress all I feel in contemplating such an evidence of the social state of the Medical Profession in England in 1859.

I am, &c. J. SAMPSON GAMGEE,
Surg. Queen's Hosp. Prof. Clin. Surg.
Birmingham, May 24. Queen's Col.

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ON DISLOCATION.

Letter from Mr. Maunder.

[To the Editor of the Medical Times and Gazette.]

Sir,—The inconvenience attaching itself to the employment of pulleys in reducing dislocations is not altogether surpassed at the present day by chloroform, inasmuch as this valuable agent is of itself not always adequate to the requirements of the case.

Now the pulleys, in order to be properly worked, require, besides the Surgeon who takes charge of the limb and performs any requisite manipulations, the aid of one, two or three assistants, who cannot always be obtained, and who, if obtained, sometimes employ their strength in a very awkward manner, and are not implicitly under the control of the Surgeon. It is also a cumbrous, expensive apparatus, and consequently not always at hand when required. The power which the Surgeon employs by means of the pulley I propose to replace by india-rubber, in the form of "Hodge's Accumulator" (a), the advantages of which are, that it is contained within very small compass, very portable, inexpensive, untiring, and places the Surgeon independent of the manual assistance of others. The extending power is contained in one or more india-rubber accumulators, fixed by one end to the dislocated limb, and by the other end to a hook attached by a cord to some body capable of resisting the extending force. By this means extension is effected very gradually, avoiding all risk of sudden jerking and consequent laceration of tissues and organs, while the power may be increased or diminished to any extent with ease.

The woodcut represents an india-rubber accumulator, four inches in length, in a state of rest, which, when stretched twenty-four inches, exercises an extending force of 30 lbs. upon the body to which it is attached. I find that a man cannot, without very great exertion, exercise more than an extending power equivalent to 50 lbs.: thus it will be observed, that while each individual accumulator is entirely under the control of the Surgeon, the required force may be readily obtained by increasing the number of accumulators.

The ordinary dislocation apparatus may still be used, the pulleys alone being replaced by the accumulators.

I am, &c.

29, New Broad-street. C. F. Maunder, F.R.C.S.

(a) R. E. Hodges, 44, Southampton-row, London.

THE BATTLE OF THE COLLEGES.

Letter from Dr. James.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your leading article of this date you say—"It seems clear as the day: First, that a new Board—separated from Apothecary's doings—should be established by joint efforts of our Colleges of Physicians and Surgeons to license General Practitioners of Medicine and Surgery; secondly, that there must, in the meantime, be in England a class of pure Physicians and pure Surgeons; and thirdly, that a College of Physicians which admits as its licentiates General Practitioners, ceases to be a College of Physicians, and becomes *ipso facto* a College of General Practitioners."

In arriving at these conclusions, you seem to have omitted one or two important considerations, to which I now beg to solicit attention.

In the first place, if your third assertion can be sustained it must equally apply to a College of Surgeons; but you are surely not prepared to maintain that our Colleges of Surgeons have "abrogated their high position," and become "Colleges of General Practitioners." It is true that General Practitioners are for the most part members of these Colleges; and when they desire to relinquish general practice and become pure Surgeons, no obstacles are placed in their way by the Corporations. Why the College of Physicians should not be equally accessible I confess myself at present unable to discern, for the conduct of the Colleges of Surgeons has not yet "levelled all distinctions" between pure Surgeons and General Practitioners; and no one is "chimerical enough to believe that the present state of things can be upset" by the College of Physicians adopting a similar policy. Besides it is not to be forgotten, that until recently the power of the London College was restricted to the metropolis, beyond whose suburbs its licentiates seldom gained a footing—and this for an obvious reason: only large towns can support a Consulting Practitioner in each department, and the College has always forbidden the practice of Surgery; but University Medical Graduates, whose claim to the title Physician has never been disputed, have not refused to be consulted in Surgical and even obstetrical, as well as Medical cases: thus they have become General Consulting Practitioners, as far removed from "Apothecary's doings" as the pure Physicians of the London College, and as worthily filling a position both as responsible and as respectable. Now these gentlemen would, doubtless, all join the London College were they not required to renounce Surgery; but as they cannot afford to make this sacrifice, and as the public cannot dispense with their services in this department, that body must either relax somewhat its exclusiveness or be content not to embrace the great body of provincial Physicians: for every Graduate being legally a Physician no clause of the new charter can take away from him the privileges of his order—his rights are secured by Act of Parliament, and cannot be confiscated by Royal Charter. We may still be annoyed by contention respecting the relations of these Physician-Surgeons to the Licentiates in Medicine; and unless the College, by a righteous adjustment, can put an end to all such strife, its dignity and its influence seem likely to rapidly decline. Why should not the question be settled by admitting as Licentiates all Graduates in Medicine of British Universities, on the payment of a small fee for registration, provided they renounce the practice of Pharmacy? The Fellowship would still be restricted to those who renounced Surgery also.

In contrasting the requirements of the two Colleges, you say, "the London College requires the Licentiate to be 26 years of age, the Edinburgh is contented with 21 years." Now considering that the Universities grant their highest degree at 21 and 22, it may be fairly questioned whether the London College should not give way on this point; for the young Physician who is compelled to forego the benefit of association with a College during the first four or five years of his Professional life, will easily be induced to do so for the remainder. I am, &c. M. Prosser James, M.D. etc.

Braintree, May 14, 1859.

[Our Correspondent does not seem fully aware of the whole facts of the case he writes about. The College of Physicians is accessible to all General Practitioners. Any General Practitioner—*i. e.* any Apothecary or Surgeon, can obtain a degree, and present himself for admission to the College; and surely no one can be surprised if a College of Physicians demands of those who seek its honours some particular qualifications. The value set upon the Licence is shown by the numbers of gentlemen who now seek it; and we really were not aware that there was any law of the College which prevented a Physician from practising Surgery, if he chose to do so; indeed, all Obstetrical Physicians do practise Surgery. We believe that any Licentiate may, if he please, practise Surgery. Our Correspondent must have taken a strange view of this subject, or he would have been aware that at this moment "all Graduates of Medicine of British Universities are admissible as Licentiates, on the payment of a small fee, provided they renounce Pharmacy." He says that such an arrangement would settle the question; and as such an arrangement is actually in operation at this moment, the question *is* settled. The answer to his hypothesis—that if young doctors of 21 or 22 are obliged to wait three or four years before they can become Licentiates, they will forego the benefit of it altogether—is answered by the fact, that they do wait, and do not forego the benefit.—Ed.]

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LARA AND WALTERS v. WARD.

Letter from Messrs. Lara and Walters.

[To the Editor of the Medical Times and Gazette.]

Sir,—As you have permitted Dr. Ward, to our possible detriment, to give in your columns his own version of the above trial, in opposition to the published report, will you allow us to state—

That our case did not break down, but that judgment was given against us solely on the novel ground that we had rescinded our whole contract with the defendant by permitting him to withdraw his practice from our books; which he did, stating that he was resolved to remain in Kensington, two or three days only before he sold it to Dr. Williams;

That having furnished full particulars of the practice to Dr. Williams, our "extraordinary demand," £25 5s. 6d. would otherwise most certainly have been awarded us by the Judge, in accordance with our express and unequivocal terms, to which the defendant had agreed;

That though this is immaterial, Dr. Williams did not give us the slightest intimation of having previously heard of the matter;

That the report which appeared in your paper, and comprised these facts, was not a mere statement of counsel, but contained Mr. Lara's sworn testimony; and that if, from want of memory, Dr. Williams had contradicted this, it could have been confirmed in every particular from the latter's own lips by a gentleman with whom we were personally unacquainted, but perfectly well known both to him and to Dr. Ward. We are, &c.

Lara and Walters.

Temple, May 21, 1859.

REPORTS OF SOCIETIES.

ROYAL INSTITUTION OF GREAT BRITAIN.

Friday, March 25, 1859.

Sir Henry Holland, Bart. M.D. F.R.S. in the Chair.

Robert Angus Smith, Esq. Ph.D. F.R.S. delivered a lecture on

THE ESTIMATION OF THE ORGANIC MATTER OF THE AIR.

After describing the opinions concerning organic matter in the air, and the various attempts made to estimate the amount, the lecturer described a method of obtaining the relative quantity by means of mineral chameleon, permanganate of potash or soda. This mineral had been proposed by Forchammer, as a mode of estimating the organic matter in water, but it was capable of estimating quantities much more minute. At first the air was passed through the solution of chameleon, but this was not found to cause complete action. It was necessary that the air should remain for some time in contact with the solution to be decomposed. It was then ascertained that the relative amount of organic and other oxidisable matter in air could be found by a simple metrical experiment in a few minutes. The lecturer then said:—In working out this idea, it has been found that a vessel of the capacity of 80 to 100 cubic inches is the most convenient. This is equal to rather less than a quart and a-half and rather more than a litre and a-half. The solution of chameleon used must be extremely weak, so that small quantities cannot readily be distinguished by gaslight. 600 grains of it are required to decompose 5 grains of a standard solution of oxalic acid. The standard solution of oxalic acid is so made that 1000 grains neutralise one grain of carbonate of soda. A thousand grains contain therefore 1·184 grains of crystallised oxalic acid. To prepare the solution a manganate was formed by heating nitrate and carbonate of soda and manganese, assisted by a little chlorate of potash. There was the most minute trace of nitrate remaining in the solution. Perhaps chlorate of potash would have been better, but I had no idea at the time of the difficulty afterwards found in obtaining the same quality. A solution of this manganate was made in pure water, and carbonic acid passed through until a reddish purple shade was obtained. It was then tested by oxalic acid, adding three or four drops of pure sulphuric acid. The purest water obtainable was added to dilute it to the proper amount. This often failed; and I have sometimes for a whole week failed to obtain the proper solution. Although I call it permanganate, it is not entirely so; it is a mixture of manganate and permanganate. A permanganate of the strength described has a dingy appearance and an uncertain colour. I do not doubt that a pure permanganate of a suitable strength may be obtained pleasant to work with. There is some difficulty in obtaining pure water for preparing the solution. If allowed to stand for some time with a manganate it becomes purified. The solution of chameleon is apt to change, although slowly, even when it is hermetically sealed in a glass tube. The solution described had become nearly colourless when sealed up hermetically for about three months. It is found readily to change when it is exposed to air by frequent removal of the stopper of the bottle containing it. Its strength must be tested occasionally; and if it differs from the standard, a calculation must be made for its reduction. The strength of the permanganate solution is extremely small. A few grains of the ordinary solutions of manganese used will make some thousand grains of the solution here employed. The reason of this lies in the extremely small amounts of organic matter found in even the worst air. The vessel used is simply a bottle, with a perforated stopper, through which pass two tubes. To one of these a stopcock is attached, to the other a clasp or stopcock. The standard size proposed is 100 cubic inches; and to this all the experiments have been reduced; the vessels actually used contain between 80 and 100 cubic inches of air. The stopcock is of glass, or of hard caoutchouc, which is still better. When the bottle is to be filled with the air to be tested, the stopper is removed, and the pipe of an exhausting pump is inserted, reaching to the bottom of the bottle. The pump is made like a cylindrical bellows of about eight inches long when stretched out, and about four in diameter, and is compressible into the thickness of about two inches. The sides are made of thin Mackintosh cloth. By the use of the pump the air of the vessel is removed, and the external air of course enters. A few strokes of the pump are sufficient, *i.e.* from six to ten. After ten strokes I perceive no change, and am inclined to think that it is an unnecessary number. The test liquid is poured into a graduated tube or burette, containing somewhat more than will be required. A portion is then poured into the tube which passes through the stopper, and the stopcock is opened to allow it to pass. Small quantities are used; when it has entered the bottle, the liquid is made to spread over the sides, and time given it to be exposed to the action of the air; it is found that in five or six minutes a decided epoch is attained from which to date the comparative action. In order to see the colour the liquid must be allowed to trickle down the sides of the vessel, and collect itself at one point of the circumference at either end of the cylindrical part of the bottle. This part must be raised up to the level of the eye, so that the longest axis may be presented to the sight, and thereby the deepest shade of colour. It requires some time to accustom oneself to the sight of such a small amount of colour; but when it is once well observed, it will be found to be a method which will admit of the greatest precision. The first few drops which are poured in will probably be decolorised at once; a few drops more must then be added; if they become decolorised a few more must be used; and so on until there is a perceptible amount of colour remaining. When this occurs, the experiment is concluded. The amount of the reagent used is then read off from the graduated measure. If the liquid be of the proper strength, and the bottle the required size, the number of grains gives the comparative quantity at once. Sometimes the amount of organic matter is so small that there is no appreciable action, or even the smallest amount of solution by one vessel of air. In this case it is necessary to fill the bottle several times. The mode of doing this is apparently extremely rude, but the results are such as not to demand a finer method at present. A finer method, of course, would need little ingenuity to contrive. At present I merely remove the stopper and fill again with air as before. During the period of filling the vessel the surface of the liquid is reduced to its smallest amount, and the change it undergoes is either inappreciable, or so constant as not to affect the results. In analysing the

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air, in this manner, it is found that a decided result is attained in about five minutes. Sometimes the result is decided in one; that is, there is a termination to the rapid action. This peculiarity is probably to be explained by the following experiments. If we pour decomposing matter on the permanganate solution, it is rapidly destroyed. If the matter be not in a state of decomposition the action is much slower. These different results promise a mode of dividing the organic matter of the air into classes according to its quality. These facts are mentioned merely as germs of a future inquiry. In large towns where coals, containing much sulphur, are burnt, the sulphurous acid takes the oxygen of the chameleon, and an apparently large amount of organic matter results. This sulphurous acid is of itself an impurity, perhaps as hurtful as some kinds of organic matter. We measure by this means the amount of oxygen needful for the oxidisable matter of the atmosphere, and all such matter is impurity, in some places entirely organic, in others, such as towns, mixed with inorganic gases. Some of the principal results obtained by this method were as follow:—

Relative Quantities of Organic and other Oxidisable Matter in the Air of (a)—

Manchester (average of 131 experiments)	52·9
,, All Saints, E. wind (37 experiments)	52·4
,, ,, W. wind, less smoky (33 expts.)	49·1
,, ,, E. wind, above 70° Fah. (16 expts.)	58·4
,, ,, below ,, (21 experiments)	48·0
,, In a house kept rather close	60·7
In a pigstie uncovered	109·7
Thames at City, no odour perceived after the warmest weather of 1858	58·4
Thames at Lambeth	43·2
,, Waterloo Bridge	43·2
London in warm weather (6 experiments)	29·2
,, after a thunderstorm	12·8
In the fields S. of Manchester	13·7
,, N. of Highgate, wind from London	12·3
Fields during warm weather in N. Italy	6·6
Moist fields near Milan	18·1
Open sea, calm (German Ocean, 60 miles from Yarmouth)	3·3
Hospice of St. Bernard, in a fog	2·8
N. Lancashire	about same
Forest at Chamouni	2·8
Lake Lucerne	1·4

The first experiments undertaken were in Manchester, and the average amount obtained was in the city about 50, gradually diminishing in moving towards the country, until it was found in the fields at 13; on passing a sewer stream about a mile from the outskirts, the amount rose to 83. The atmosphere on the Thames was not measured while at its worst, but immediately afterwards; when however it had ceased to affect the senses of most persons at least, the amount was very high, viz. 58. I was anxious to know how far the Thames affected the atmosphere of London, and tried some experiments:—the result was that the influence appeared to cease almost immediately; the fact of a block of houses standing in the way was enough to prevent the influence; when at the worst this may not have been the case; to arrive at the other side of the block, the vapour would generally require to rise high, so that it would become mixed with a great deal of air. The amount obtained in a few trials in the streets of London was 22 to 34; going on to Highgate, the numbers sank from 33 to 24; on descending the north side of Highgate Hill a distinct change was perceived, the numbers being 18; the wind meantime was blowing from the city: the few experiments made in the fields in summer gave 10 to 12. The numbers 6 to 18 were obtained in Switzerland and Lombardy. The moist fields around Milan gave 18; when the water passes off the rice fields, producing the unhealthy season, I do not doubt that the amount will be much higher. It was not convenient for me to stay, nor to go farther to places distinctly infected with malaria. I was desirous of trying it in some of the hovels of the Vallois and the Val d'Aosta; but the weather being fine, and the people living much out of doors, the inquiry was not encouraging. The few experiments made did not give very striking results, whereas the lower parts of our own towns gave results most decided: I imagine the cause of this to be that a drier air does not allow the offensive matter to rise so readily. This fact has many ramifications, but it will explain several difficulties in our sanitary science. It is with the assistance of moisture that the organic matter is conveyed into the air. Moisture itself, as may be supposed, does not produce any action on the test; one of the lowest numbers obtained was on the German Ocean, about 60 miles from land; the day was calm and clear. In the straits of Dover, when the wind was blowing briskly from the German Sea, the amount obtained was very high; but as there was a slight spray the experiments were disregarded. About 8000 feet high on the Alps, a dense fog showed also one of the smallest amounts obtained; the ground was entirely bare rock, and could not give out organic matter. The amount was 2·8. The influence of height was very decided; in the higher grounds of Lancashire, near Preston, the numbers being from 2 to 4. A wind blowing down from the Mer-de-Glace gave rather more than at a lower point, although coming down the hill; a dry pine forest in the neghbourhood, although very fragrant, did not appear to raise the number. The influence of the sea and of height seem equally decided; a few hasty experiments made in the hothouses at Kew led me to believe that there was less increase there than might have been expected, the amount obtained being less than in London, but more than outside the houses, where it was cooler. At the same time weeks or months should be given, when only hours were allowed for the experiments. The influence of heat appears to be to increase the amount, when there is moisture present. The influence of dryness seems to be towards diminishing the amount. The influence of great cold has not been tried yet. The influence of rain in hot weather, to some extent of course a cooling influence, but chiefly a means of washing the air, seems most decided. After a thunderstorm and shower at Camden-square, the number, which was previously 31, fell to 12. The influence of our towns, especially our smoky towns, is most decided also; it is easy to tell by this test, when in the outskirts of a town, whether the wind is blowing from the town or the country. A distinct difference was always found between the front and back of Manchester houses: a similar difference obtained when a room had been inhabited for some time, and the difference was of course very marked when the smell of a sewer came into the house. I had a good opportunity of observing this in my laboratory last year. It must be remembered that the numbers given for some places were obtained on one day of the year only, and we must be careful not to draw too many conclusions: we have yet to learn what kind of organic matter is wholesome and what is unwholesome. I believe that this is the next great point to be attended to; at present we are only becoming able to ascertain the gross amount. I feel this caution to be needful, lest the numbers should be used to prove too much. At an early opportunity all the experiments made will be published; but we may already see the range of the action of this test to be so great as to make it promise to be of some practical as well as scientific value. Dr. Southwood Smith has observed that the facts on which sanitary economy are built are exceedingly difficult of comprehension by a large number of people, because the cause of the evil cannot be brought directly under observation; if however any plan were invented of showing that these dreaded emanations existed even when the senses could not perceive them, belief would be easily gained, and the requisite carefulness would then take place. If the method explained be found to be no more valuable than this, it will at least not be reckoned among useless discoveries. We may hope, however, that it will be found to prove not only that much of that which we have already known is true, but that many other now hidden things are true also; we may find that every wind will have attached to it its mark of unwholesomeness with respect to this test, and that every season also will have its co-efficient. It may also be found that changes of season or of condition of the air will be ascertained with much more certainty, delicacy, and rapidity than now. We may even hope to find some premonitory symptoms of disease in the atmosphere before it affects the human body; the exciting cause itself existing long before it has been able to take effect, so that useful precautions may be made in time, and an efficient defence prepared. At the same time no proof whatever has yet been given that a plague or any infectious disease can be estimated by it, although reason has been given for such an expectation, while the air over different fields differs enough to promise some knowledge of miasm. But what is abundantly established and made clear to the eye is that the air of our large cities is sufficiently impure to account for much of their unhealthiness, and the air of our

(a) A few of these results were published in the *Athenæum* during last summer. The present numbers are somewhat higher, being reduced, for the sake of uniformity, to correspond to a vessel of 100 cubic inches.

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hills and seas and lakes sufficiently pure to account for its salubrity. It is to be hoped that greater consequences will follow in proper time; although this itself was needed to set at rest some questions which have cooled the enthusiasm of many in the cause of sanitary reform.

THE PATHOLOGICAL SOCIETY.

May 17, 1859.

Mr. Fergusson, President, in the Chair.

Dr. Wilks exhibited a specimen of

SYPHILITIC FIBROID DEGENERATION OF TESTES.

These came from a man who died of laryngeal disease and other syphilitic affections; they were about half the natural size, and their section showed a fibrous tissue taking the place of the healthy structure. The exhibitor stated that he had met with several such specimens, and in one which he also showed the gland tissue was entirely destroyed by the presence of fibrous nodules. In all these cases the existence of syphilis was unequivocal; in none could he discover that there had been any symptoms during life; and therefore he believed the disease was not the result of orchitis, but was rather a degeneration.

Dr. Wilks also showed specimens from a case of

DISEASED SUPRARENAL CAPSULES AND BRONZED SKIN.

This specimen was sent by Mr. Welford, of Bishopwearmouth, to Dr. Addison, with the history that it came from the body of a young man who had been complaining for several months of extreme debility, without anything to account for it, although his friends had remarked his skin becoming darker, and which they attributed to jaundice. When first seen by the Medical attendant, the whole body was found to be of an excessively dark colour, some parts more than others, and the genital organs almost black; the debility was extreme, and he was also troubled with vomiting; these symptoms continued until death. A post-mortem examination was made, and the organs were said to be healthy, with the exception of one of the suprarenal capsules, which was sent to London. This was stated by Dr. Wilks to be diseased in the usual manner; the normal structure being replaced by an albumino-cretaceous deposit.

Dr. Wilks further exhibited

SIXTEEN CALCULI REMOVED FROM THE SAME BLADDER.

A man, about 60 years of age, was admitted, under Mr. Cock's care, into Guy's Hospital in a dying state. Calculi were detected in the bladder; but it was too late to operate, and death occurred in a few hours. On post-mortem examination, the kidneys were found diseased, and bladder immensely enlarged, and in the latter were contained sixteen calculi, all of equal dimensions, the diameter of each being about equal to that of a shilling piece.

Dr. Gibb showed specimens of

OSSIFICATION OF THE CARTILAGES OF THE LARYNX.

A soldier, aged 70, whose voice had during life been peculiarly cracked and harsh, died of senile bronchitis. His thyroid and cricoid cartilages were, on examination, found to be entirely converted into light spongy bone. Other pathological conditions existed in the body, but not in any way bearing upon the state of the larynx. The ossification was of course unusual only in the extent to which it had advanced.

Dr. Gibb also showed a specimen of

HYDRARTHROSIS OF THE THYRO-HYOID ARTICULATION.

The man from whose body the preparation had been removed had died of phthisis at the age of 45. During life he had been liable to attacks in which a sudden click could be felt in the left side of his neck, followed by a sensation as if something were sticking in his throat. This appeared to depend upon a displacement of the superior cornu of the hyoid bone, and was usually reduced after a few efforts by throwing the head backwards and suddenly relaxing the lower jaw. The specimen showed a pouch or synovial capsule around the thyro-hyoid articulation which embraced the ends of the cornua and contained a large sesamoid bone.

Dr. Gibb showed also a third specimen, exhibiting

MALIGNANT DISEASE OF THE LIVER.

It had been removed from the body of a gentleman, aged 57, in which the existence of an abdominal tumour had been recognised for several months. It was studded throughout with masses of soft cancer of a buff colour, and varying in size from an orange down to a nut. It was chiefly remarkable for its large bulk, weighing altogether nearly sixteen pounds. Excepting some masses of encephaloid cancer developed in the lesser curvature of the stomach, the other viscera were all healthy.

MEDICAL NEWS.

Royal College of Physicians.—At the Comitia Majora, held on the 13th inst., Dr. Augustus Volney Waller, Birmingham, was admitted a Licentiate of the College under the new Bye-Laws. Also, at the Comitia on the 23rd, Dr. John Maule Sutton, Tenby, Pembrokeshire, was admitted a Licentiate under the same Bye-Laws.

The following gentlemen were elected Licentiates of the Royal College of Physicians of London, on the 18th instant:—

Hake, Thomas Gordon, Spring-gardens.
Hooper, John, Hoddesdon, Herts.
Mitchelson, George Frederick, Bayswater.
Parsons, Samuel, Clarges-street.
Porter, John Henry, Cheltenham.
Powell, Robert H. Wyndham-place, Bryanston-square.
Sherlock, James, Worcester Co. & City Asylum, Powick.
Stillwell, James G. Moorcroft, Hillingdon, Middlesex.
Stookes, Alexander Richard, Liverpool.
Sutton, John Maule, Tenby, Pembrokeshire.
Waters, John, Bedford-square.
Whitehead, James, Manchester.

And on the 23rd:—

Banks, John Tatam, Crawley, Sussex.
Chadwick, Charles, Leeds.
Cooper, Thomas Henry, Slough, Bucks.
Cormack, John Ross, Ampthill-square.
Down, John Langdon Haydon, Earlswood, Redhill.
Drake, Augustus, Exeter.
Evanson, Richard Tonson, Torquay.
Foreman, Robert Clifton, Brighton.
Gee, Robert, Liverpool.
Gooch, William Henry, Dawlish, S. Devon.
Greenwood, Henry, Blackheath.
Guy, Thomas, Rochester.
Harley, George, Harley-street.
Inman, Thomas, Liverpool.
Kennion, George, Harrogate.
King, Henry Stavely, Lower Grosvenor-street.
Kingsley, George Henry, Bridgewater-house.
Loney, William, H.M.S. *Arrogant*.
Lucas, T. Prestwood, Brecon, S. Wales.
Noott, William Francis, Alverstoke.
Norton, Robert, Bayswater.
Ogden, James, Manchester.
Peirson, Thomas Tranmar, Bridlington Quay, Yorkshire.
Pickering, John, Royal Military College, Sandhurst.
Plomley, Francis, Maidstone.
Priestley, William O. Somerset-street, Portman-square.
Purdie, Robert, Blackheath.
Ramsay, W. Fred. Hutcheson, Somerset-st. Portman-sq.
Sheppard, Edgar, Hanover-terrace, Regent's-park.
Sykes, John, Doncaster.
Winslow, Forbes Benignus, Cavendish-square.

Apothecaries' Hall. — Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, May 19, 1859:—

Hutchesson, Robert William, Bahamas.
Plowman, Thomas, North Curry.
Taylor, William, Cardiff, Glamorganshire.
Thomas, John Lloyd, Pwllheli, Carnarvon.

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DEATHS.

BAIRD.—On the 18th inst. at Southampton-row, Russell-square, John Baird, M.D.

BELLINGHAM.—On the 19th inst. at Torquay, Francis James Bellingham, of Bourne, in Lincolnshire, aged 41.

HOWLETT.—On the 1st March last, at Castlemaine, Australia, Henry Howlett, late of Cambridge-terrace, Hyde-park.

MACKINTOSH.—On the 14th inst. near Dundee, N.B. John Mackintosh, M.D. late Royal Artillery.

ROBERTSON.—On the 20th inst. at Twickenham, Archibald Robertson, Surgeon R.N. aged 74.

SILLERY.—On the 20th inst. in London, Robert Sillery, M.D. of Charlton-lodge, Dover.

Dr. HOFMANN has been elected corresponding member of the French Academy of Sciences. Of the candidates for the honour, Dr. Hofmann obtained forty votes, M. Piria two, and M. Schrætter one vote.

IN Paris, England, and Geneva, the number of deaths by suicide appear to be about 4 per cent. of the whole deaths. And as in the *whole of France* the proportion of registered suicidal deaths equals only 1 per cent. it is evident that three-quarters of these deaths escape official notice altogether.

UNIVERSITY OF ST. ANDREW'S.—The following gentlemen, having previously obtained the degree of M.D. have been placed on the List of Honours. The names are arranged in order of merit. *First Class.*—Frederick Hughes Hewitt, Guy's Hospital; Charles R. Drysdale, University College. *Second Class.*—Joseph Bancroft, Manchester Medical School.

AMPHIAMA TRIDACTYLUM.—This rare reptile weighs four or five pounds; its length is three feet. It has been kept twenty-eight months without food in a narrow vase containing the muddy water of the Mississippi, which on two occasions was left for several months unchanged. After its twenty-eight months' fast, it was still very active. The author observes that he has known rattle snakes live eighteen months without food.—*New Orleans Med. Journal.*

THE probable duration of life at birth was in the 16th century at Geneva 5 years, in the 17th century it was 11, in the commencement of the 18th century 27, at the end of the 18th century 32, and at the present moment it is 44 years, that is to say, nine times greater than in the 16th century. The mean age of mortality was 21 at the end of the 16th century; 26 in the 17th, 34 in the 18th century, and 40 in the period from 1800 to 1840; since then it has reached 41—the highest figure in the countries of Europe.—*Marc D'Espine.*

DIPHTHERIA.—A communication on this complaint has been addressed from the Privy Council Office to the board of guardians of the several unions and parishes of the Metropolis to the following effect:—"I am directed by the Lords of her Majesty's Privy Council to request that you will be so good as to ascertain from the Medical officer of your union, and inform their lordships, whether diphtheria is now prevalent in any part of your union, and if so, in what part, and to what extent. I am also to request that if the disease be not now present, but shall hereafter appear, their lordships may be informed of the fact.—I am, &c. (signed) W. S. BATHURST."

VITAL STATISTICS OF LONDON.

Week ending Saturday, May 21, 1859.

BIRTHS.

Births of Boys, 859; Girls, 810; Total, 1669.
Average of 10 corresponding weeks, 1849–58, 1573·9.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	551	506	1057
Average of the ten years 1849–58	544·1	497·0	1041·1
Average corrected to increased population..	..	..	1145
Deaths of people above 90	..	1	1
Deaths in 15 General Hospitals	43	20	63

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	3	7	2	1	10	1	3
North ..	490,396	3	6	7	5	4	1	7
Central ..	323,256	3	10	4	1	9	4	3
East	485,522	8	5	7	5	4	3	3
South ..	616,635	6	3	19	4	7	4	7
Total . ..	2,362,236	23	31	39	16	34	13	23

TO CORRESPONDENTS.

X.—We believe it is not unusual to place the word *Surgeon* on the visiting cards of practitioners; but it is very unusual to circulate such cards to any but acquaintances.

Mr. L.—Owing to great pressure on our columns we have been compelled to omit reports of several hospital dinners which have taken place during the past fortnight.

Mr. Holberton.—The scale of payment is ridiculously low. Dr. W. Ogle's pamphlet should be consulted. We are glad to hear that a Government Inspector of Charities is taking up the subject of Gratuitous Medical Relief.

Mr. Jones.—The *blood globules* in the Amphiama Tridactylum are three times larger than those of the Proteus, according to Prof. Riddell. In size, therefore, the red blood globules of the Amphiama are larger than in any other of the vertebrate.

Mr. Tuck.—The College of Surgeons is the only licensing body which does not send to the Medical Journals the official lists of the gentlemen who obtain diplomas. Hence occasional errors, for which we are certainly not to blame. The fault is that either of the Council or their Secretary.

P. P.—Dr. W. Read, in the *Amer. Journal of Med. Science*, has written a memoir the principal object of which is to show that the portion of the uterus into which the placenta is inserted, is the first developed in the course of the fœtal growth. Upon this M. Séquard remarks: "That all this is so clear and evident to physiologists, that they are surprised accoucheurs can have any doubts on the subject."

L.R.C.P.—We see no inconsistency in *our* calling non-graduated Licentiates of Colleges of Physicians *Doctor*, so long as it is the general custom to do so, and the title is given by courtesy, though not by right. We do not wish to assume any right to differ from all the rest of the world, and call Lord John Russell, the Honourable John Russell, commonly called Lord John Russell by courtesy. We know that he is not *Lord* John by *right*; but we have no wish to claim a prize for singularity.

Statist.—M. D'Espine, in his Mortuary Statistics, gathered for thirteen years in Geneva, distinguishes between the rich and the poor. In the thirteen years he makes the number of deaths of the rich class to be 706, equal to 4·20 per cent. of the whole. And he finds that the rich class attains a mean age of 56 years, whilst the mean age of the whole deaths is 41·28, so that the "easy" class of society has the privilege of living fifteen years longer than the rest of the world.

DISCHARGE OF AIR FROM THE URETHRA.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I have at present a patient under my treatment suffering from a severe stricture, in whose case there is a symptom, to me very puzzling,—namely, after efforts in the watercloset, a frothy matter is discharged from the urethra together with a quantity of air, which is destitute of smell. The patient previously feels a pricking sensation. Whence proceeds this air? From its being without smell, it would appear not to be communicated from the intestines. There are cases reported of discharge of air originating in the uterus; but I do not recollect reading of such a discharge from the male urethra. I should be glad to know if one of your numerous readers has seen a similar case. I am, &c. HENRY DICK.

Wimpole-street, Cavendish-square, May 20, 1859.

DR. SYLVESTER.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—My notice has been called to a paragraph which appeared in your Journal on Saturday last, relative to a statement made respecting one of the persons represented in one of the pictures in the V. C. Gallery. The Mr. Sylvester you name is an M.D. and also Senior Assistant Surgeon of the 23rd Royal Welch Fusiliers, and is not the son of Dr. Sylvester, of Clapham, but of Dr. Sylvester, of Aystermouth, near Swansea.

I shall, therefore, feel obliged if you will correct the error in your next Journal. I am, &c. CHAS. SYLVESTER, M.D.

Aystermouth, near Swansea.

[We regret that this error was made. But we had been informed that there was the relationship we mentioned with Dr. Sylvester, of Clapham, and there certainly is a great resemblance.—ED.]

COURTESY *v.* RIGHT.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—No one, I imagine, supposes for one moment that the Edinburgh College of Physicians, any more than the London College, can grant the Degree of M.D.; but it is well known that non-graduated Licentiates of the London College possess, by courtesy, the title of "Doctor." Indeed, by what other title can they, practising as they do as Physicians, be

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distinguished either from the pure Consulting Surgeon or the General Practitioner? It is clear they are to all intents and purposes Doctors, though not graduated M.D.s. If then the London College style their non-graduated Licentiates Doctors, surely this title becomes equally applicable to the Licentiates of the Edinburgh College. Men practising as Physicians must, if only for public convenience, be called Doctors. They have always been so called, whether graduated or not, and the epithet cannot now be altered. This I apprehend is the view entertained by the Registrar-General, Dr. Hawkins, inasmuch as, looking, no doubt, to the practice of the London College, he styles the Licentiates of the Edinburgh College Doctors. It is not a question of Degree, but simply by what title does a man's qualification and mode of practice entitle him to style himself or to be considered by the public. I am, &c. A Doctor.

A "Knotty Point."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I am sorry I cannot subscribe to the correctness of the report of a case recorded in your last week's publication by "Hospital Registrar," on which he asks you to decide whether it is Medical or Surgical.

I am the private Surgeon referred to, and of my own knowledge can prove the cab-driver to be an intemperate man.

He was returning with a fellow-cab-driver from the country, where they had been to pay for a horse his friend had purchased, and where he drank in half an hour three glasses of gin besides beer, and fell from the box-seat while driving. I was sent for, and found a severe circular scalp wound over the frontal-bone, which was laid bare about the size of a five shilling piece; there was complete paralysis of the arms and legs; but he could speak as well as a drunken man can speak, and smelt of spirits, declaring all the time I was dressing the wound, "He wasn't drunk—he hadn't tasted a drop of anything," etc. etc.

I resigned the case, not as the "Hospital Registrar" states, "because the palsy was persistent," but in consequence of my having at last succeeded in inducing his wife to get an out-patient ticket for the Hospital, which I endeavoured to do on my first visit.

May 25, 1859. I am, &c. A Surgeon.

Physicians and Doctors.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Since reading your remarks last evening, I have referred to the Medical Act itself, and feel satisfied that your construction of its meaning and spirit is incorrect. The words are as follow: "Any person who shall wilfully and falsely pretend to be, or take, or use, the name or title of a Physician, Surgeon, Doctor of Medicine, etc. etc., implying that he is registered under this Act or that he is recognised by law as a Physician, or Surgeon, or Licentiate in Medicine and Surgery, or a Practitioner in Medicine, or an Apothecary, shall etc. etc." Now it is quite evident that from the very words of the clause itself, the title Doctor may be legally used by a qualified and registered Physician, the only party mentioned in the latter part of the clause to which such title can be referred. The fact is, that the title always sanctioned by usage, as applied to a Licentiate of any College of Physicians, is evidently secured to him by the wording of the Act of Parliament. Were even the original title column retained, I feel satisfied that the qualified and duly registered Physician would legally use the title of Doctor of Medicine, such title not appearing as a separate or distinct one in the latter part of the clause referred to. So satisfied am I, that I for my part shall use the title as a prefix on my door and card, and let whoever pleases test its legality in a court of law, the only place to decide such a question. Pray what title would you give an M.B.? Would you call him a Physician, Doctor, Surgeon, or Apothecary? In other words, what name would you give him that the public would understand? Such unanswerable questions have, I suspect, done away with the title column, which the Medical Council found they could not fill up. I have duly registered my qualification as a Physician, and received a letter from the Registrar's office, directed "Dr. J. E. Smyth," a title to which I consider I have a moral and a legal claim.

I am, &c. Jno. E. Smyth, L.R.C.P. Edinburgh, &c. &c.

2, China-terrace, Lambeth, May 21, 1859.

Dr. Edwards's Talipes Instrument.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The lengthy letter of your correspondent of the 14th ult. escaped my observation till this moment. Will you kindly allow me to reply (and that finally), that as it was never my intention either to write for, discuss with, or "consult" mechanicians, but for the Profession and a Professional Journal, I used the intelligible terms "arc slides," omitting such mechanical delicies as "slot," etc.

2ndly. My instrument is in every action efficient, as I do not divide tendons, and then hand over the cases to the tender mercies and twistings of the mechanician, but watch them to the issue and know it; just as I would not set a fractured limb and then hand it over to the splint maker.

3rdly. As your correspondent volunteers both mechanical and well-nigh anatomical exposition, will he kindly accept from me in return a little logical, viz. that it does not follow because my instrument was not published till after his book, that the same or a similar one might not have been used by Deucalion and Pyrrha.

4thly. I have abandoned the screw for the arc slides, as I can prove by one of the best instrument makers in London, to whom I send up my old screw instrument, off the foot of a patient; therefore, even the screw may possibly not belong to your correspondent.

5thly. If I have copied the principle of my instrument from your correspondent's book, I did so without even having seen it; and besides, that book must be proved a pretty old affair, say nearly twenty years.

6thly. If, notwithstanding all, he will father upon himself the child of my invention, let him be at least kind to it and not abuse it.

7thly. Let any one compare the sketch of your correspondent's mere angular wooden splint referred to by him with mine; and, in the last figure, see if they can belong to the same father.

I am, &c. Chas. Edwards, A.B. M.D. F.R.C.S.

Havelock House, Cheltenham, May 20, 1859.

Wet-Nurses from the Fallen.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In Mr. Acton's paper on Illegitimacy, read at the Statistical Society on Tuesday, May 17th, the author reproduces several statements and suggestions which he has previously brought forward elsewhere. He proposes a scheme which must be condemned both by science and common sense.

On benevolent grounds alone can Mr. Acton claim any credit for his persevering efforts in this direction. It would seem that, in the mind of that gentleman, philanthropy, like fortune, must be considered blind; for his theory, though well-meant, is as ill-judged in a moral point of view as it is unsound, according to the highest scientific authorities.

As for the proposed "establishment of a Government Board, whose duty it should be to take charge of pregnant women thrown out of a situation by their vice, to afford them work and assistance until their confinement, and then take charge of their lying-in," the plan is open to the gravest objections.

The same may be said of the "appeal to the ladies of England, to take these women into service as wet-nurses." Arguments from me are not needed to prove that both these schemes, if acted upon to any great extent, would result in the most disastrous consequences to society, by offering a direct encouragement to immorality. The "ladies of England," it may be hoped, are coming to a better state of feeling and practice with regard to the duty which they owe, as mothers, in this respect, to their own children. But when the natural instincts cannot, on account of physical disability, be indulged, a fitting substitute for the mother's breast may be found in the improved system of hand-feeding which science has expounded, and practical experience reduced to rule. This plan promises a far more healthy bringing up for the child than that of consigning it to the care of a wet-nurse, whose previous habits of life, including diet, immoral tendencies, etc. render her milk a very vitiated and improper means of nutrition.

Mr. Acton's idea of "legalising and regulating" immorality is so opposed to our English notions of propriety that it is much to be wondered he can hope to obtain any respectable converts to his scheme. The only law which should affect this question is the moral law; the best regulation is that which may be obtained from an improved system of education, diffused throughout all classes; an education that will embrace every subject which bears upon the physical, moral and social well-being of the community. I am, &c. M. A. B.

Erratum.—In Dr. Waller's article, on p. 492, column 1, last line, for "hair of the dog," read "skin of the dog."

COMMUNICATIONS have been received from—

Dr. Conolly; Dr. Bucknill; Mr. Wordsworth; Dr. Camplin; Dr. Leared; Mr. Struthers; Dr. Day, St. Andrews; Dr. Brinton; Dr. Cotton; Mr. Gamgee; Dr. Routh; Dr. Graily Hewitt; Mr. J. Z. Laurence; Dr. Taussig, Rome; Dr. Dobell; Mr. Waring, Calcutta; Dr. Althaus; Dr. Thomson; Mr. Hughes; Messrs. Bradbury and Evans; Registrar-General; Mr. Pollard; Mr. Kingsdon; Mr. de Tivoli; Registrar General for Scotland; Mr. McDermott; Dr. Sylvester; Dr. J. F. Churchill, Paris; Secretary, St. Luke's Hospital; Mr. Carpenter; Dr. Kidd; Mr. Lizars; Dr. Waller.

APPOINTMENTS FOR THE WEEK.

May 28. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

Royal Institution, 3 p.m. J. P. Lacaita, Esq. "On Modern Italian Literature."

Royal Botanic Society, 3½ p.m.

30. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8 p.m. Dr. Edward Smith "On the Action of the Skin in the Production and Treatment of Disease."

31. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Institution, 3 p.m. Professor John Morris "On Geological Science."

June 1. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

Obstetrical Society of London, 8 p.m. Mr. Harper "On the more frequent use of the Forceps as a means of lessening both Maternal and Fœtal Mortality."

Geological Society, 8 p.m.

2. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

Linnæan Society, 8 p.m.

Chemical Society, 8 p.m.

Royal Institution, 3 p.m. Austen H. Layard, Esq. "On the Seven Periods of Art."

3. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m.

Royal Institution. (Meeting at 3, Lecture at 9 p.m.) Thomas H. Huxley, Esq. "On the Peristent Types of Animal Life."

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

By Mr. Fergusson—Hare-lip; Lithotrity; for Necrosis of Humerus; Ligature of Nævus. By Mr. Bowman—Hare-lip.

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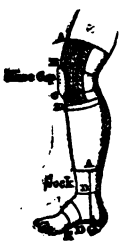

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XV.—On Phlegmasia Dolens.

Gentlemen,—I wish to speak to you to-day of a disease that is by no means infrequent among puerperal women, and which has been treated of under many different designations. It has been named Phlegmasia Alba, Phlegmasia Alba Dolens, Œdema Lacteum, White Leg, and, finally, Crural Phlebitis. I wish to direct your attention to this subject now, because some of you have had an opportunity of observing it in a case in our ward, where the disease presented itself in an unusual form, and with some peculiar modifications. Let me first of all read to you the history of the case, as it has been drawn up for me by my clinical clerk:—

"E. A., aged 40; admitted February 7, 1859; married nineteen years. Has had five living children, and three miscarriages. The last miscarriage occurred nearly two years since. The last child (a girl stillborn) was born on January 3 of this year. Her labour was a tedious one, and was attended during its first stages by a considerable amount of hæmorrhage; but she had no flooding afterwards, and states that the lochia have been very scanty, as also the mammary secretion. She remained comparatively well until the thirteenth day after delivery, when she first noticed a tenderness of the popliteal space behind the left knee, which tenderness gradually increased in extent towards the ankle, but did not affect the thigh. The leg below the knee began to swell, and at last became tense and painful on all sides. A discoloration of the back of the leg now began; and the veins over the calf and towards the ankle became hard, tender, and swollen. Fomentations were applied to the part, and bran poultices as soon as the swelling began to appear.

"The first day on which the swelling and discoloration were noticed, she was affected with rigors two or three times a-day, and these have continued ever since. She has had no pain in the right leg, back, or groin. She is unable to keep the left leg straight. The swelling and inflamed veins extend from the popliteal space to within two inches of the ankles; very tender. The foot pits slightly on pressure; bowels costive; appetite bad; pulse 120. Sleeps pretty well; has an anæmic appearance. No tenderness over the abdomen. To have hot fomentations constantly applied to the part, and Tinct. ferri muriatis, gutt. xx. thrice daily. Passes plenty of urine.

"February 10.—Complains of great pain in the calf of the leg, frequent rigors, and sleeplessness. Bowels very costive. To have a dose of aperient medicine occasionally. There is a feeling of fluctuation about the centre of the discoloration, and great tenderness on pressure. To continue the fomentations.

"13th.—An incision was made into the suppurative swelling, and more than sixteen ounces of pus escaped, mixed with a little blood. To continue the fomentations.

"15th.—The discharge of pus still continues; the pain has disappeared, but there is still great tenderness on pressure, and inability to extend the leg. Ordered, ferri et quinæ, citratis gr. ij. ter die. Pulse 89.

"22nd.—The suppuration has ceased almost entirely, and but little tenderness remains, except at the upper part of the swelling, near the popliteal space. To have bandage and water dressing.

"March 8.—Patient continues to do well; the pain, swelling, and tenderness are rapidly disappearing. Has had no rigors for eight days, but complains of much weakness. To take, potassæ chloratis ʒij., aquæ bullientis ℥ij., a tablespoonful three times a-day; and, tinct. ferri muriatis, gutt. xx.

"15th.—The external wound completely healed."

Symptoms and Diagnosis.

The disease of which this is a modified instance has long been well known to the Profession, and has formed the subject of many valuable essays. It consists of a general, tense, white, elastic, hot and painful enlargement or swelling occurring in one or other of the lower extremities, most frequently in the left. In three out of every five cases it is the left leg that is first or alone affected. This intumescence of the limbs is usually preceded by marked febrile symptoms; at least, in more than one half of the cases of phlegmasia alba dolens which come before you, you will find that your patient has had pain and a rapid pulse, and all the usual phenomena of fever before the swelling of the leg set in, and in many the disease only comes on after a previous regular attack of puerperal fever. But, on the other hand, you will meet with a few cases where there will be no apparent premonitory febrile symptoms, and the affection of the leg will be the first condition to attract your notice, and to alarm your patient. In some cases this swelling that I speak of begins high up in the extremity, at the upper part of the thigh, and then goes downwards; in others again, and more frequently, it appears first of all lower down, on the back of the foot or in the calf of the leg, and progresses upwards to the thigh. In one patient in the ward it was limited to the lower portion of the extremity, and in this respect was peculiar. Perhaps the symptom of the disease which is usually first complained of by the patient, is pain in the calf of the leg. There is in most cases no swelling at first until such pain has been felt; but after this has lasted for some time, the swelling begins, and goes on steadily increasing till the limb has become greatly enlarged, it may be, to double its normal size. The skin gets more and more distended, and becomes white and glistening (and hence the designation, phlegmasia *alba*), and this distension generally goes on to such a degree that at last the skin will scarcely pit on pressure. Indeed, this elasticity of the skin is one of the marks of distinction between this affection of the leg and ordinary anasarca; for in this last the skin readily receives and retains the impression of the finger. In nearly every case of phlegmasia dolens there is at first an increase in the temperature of the affected limb, sometimes to a very considerable degree. Then there is a loss of all muscular action in the limb, which lies stiff and motionless. While there is thus a decrease in the motory powers amounting to a kind of semi-paralysis, there is an increase in its sensory power leading to pain, occasionally limited in locality and not severe in degree; but in other cases so great as to cause much suffering, and to render the disease in its truest sense a phlegmasia *dolens*. The affection is not always confined to the limits of a single limb, for not infrequently it attacks both legs simultaneously; or, after having shown itself for a time in the one, it may extend secondarily to the other also. Phenomena precisely resembling those that I have been attempting to describe are occasionally met with in other parts of the bodies of puerperal patients. I have seen the disease attack one of the upper extremities and prove fatal. Much attention has been bestowed upon the condition of the lochial discharge in the case of patients affected with phlegmasia dolens. In some instances the discharge has been found to be very fetid, and in many it ceases altogether when the disease sets in, or when it has become established; but occasionally no noticeable variation can be detected. Then, as regards constitutional symptoms, you will find that the pulse is rapid and generally, at the same time, small and feeble; commonly the tongue is white and moist; the face presents a pale, chlorotic appearance; the urine is muddy, with an abundant deposit of lithates; and perspirations are apt to be frequent and profuse. The disease is not confined to females in the puerperal state, but has been found to occur in connexion with various diseased conditions, as cancer of the uterus and mamma. I have seen it produced by the ligature of a uterine polypus, etc. In some rare instances it has been met with also in men, as after continued fever; after lithotomy; in cases of phthisis. When occurring in connexion with parturition, the period of its attacks may be very various, as shown by the tables of Dr. Lee, who found that out of twenty-two cases the disease began in eight of them between the fourth and fourteenth day after the termination of labour, while in fourteen it did not set in till after the second week. The symptoms usually begin to abate in about ten days from the commencement of the disease; but they rarely disappear until after a fortnight, and in some cases they remain even for a longer period. Even after the essential phenomena of the disease have been dispelled, how-

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ever, there may result various morbid conditions, such as tumefaction and debility of the limb, thickening or induration of the cellular tissue, and a varicose state of the superficial veins, which may retard the convalescence of the patient for an indefinite period. In many the affected limb remains weaker, and occasionally somewhat more swelled than the other limb for years, or even for life, the circulation through it never recovering its perfect freedom and force. In a case where both legs were affected, and probably the lower part of the vena cava obstructed, the patient told me that in bathing, the lower half of her body always became so discoloured as to form a strong contrast with the upper half. In some rare cases gangrene of the limb has ensued; and you have an instance of a more common, but still rather rare complication in the case of the patient in the Hospital, in whom an abscess formed in the leg, and gave rise to a long-continued purulent discharge.

Pathological Anatomy and Pathology.

Passing over many points which have given rise to much discussion, not always of a very high practical import, let me just state briefly with regard to the pathological anatomy of phlegmasia dolens, that obstructive inflammation of the veins of the affected limb is one of the phenomena most constantly observed on post-mortem examination. In 1823, the late Dr. Davis, Professor of Midwifery in University College, London, published some cases in the *Transactions of the Medico-Chirurgical Society*, in which he had found the femoral and iliac veins impermeable and filled with firm coagula of blood. Shortly afterwards, Bouillaud published some similar cases; and since then, Velpeau and others have frequently observed and recorded the occurrence of obstructions of those particular vessels. In 1829, Dr. Lee pointed out that the femoral and iliac veins were not the only vessels in which the obstruction and inflammation occurred, but that the venous inflammation commences in the uterine branches of the hypogastric veins, and subsequently spreads from them into the iliac and femoral trunks of the affected limb. Some cases have been observed, on the other hand, by Casper, Rigby, Fraser, Smeets, Jacquemier, and others, where in patients dying of phlegmasia dolens, no morbid change or obstruction could, it is averred, be detected in the femoral or other larger veins of the affected extremity. "Many authors of modern times," observes the late distinguished obstetrician, Professor Kiwisch, of Wurzburg, "have, as well as myself, found the veins perfectly healthy in cases of the most strongly-marked phlegmasia dolens." Hamilton and Ramsbotham have paid particular attention to the swelling and inflammation of the lymphatic glands, which is not infrequently to be found in such cases, and to which they attributed the swelling of the limb, and most of the other symptoms; while Bouillaud and others, have laid more special stress on an inflamed state of the lymphatic vessels as an essential anatomical condition of the disease. Dugés, again, averred that he had discovered the nerves of the affected limb to be altered and inflamed; Albers, Hankel, and Seibold maintained that it was primarily a disease of the nerves of the extremity; and Dr. Burns published some cases as cases of puerperal neuritis, but more, perhaps, from the intense pain which attends the disease in some instances, than from any particular pathological change in the nervous cords. In many cases, at all events, where very great pain has been experienced in the course of the disease, there has been no corresponding anatomical alteration of the nerves discovered after death.

Various opinions have been entertained at different times as to the pathological nature of phlegmasia dolens. It is unnecessary for me to do more than merely mention to you some of the principal hypotheses.

1. *Retention of the Lochia.*—Mauriceau believed, that the disease depended on a suppression of the lochial discharge, and a subsequent determination of it to the affected limb.

2. *Metastasis of Milk.*—In his first Memoir on Lacteal Deposits, Puzos ascribes all the phenomena observed in cases of phlegmasia alba, to a deposit of milk in the part; and Levret in referring to such cases, accepts and endorses the doctrine of Puzos, that the disease is essentially due to a metastasis of milk. This opinion was more commonly received than the former, and a supposed confirmation of it was derived from the fact, that when the limb was punctured a turbid serum was occasionally drawn off, which in some degree resembled milk; but on the other hand, the serous fluid which escapes is most frequently, perhaps, quite clear at first, and afterwards coagulates like the ordinary serum of the blood.

3. *Rupture of Lymphatic Vessels.*—In the beginning of this century Mr. Trye, of Gloucester, wrote an essay on the subject, in which he attempted to prove that the phenomena of the disease were all to be traced to a rupture of the lymphatic vessels at the brim of the pelvis, allowing of the escape of lymph into the cellular tissue, and its gravitation downwards into the limb.

4. *Obstruction of Lymphatic Vessels and Glands.*—Dr. White, on the other hand, tried to show that the disease was due to an obstruction in the lymphatic vessels and glands, leading to an accumulation of the fluids below the obstructed part.

5. *Inflammation of Lymphatic Vessels and Glands.*—According to a fifth theory, which numbered among its supporters such men as Ferrier, Gardien, Capuron, Hamilton, etc. phlegmasia dolens consists essentially of an inflammation of the lymphatic vessels and glands of the diseased limb.

6. *Phlebitis.*—I have already mentioned to you that Dr. Davis had pointed out the frequent occurrence of crural phlebitis in connexion with this disease. The conclusion to which his observations led him was, that the obstruction of the principal vein of the limb was its essential phenomenon; and many eminent authorities have held the same doctrine, differing only in this—that some have maintained with Davis that the phlegmasia was due to inflammation of the femoral veins; while Lee and others have held that the disease originated in the uterine and hypogastric vessels.

7. *Inflammation of all the Tissues.*—Hull, Dewees, and others, finding it difficult to account for the phenomena of the disease by the affection of any particular texture, came to regard it as an inflammation of all the textures of the limb. Lastly, seeing that no one of the local manifestations of the disease, nor all of them combined, sufficed to explain its nature and peculiarities, attempts have been made by some authors to trace the

Origin of Phlegmasia Dolens in Blood Disease.

In 1844, M. Bouchut first expressed the opinion that phlegmasia dolens was due not to a primary inflammation of the veins, but to a coagulation of blood in them resulting from some peculiar change in the quantity of the constituent elements of the blood, which rendered it specially liable to become coagulated. But it is to the observations and investigations of Dr. Mackenzie that we are indebted for the first distinct enunciation of the doctrine, that primarily phlegmasia dolens is a blood affection, and the confirmation of it by careful experiment and research. Indeed, Dr. Mackenzie's admirable essay on "The Pathology of Obstructive Phlebitis, and the Nature and proximate Cause of Phlegmasia Dolens," is one of the best experimental monographs which we possess on any subject in obstetrics. In that essay he shows, first of all, from experiments on the lower animals, that while simple obstruction of the crural veins will readily produce, as has been long shown, a certain degree of œdema in the limb below the obstructed point, yet that it is not in itself sufficient to give rise to all the phenomena essential to a case of phlegmasia dolens. For the phenomena of that disease are not confined to the mere effusion of a serous fluid into the cellular tissue of the limb, such as may occur in any case of anasarca; but, as I have already told you, the œdema, which is much greater in degree than you ever find resulting from venous obstruction, is complicated with great tension and exalted temperature of the diseased member, usually with increased sensibility and pain in it, and frequently also with more or less complete paralysis. Various experimenters have tied the femoral vein, and have succeeded in producing obliteration of it in many different ways, but without producing any of the peculiar phenomena of phlegmasia dolens. No increase in the heat of the limb has resulted, and no tension, tenderness, or impaired mobility; nothing further than a slight degree of œdema, partial and passing.

Then, after showing that obstruction of the femoral vein by means of a ligature is not sufficient to produce phlegmasia dolens, Dr. Mackenzie goes on to prove that the excitement of inflammation in that vessel, and the production of coagula in it of some extent, are likewise incapable of producing the peculiar phenomena of that disease. In this set of experiments the veins were subjected to a considerable extent to

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the effects of a compressing agent, or had some hitherto unexplained changes set up in their walls by the introduction of pieces of bougie into their interior, or the application of a solution of nitrate of silver. Take the last of these morbific agencies as the means for making the experiment, and what results are obtained? The femoral vein is ligatured at a certain point, and an opening being made above it, a piece of lint steeped in a solution of nitrate of silver is applied to the whole interior of the veins to a certain distance. The blood is allowed to return immediately, and the opening in the vein closed up. The animal gets a little œdema of the limb—the usual result of venous obstruction, but it has none of the characteristic symptoms of phlegmasia dolens. After death, the vein is found to be filled throughout an extent corresponding exactly to the extent of surface to which the irritant had been applied, with a coagulum of blood, or rather with a mass of firm blood in the condition which, in his late able treatise on the pathology of the blood and bloodvessels, my friend, Dr. Wise, has described as consolidated, from the circumstance that no separation has occurred between the serum and fibrine of the blood during the progress of this "consolidation," but the whole commingled elements of the blood have contributed to the formation of this solid plug. This consolidated blood is in such a state as to show that the change had begun in it immediately after the application of the irritant; and yet that application was so rapid, and the blood was allowed to return so quickly that there was no time for the development of inflammation in the walls of the vein, or, at all events, of such a degree of it as would account for this remarkable and sudden change in the blood. And, mark you, the experiments of Virchow, Meinel, and others, all go to prove that the lining coat of the veins is incapable of undergoing any of the higher grades of the inflammatory process, or of giving out on its free surface any of the usual inflammatory products, such as coagulable lymph or pus, and that the only changes of this kind which it is capable of undergoing are such as tend to its mortification and destruction. In the description which some obstetricans have given of false membranes and pus in the interior of the femoral and other veins in phlegmasia dolens, they have mistaken for these products on the one hand, the sphacelated interior coat of the vessel, or the firmer layer of consolidated blood seen on the outer surface of the obstructing plug; and on the other hand the broken-down, decolorised, and disintegrating blood seen in the interior of the plug, where the process of softening first commences, and which presents an appearance that might readily lead to its being mistaken for pus. When, then, in the lower animals obstruction is produced in the largest veins of a limb, either mechanically or chemically, and their cavity becomes filled up with clots of consolidated blood, a certain degree of œdema is produced in the limb below, but it never becomes the seat of over-distension, exalted temperature, or paralysis. In other words, obstructive phlebitis confined to the large vessels of a limb, does not suffice for the production of a phlegmasia alba dolens in that extremity.

The conclusions derived from experimental investigations are only further confirmed by the clinical observation of those rather rare cases where the larger veins of a limb have become the seat of a distinct degree of inflammation during life, and have been found after death to be filled up and occluded by a mass of consolidated blood. I show you a preparation of obstructed aorta and iliac and femoral arteries which will give you some idea of the general appearance of these obstructing plugs of consolidated blood, and which was taken from a lady who had suffered for some time from obstructive disease at the orifice of the aorta, and in whom the aortic valves were found to have been covered with a mass of warty excrescences or vegetations. During the puerperal month, some of these excrescences had got loosened and detached from their seat, and being carried along in the circulating fluid, they passed through the aorta and became arrested and impacted, some of them in the femoral arteries, and others higher up in the iliac arteries and at the bifurcation of the aorta. In all of these vessels, but chiefly in the left femoral artery, they gave rise to the usual effects of such emboli, viz. first, to obstruction of the vessel and the formation of a coagulum to some distance, and secondly, to inflammatory changes in the arterial coats. But in this case the mischief went further, and the contiguous femoral vein became the seat of a secondary inflammation, in consequence of which its walls were thickened and its calibre came to be obstructed with consolidated blood to the extent of two inches just below Poupart's ligament. Was there any symptom of phlegmasia dolens developed here? Not at all. There was nothing in the least degree approaching to phlegmasia dolens; and the patient's symptoms were carefully watched throughout by Dr. Moir and myself. Such a case proves distinctly that there may be a large coagulum in the principal vein of a limb obstructing its course effectually and extensively without giving rise to the phenomena of phlegmasia dolens, and that to produce this disease something more is necessary besides a simple crural phlebitis.

But, on the other hand, when means were taken in the experiments made upon animals to produce coagulation or consolidation of blood not only in the largest veins of a limb, but also in a number of their branches of the third or fourth order of size as well, then something more than mere œdema resulted, for the heat, swelling, tension, and paralysis characteristic of phlegmasia dolens all became developed in a very marked degree. Consolidation of blood, then, in the whole plant of veins coalescing to form the tributaries of the femoral gives rise to the development of phlegmasia alba dolens to an extent corresponding to the number of vessels in which the consolidation of blood has been effected. Observation of the effects of obliteration of the veins in the human subject leads to the same conclusion. As in the experiments on the lower animals, so in man, obstruction of the femoral vein alone does not suffice for the production of phlegmasia dolens; while obstruction of a large number of its primary constituent branches is always attended by the development of phenomena precisely similar to, if not identical with, those which we regard as pathognomonic of phlegmasia dolens.

Still the question remained as to what it was that could lead to the consolidation of blood in the veins to the extent usually observed in this disease. To solve this question, Dr. Mackenzie, after having first shown that the extensive obstruction of the veins necessary for the development of the characteristic phenomena of phlegmasia dolens was not producible by merely local causes, such as injury or inflammation of these vessels; and that simple irritation of the lining membrane of the veins was alone sufficient for the production of such an amount of obstruction—after settling those two points, I say, Dr. Mackenzie proceeded to make another series of experiments in order to ascertain the effect of the direct introduction of various irritating matters into the circulating fluid. Lactic acid was the agent from the injection of which he obtained the most definite results; and by throwing some of this fluid in a dilute form into the femoral vein above a ligatured point, he found that coagulation of the blood was produced for a considerable distance towards the centre of the circulation, involving in some cases a considerable extent of the vena cava inferior, and producing a corresponding degree of obstruction in these vessels. When the animals, on which such experiments had been made, were killed at a sufficiently early period, however, it was found that the process of consolidation had begun in the surface of the column of blood in contact with the venous wall, and that it had not taken place simultaneously in the entire column within the vessel; thus showing that the action of the irritant had been primarily upon the interior of the vessel, and through this, secondarily, upon the blood. But the effect of the lactic acid was not confined to its action on those vessels with which it first came into contact. Its action upon the interior of the veins immediately above the point of its introduction was, of course, strongest and most direct, because it was applied to them nearly pure, and but slightly diluted by admixture with the blood, on which it seems to have exerted no immediate influence; and by the time that it arrived at the upper portion of the inferior cava (in the case of its injection into the femoral vein), the poison had become so diluted and dispersed through the mass of the circulating fluid that its action on the vascular surfaces over which it passed was rendered impossible, from the rapidity with which it was hurried along through the heart and arteries in its now less concentrated condition. But the effects of the irritant reappeared so soon as it was carried to a point in the vascular system where the circulation was less rapid, and where it was thus allowed to remain for a longer

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period in contact with the interior of the vessels; and as the flow of the blood was necessarily retarded in the plant of veins contributing to the formation of those large vessels in which the first action of the poison in its undiluted form had led to the primary obstruction, it was precisely in these tributary veins that it was detained for a length of time sufficient to enable it in its now diluted form, again to exert its irritating influence upon their inner wall, and so to lead to a second consolidation of the blood and obstruction of the vessels containing it. These secondary obstructions were not entirely confined, however, to the vessels behind those primarily obstructed; they were repeated at all points where the circulation was weakened or retarded by other means, as, for example, by ligaturing of a vein. But in all cases where lactic acid was injected, let us say into the right femoral vein, and obstruction of the veins above was produced, obstruction was also found to have resulted in the smaller veins of the same thigh and leg to such an extent as to lead to the development in it of all the usual symptoms of phlegmasia dolens. I would beg here again to remark, that it seems essential for the production of this disease that obstruction should have taken place in a large number or series of the veins of minor size, more than in the leading or principal veins of the limb; and we can account for the occurrence of such cases as have been recorded by Casper, Smeets, Rigby, etc. who found the femoral vein itself to be sometimes free, by supposing that the obstruction had in these instances been confined to the smaller vessels, where its presence, however, would be readily overlooked. From all Dr. Mackenzie's observations and experiments, therefore, it seems probable that phlegmasia alba dolens is essentially due to the presence of a morbid material circulating in the blood, and exerting such an influence on the internal surface of the veins as leads to consolidation or coagulation of the blood which they contain. Whether or not that morbid matter be lactic acid, which Dr. Mackenzie has shown to be capable of producing all the phenomena of the disease when introduced into the blood artificially, and which he seems inclined to regard, in some cases, at least, as the possible cause of the disease, is a matter that remains for future chemical investigation to determine. Probably various morbid matters may be capable of leading to this effect. But there is this one fact to be noted in regard to the disease, and perhaps I ought to have called your attention to it previously, namely this, that the blood of the puerperal female is in a condition which peculiarly predisposes it to coagulation within the bloodvessels. There are two diseases in which this proneness of the blood to coagulation has been specially observed; and it is in patients affected with them that we most frequently meet with cases of endocarditis and of fibrinous deposits on the cardiac valves. These are rheumatism, and Bright's disease of the kidneys; and as in them so in the puerperal female, the blood is in the condition described as hyperinosis; that is, there is an increase in the quantity of fibrine in the blood, and a diminution in the number of red corpuscles. In the only instance which I know of on record, of the analysis of the blood in phlegmasia dolens, Becquerel and Rodier found the fibrine double its natural quantity, and the blood corpuscles diminished. In the puerperal patient matters are rendered still more complicated, and the proclivity to disease still further increased by the circumstance that in her constitution great and important changes are at the time taking place, such as the degeneration and the resorption of the hypertrophied uterine mass, and the establishment of the new mammary secretion, in consequence of which the blood becomes loaded and deteriorated by the introduction of a quantity of effete organic material. In short, the blood is so altered as to render the patient peculiarly liable to spontaneous coagulation of blood in the bloodvessels, or, as it has been called, thrombosis, and all its consequences. Among these consequences falls to be reckoned the disease which we have under discussion, and of which the peculiar phenomena become developed when the thrombosis occurs in a sufficiently large number of the minor veins of any part. But modern pathology teaches us that, in the first instance, at least, this venous coagulation, consolidation, or thrombosis may arise without any previous inflammation of the veins, which at first are simply obstructed and occluded by the plug of consolidated blood; and if the external coats of the veins are found with evidences of inflammatory changes after death, these inflammatory changes may in general be correctly regarded as secondary phenomena, and the inflammation of the venous walls which led to them as a secondary result produced by the irritation and pressure of the contained thrombosis, and by the changes which take place in the obstructing mass. So that, if this doctrine be true, phlegmasia dolens does not arise from phlebitis properly so called, but is immediately due to obstruction of the veins by coagulated blood, and any resulting phlebitis in a secondary consequence only. This coagulation of the blood and obstruction of the veins may, in their turn, depend on one or other of two causes, viz.: either, first, on some morbid alteration in the blood itself, tending to its consolidation or coagulation; or, second, on some morbid condition in the lining membrane of the veins, in virtue of which the relation between the bloodvessels and the blood becomes disturbed, and coagulation of the latter is induced. I believe that in some cases of phlegmasia dolens this required morbid condition in the lining membrane of the veins may be primarily due to phlebitis, as where the veins of the uterus have been inflamed, and the inflammation having extended by continuity to the iliac vessels has led to coagulation of blood in the veins below. But in the great majority of cases it seems to me that we must look for the primary cause of the disease in some morbid condition of the circulating fluid, leading first of all, perhaps, to some peculiar change in the lining membrane of the veins, and through this, secondarily, to coagulation of the blood, occlusion of the vessels, and obstruction to the circulation in the limb.

ORIGINAL COMMUNICATIONS.

ON THE DIAGNOSTIC CHARACTERS OF THE URINE

IN THE VARIOUS FORMS AND STAGES OF

BRIGHT'S DISEASE OF THE KIDNEY.

By GEORGE JOHNSON, M.D. F.R.C.P.

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It will, probably, be conceded by all persons who have given attention to the subject, that considerable value must attach to any means by which the practitioner may be enabled, during the lifetime of the patient, to distinguish, with an approach to certainty, between the various forms and stages of the so-called Bright's Disease of the Kidney.

The object of the present communication is to show that this desirable distinction may, in most instances, be made by a careful examination of the urine; and that in making this examination, the microscope affords most important aid. In many instances, doubtless, we may, from a consideration of the general symptoms, together with the physical and chemical characters of the urine, form a tolerably correct estimate of the form and stage of the renal disease, without the help of the microscope.

For instance, we have a sudden attack of general dropsy during the progress of scarlatina, or in a person previously healthy, from exposure to cold and wet. The urine is scanty, high-coloured, from admixture with blood, and forms an abundant coagulum with heat and nitric acid. In such a case we should rarely be wrong in assuming that we have to deal with an acute and curable form of renal disease.

In another case we may have to treat a recent and sudden attack of general dropsy; but, on inquiring into the patient's history, we learn that some months, or it may be years, previously, he had for a time manifested dropsical symptoms; and that since the first occurrence of the dropsy, his general health has never been good; that he has suffered more or less from irritability of bladder; and moreover, we find that the urine, although it is highly coagulable, is either pale, or of the natural sherry colour, without the least appearance of being tinged with the colouring matter of the blood. With such a history we should unhesitatingly declare the case to be one of chronic Bright's disease, and in all probability, one in which the kidneys would be found *enlarged* after death.

Once more, we may have a patient who has had repeated attacks of gout. The urine is albuminous, but in a much less degree than in the two previous cases; it is, moreover, of pale

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colour, of low density, and the quantity secreted is considerably in excess of the normal amount. There is no history of dropsical symptoms, either at the present or at any past period, but the patient complains of uncomfortable attacks of vertigo, amounting at times to temporary loss of consciousness. In this case we might confidently give as our diagnosis—Chronic Bright's disease, with extreme degeneration and *contraction* of the kidney; and we should anticipate that the threatening head-symptoms might soon pass on to confirmed uræmic epilepsy.

In cases similar to those of which, for the sake of illustration, I have here given an outline, the aid of the microscope is scarcely needed; but in a very large proportion of cases of Bright's disease, it is by no means easy to form a correct opinion as to the form and stage, and probable result of the malady, and we are glad to avail ourselves of any help which promises to lessen the difficulty. The practical questions which arise in connexion with cases of Bright's disease are chiefly these:—

1. Is the disease acute, of recent origin, and therefore probably curable? or,

2. Is it chronic, of long standing, and irremediable?

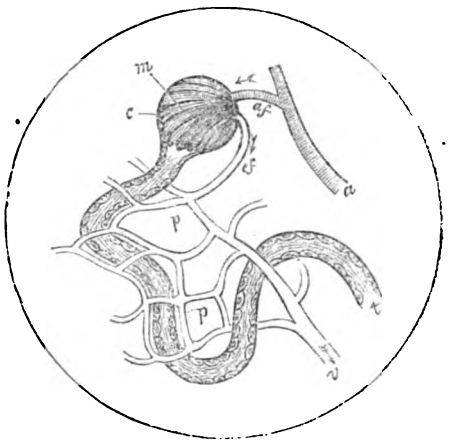
3. This second question being answered in the affirmative, we next have to inquire whether the danger is imminent, or whether it is probable that the patient's life may be prolonged for months, or even for years?

It is scarcely necessary to insist upon the fact that patients who are labouring under Bright's disease may live for a considerable period. I know a medical man, now actively engaged in practice, whose urine has certainly been albuminous for eighteen years, and probably for five years before that. One case of Bright's disease, which at length ended fatally, was under my observation for ten years; and I am now acquainted with a considerable number of individuals of both sexes, about whom I have been from time to time consulted, who have been the subjects of one or other of the forms of Bright's disease for periods varying from one to five or six years. Yet in some of these instances so little derangement is there of the general health, that it is difficult to convince the patient that he is labouring under any serious disease.

In using the microscope as an aid in the diagnosis of renal diseases, there are certain elementary facts and principles to be borne in mind.

And 1st, as to the minute structure of the kidney, which is represented in the accompanying diagram. Each uriniferous tube ends, or rather commences, in a globular expansion which forms the capsule of the malpighian body. The artery sends off a terminal branch, which pierces the malpighian capsule, and so passes within the globular dilatation of the tube. In this cavity the arterial branch breaks up into a capillary plexus, the vessels of which reunite into a single vessel which passes out through the capsule, and then joins a capillary plexus lying outside the uriniferous tube among its coils and convolutions. The course of the circulation through the kidney, as indicated by the arrows in the diagram, is from the artery through the "afferent" vessel, into the malpighian capillaries, thence through the "efferent" vessel into the inter-tubular plexus, and from this into the renal vein.

Fig. 1.



Plan of the minute structure of the kidney. *a*. Artery sending an afferent branch, *af*, to the malpighian body *m*. *ef*. Efferent vessel. *p*. The plexus of capillaries between the tubes. *v*. The veins. *t*. The tube. *c*. The capsule of the malpighian body.

A glance at this peculiar arrangement of the bloodvessels of the kidney, will show that it must greatly favour the escape of the constituents of the blood from the malpighian vessels into the tubes. An impeded circulation through the inter-tubular plexus will produce engorgement of the malpighian vessels, and a consequent serous or sanguineous effusion into the tubes; and this effusion, mingling with the proper secretion of the gland, renders the urine albuminous or even bloody.

And here it may not be out of place to remark that whereas, in cases of Bright's disease, which are *acute* and of recent origin, the urine is frequently high coloured from admixture with blood; it is rare to see the urine blood-tinged in the advanced stages of *chronic* Bright's disease. The explanation of the rare occurrence of hæmaturia in the latter class of cases, is to be found in the fact that in all the forms of advanced Bright's disease the walls of the malpighian capillaries are so much thickened, that they seldom become ruptured so as to permit the escape of blood into the tube, and its consequent mixture with the urine (a).

Returning now to the minute anatomy of the kidney, it is to be observed that the convoluted portions of the uriniferous tubes are lined by cells which have all the characters of true glandular epithelium, as seen in the second diagram. Within this lining of cells there is a clear canal (*lumen*) in the centre, which is equal to about half the diameter of the tube.

Fig. 2.

Portion of uriniferous tube, with its lining of epithelial cells. The clear canal within the layer of cells is equal to about half the diameter of the tube × 200.

Now let me remark that all the forms of Bright's disease have this in common, that they affect primarily and chiefly the cortical or secreting portion of the kidney as distinguished from the medullary cones, which are composed of bundles of straight ducts for conveying away the materials secreted by the convoluted tubes of the cortex. If we make a microscopical analysis of the diseased kidney, we find that the essential part of its morbid anatomy is in the interior of the convoluted tubes, and that the gland cells which line those tubes are the first parts to suffer change. The morbid conditions of other tissues, although of considerable interest, more especially those which affect the bloodvessels, are second in time and importance. It is in the performance of its functions as a great excretory gland, that the kidney becomes the subject of Bright's disease; and the disease has its origin in those cells of the convoluted tubes which constitute the essential part of the kidney as a glandular organ.

While the gland-cells are undergoing morbid changes, there usually occurs from the vessels of the malpighian body (see fig. 1) an effusion of albumen and fibrin into the cavity of the tubes. These effused products mingle with the natural secretion of the kidney and give rise to two important signs of the existence of Bright's disease. 1st, An albuminous condition of the urine, which renders it coagulable by heat and nitric acid; and 2nd, The appearance of cylindrical moulds or casts of the uriniferous tubes, discoverable on a microscopical examination of the urine. These casts are composed of fibrinous material, which having coagulated in the cavity of a tube, has subsequently escaped with the urine. The different appearances presented by these tube-casts afford most valuable evidence as to the condition of the tubes in which they have been moulded, and greatly aid the diagnosis of the different forms and stages of Bright's disease.

1. *Microscopic characters of the urine in acute Bright's disease.*—The most common appearance is represented in fig. 3. The tube-casts entangle entire cells of renal epithelium which have been thrown off by a process of desquamation;

(a) See the author's remarks on the pathology of the renal bloodvessels in Bright's disease.—*Medico-Chir. Trans.* vol. xxxiii. p. 107.

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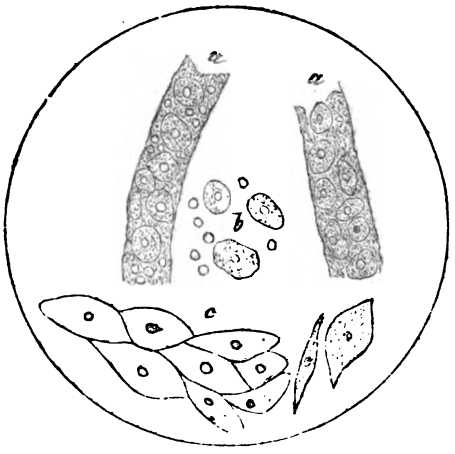
cells of the same kind are scattered over the field of the microscope, and in addition there are blood-corpuscles

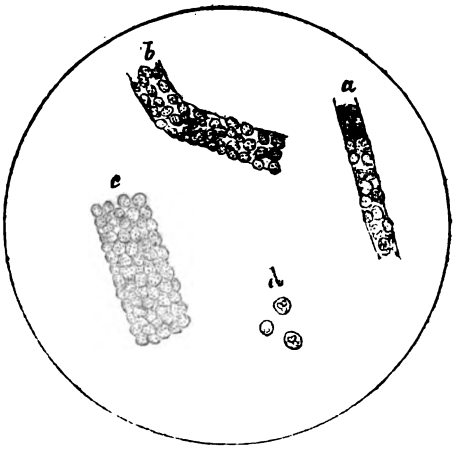
Fig. 3.



a a. Tube-casts entangling renal epithelium and blood-corpuscles. *b.* Renal epithelium and blood-corpuscles. *c.* Pavement epithelium from the uterus or vagina × 200.

scattered as well as entangled in the fibrinous moulds. A sediment having these characters occurring in dark-coloured urine is indicative of an acute form of renal disease (acute desquamative disease). The broad cells of pavement epithelium represented in the lower part of fig. 3, are often seen in the urine of females who are suffering from leucorrhœa. They come from the vagina or the uterus, and are not to be confounded with the renal gland-cells.

Fig. 4.



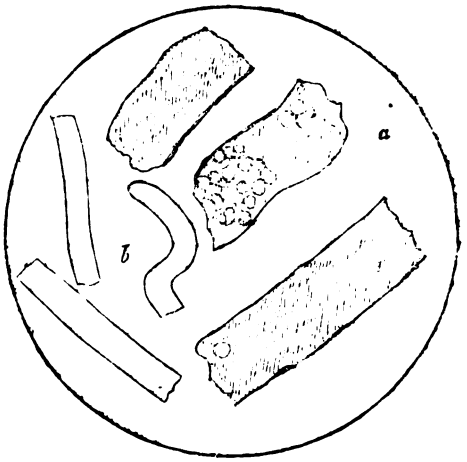
a b c. Tube-casts entangling pus-cells. *d.* Pus-cells acted on by acetic acid, and showing the compound nuclei × 200.

2. The next most frequent sediment in cases of acute Bright's disease, consists of casts entangling pus-cells, similar to the two smaller casts represented in fig. 4. In some cases the small pus casts are mixed with epithelial casts (fig. 3), but more commonly they occur alone; and according to my own experience the probability of recovery is nearly if not quite as great when the urine contains these small pus casts as when it deposits only the epithelial casts.

3. A third form of sediment sometimes observed in cases of acute Bright's disease consists of small fibrinous casts, having a transparent homogeneous wax-like appearance—"small waxy casts," fig. 5, *b*. Here and there one cast may contain a small cell, or a fragment of a cell; but the most marked feature of the cases in question is the absence of desquamation. With regard to these non-desquamative cases, I would remark that one cannot be so confident as to their being acute and of recent origin as when the character of the sediment is such as indicates an active process of desquamation.

It will be observed that the diameter of these small waxy casts is just that of the free canal or lumen within the

Fig. 5.



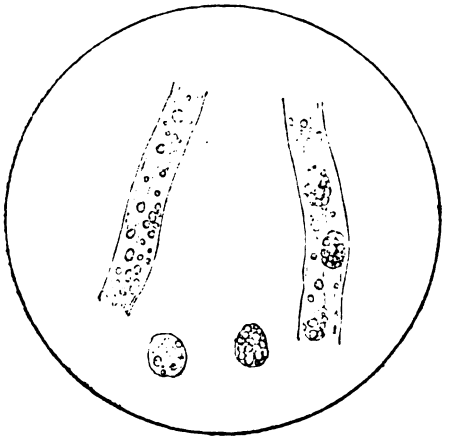
a a a. Small waxy casts from tubes which still have an epithelial lining. *b b b.* Large waxy casts from tubes which have lost their epithelial lining. Compare with fig. 2. × 200.

epithelial lining of the kidney tubes (fig. 2). The tubes in which these casts have been moulded retain their epithelial lining, whereas the large waxy casts (fig. 5, *a*) have a diameter equal to that of the renal tubes, and they have evidently been moulded in tubes whose epithelial lining has been destroyed and replaced by unorganised fibrin. We shall presently revert to these large waxy casts.

The sediment in chronic Bright's disease.—Cases of chronic Bright's disease may conveniently be divided into those in which the kidneys are enlarged, and those in which there is more or less atrophy and contraction of the gland. The large kidneys may be simply pale, anæmic and wax-like, or they may contain the characteristic yellow fat granulations. The urine secreted by the large waxy kidney usually contains a large amount of albumen; but in many cases it deposits very few tube casts, which have for the most part the character of the small waxy casts before described (fig. 5, *b*).

When the kidney has undergone fatty degeneration, the urinary sediment has the characteristic appearance represented in fig. 6. An abundance of oil is seen in the casts and cells.

Fig. 6.



Tube casts and cells containing oil × 200.

In many cases fatty degeneration of the kidney is a most insidious disease, whose existence is not suspected until, perhaps, the patient suddenly becomes dropsical. I will briefly refer to one case by way of illustration.

W. L., a carpenter, aged 18, came under my care in the hospital last October, suffering from general dropsy, which had come on a week before his admission. He declared that

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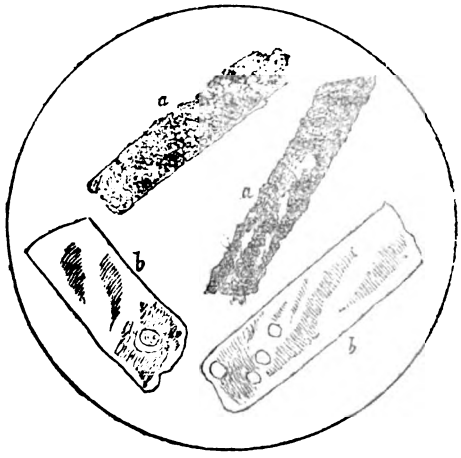
he was in perfect health until the dropsy appeared; there had been no irritability of bladder or other symptom to direct attention to his urinary organs. The urine was scanty, high-coloured, and very albuminous, and contained numerous fatty casts and cells. I at once pronounced the case to be one of long-standing fatty degeneration of the kidney, and stated my conviction that although we might succeed in getting rid of the dropsy, the urine would be little improved by treatment. He remained some weeks in the hospital, the dropsy disappeared, but the urine remained albuminous and fatty, as at the time of his admission. If time permitted, I could refer to numerous cases of fat kidney, in which a correct diagnosis and prognosis were possible, only after a microscopical examination of the urine.

I now pass on to the character of the urine in cases of chronic Bright's disease with *contraction* of the kidney—chronic desquamative disease. This, too, is a disease which has often made great progress before its existence is suspected. It is generally associated with a copious secretion of urine, of pale colour, and low density, and dropsy is often entirely absent. The urine, though it is usually more or less albuminous, may be free from albumen, and that, too, both in the early and in the most advanced stages of the disease. The sediment which characterises this form of disease consists of granular casts (Fig 7, *a a*), composed of disintegrated gland-

FIG. 7.



a a. Granular casts. *b b*. Large waxy casts × 290.

cells from the tubules of the kidney. I have repeatedly found these granular casts—indicative as they are of commencing atrophy of the kidney—in the urine of patients suffering from chronic gout when no trace of albumen has been discoverable. In the more advanced stages of the renal disease the granular casts are associated with the large waxy casts (Fig 7, *b b*), and the amount of the dense whitish sediment which is found to contain these granular and large waxy casts may be taken as an index of the rate at which the renal degeneration is progressing.

Among all the kinds of urinary sediment which are associated with the various forms and stages of Bright's disease there is not one which is more surely indicative of imminent peril than this, whether it occur in the advanced stage of the essentially atrophic form of Bright's disease, or whether, as sometimes happens, it suddenly appears in the urine of patients who have the enlarged waxy or fatty kidney. In any case it indicates a rapid destruction of the renal gland-cells, and a choking of the tubes with fibrin to a degree that must greatly impede the function of the gland; and suppressed secretion speedily follows.

I beg now to invite the attention of the society (a) to the collection of preserved microscopic specimens of tube-casts which are on the table. Some of these specimens, illustrating the progress of Bright's disease at different periods of the same case, are more than ordinarily interesting and instructive. And in conclusion, I venture to remark, that as it would be difficult to find a practitioner at the present day who denies or doubts the value of auscultation and percussion in the diagnosis of pulmonary and cardiac diseases, so I believe that the time is not far distant when scepticism with regard to the value of the microscope as an aid to diagnosis and prognosis in cases of renal disease will be equally rare.

(a) Read before the Medical Society of London.

ON DEFECTIVE LACTATION AND ITS REMEDY.

By C. H. F. ROUTH, M.D.
Physician to the Samaritan Free Hospital for Women and Children.

(Continued from p. 521.)

Medicinal Treatment.—I proceed to speak now of those medicinal remedies which have been recommended. Paulus Ægineta, in speaking of these, says, "That medicines for the formation of milk are possessed of some efficacy, I am well aware, and yet I do not recommend them in all cases, for they greatly waste the body." This opinion seems to have been very generally acted upon in modern times by those who believed in such remedies; but the fact is, by far the majority of practitioners make no use of lactagogues, because they do not believe in their existence.

I think the consideration of these different remedies is best taken alphabetically according to their natural order. My experience, however, I should premise by saying, is necessarily limited to a few of these only; I have not been able as yet to try all, nor even the majority; and from the difficulty of identifying plants spoken of by different authors of past centuries, with those under a different name in the present day, I am not sure in all cases that I may not have experimented with the wrong plant. Again, I have generally given the preference to those which I have found most efficacious in my hands, and most frequently named, and unmistakeably defined by ancient as well as modern authors. All, however, are here subjoined in a tabular form.

1. *Algæ.*

Porphyra lacciniatav, laver (Galen).

2. *Boraginaceæ.*

Echium vulgare Bugloss. Borago.

3. *Caryophylleæ.*

Saponaria vaccaria, cow basil (Redwood).

4. *Compositæ.*

Lactuca sativa; sonchus arvensis.

5. *Cruciferæ.*

Eruca sativa, garden rocket (English Phys. enlarged).

6. *Euphorbiaceæ.*

Ricinus communis; Jatropha curcas.

7. *Ericaceæ.*

Gaultheria procumbens.

8. *Labiatæ.*

Ocymum (basilicum)? Melissa asinos.

9. *Leguminosæ.*

Cytisum scoparium. Coronilla juncea (milk vetch). Cicer.

10. *Malvaceæ.*

Malva sylvestris.

11. *Rosaceæ.*

Quinquefolium vulgare, or Potentilla.

12. *Ranunculaceæ.*

Nigella sativa, or melanthium, Gith; Anemone pratensis.

13. *Umbelliferæ.*

Pimpinella anisum; Anethum fœniculum; Anethum dulce; Apium sativum (parsley); Daucus carota (Galen).

Common salt.

Crystal or Chrystall.

Boraginaceæ.—Echium vulgare, viper's bugloss. Flowers blue; July; biennial; found on sandy and chalky soils. Roots opening, and said to be slightly astringent. (Redford.) "The seed drunk in wine procureth abundance of milk in women's breasts." (Culpepper's English Phys. p. 368.)

I have tried this remedy in the shape of a strong infusion; but I could not trace in any of the cases in which I tried it any effect as a lactagogue.

Borago Officinalis.—Common borage. Flowers blue; June and July. Biennial. Borage and Bugloss. "The seeds and leaves are good to increase milk in women's breasts." (Culpepper, p. 39.)

Of this plant I have no experience.

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Caryophylleæ.

Saponaria Vaccaria.—Cow basil, vaccaria. Seed heating diuretic; this plant is said to increase lacteal secretion in cows fed upon it. (Redwood.) Galen speaks very favourably of it.

I have tried this remedy in a few cases only and as a strong infusion, and I think I can speak favourably of its effects. In my hands the patients seem to have remarked that the quantity of milk produced in their breasts was increased materially.

Compositæ.

Lactuca sativa.—There are many varieties. Has been substituted for opium to check diarrhœa; allays cough and diminishes rheumatic pains. Leaves refreshing; slightly anodyne, laxative anaphrodisiac. The milk it yields constitutes, when inspected, lettuce opum, or lactucarium. (Redwood.) "The juyce of lettice increaseth milk in nurses." (Culpepper, p. 142, op. cit.)

I have no experience of this drug.

Sonchus Arvensis.—There are several varieties of this plant. This the corn sow-thistle, sonchus ciliatus, or oleraceus, common sow-thistle; s. laevis, or smooth sow-thistle; s. asper, or prickly sow-thistle. In their effects they are described as possessing properties like those of lettuce. Culpepper speaks of the plant as follows:—"The decoction of the leaves and stalks causeth abundance of milk in nurses, and their children to be well coloured. It is good for those whose milk doth curdle in their breast." (Op. cit. p. 344.)

I have also used this remedy in a few cases, and in my results I should place it in the same category with saponaria, which it closely resembles in its action.

Cruciferæ. Eruca sativa.—Rocket. South of Europe; said to be antiscorbutic, diuretic, flatulent; seeds acrid, stimulant, exciting the stomach, and a good substitute for mustard. Culpepper speaks of it,—"The seed also taken in drink taketh away the ill scent from the armpits, increaseth milk in nurses, and wasteth the spleen."

Of this plant also I have no experience.

Euphorbiaceæ. — Ricinus communis, oil bush. Castor-oil plant. India. Seeds are purgative, yield oil by boiling and expression. Root in decoction diuretic; leaves with lard used externally as an emollient poultice.

The lactagogue properties of castor-oil leaves were known to the Spaniards of Peru and Chili. M. Frezier, Engineer in ordinary to the French king, in his narrative of a voyage to those parts, performed during the years 1712-13-14, stopped for some days at San Vincente in the Cap de Vert. In his description of that island, he states that among other plants he saw there, the *palma christi* or *ricinus Americanus*, by the Spaniards in Peru called *Poterilla;* and they affirm that the leaf of it applied to the breasts of the nurses brings milk into them, and applied to the loins draws it away. (Dr. McWilliam's Letter, p. 488, vol. ii. 1850.)

The employment of castor-oil leaves as a lactagogue in this country dates since 1850. In a paper read before the British Association, at Edinburgh, in 1850, and afterwards published in the *Lancet* of same year (vol. ii. 1850, p. 294), Dr. McWilliam brought the effects of this plant before the Profession. The leaves of this plant in Boavista in the Cape de Verde Islands are known as the *bofareira*, which is in reality the ricinus communis of botanists, and occasionally the leaves of the Jatropha curcans, both belonging to the natural order of Euphorbiaceæ. Two kinds are known in these islands, the red and the white. They are both varieties of the same plant, but the red is avoided by the natives, the former being said to be lactagogue in its properties, the latter eminently emmenagogue. In cases of childbirth, where the appearance of the milk is delayed (a circumstance of not unfrequent occurrence in those islands) a decoction is made by boiling well a handful of the white Bofareira in six or eight pints of spring water. The breasts are bathed with this decoction for fifteen or twenty minutes. Part of the boiled leaves are then thinly spread over the breast, and allowed to remain until all moisture has been removed from them by evaporation, and probably, in some measure, by absorption. This operation of fomenting with the decoction and applying the leaves, is repeated at short intervals until the milk flows upon suction by the child, which it usually does in the course of a few hours. On occasions where milk is required to be produced in the breasts of women who have not given birth to or suckled a child for years, the mode of treatment adopted is as follows:—Two or three handfulls of the leaves of the ricinus are taken and treated as before. The decoction is poured, while yet boiling, into a large vessel, over which the woman sits, so as to receive the vapour over her thighs and generative organs, cloths being carefully tucked around her so as to prevent the escape of the steam. In this position, she remains for ten or twelve minutes, or until the decoction cooling a little, she is enabled to bathe the parts with it, which she does for fifteen or twenty minutes more. The breasts are then similarly bathed, and gently rubbed with the hands; and the leaves are afterwards applied to them in the manner already described. These several operations are repeated three times during the first day; on the second day, the woman has her breasts bathed, the leaves applied, and the rubbing repeated three or four times. On the third day, the sitting over the steam, the rubbing, and the application of the leaves too, with the fomentation of the breasts, are again had recourse to. A child is now put to the nipple; and in the majority of instances, it finds an abundant supply of milk. In the event of milk not being secreted on the third day, the same treatment is continued for another day; and if then there still be want of success, the case is abandoned, as the person is supposed not to be susceptible to the influence of the Bofareira.

Women with well-developed breasts are most easily affected by the Bofareira. When the breasts are small and shrivelled the plant then is said to act more on the uterine system, bringing on the menses, if their period be distant, or causing their immoderate flow, if their advent be near.

Dr. McWilliam gives the cases of three women (occurring under the notice of Drs. Almuda, Sir George Miller, and Consul General Rendall) in whose breasts milk was induced by the employment of the Bofareira. In all these cases pregnancy had occurred some years previously.

Dr. Tyler Smith has made some experiments upon the use of this plant. He tried the effects of the leaves in five cases, in three of which it proved successful. In one it produced a copious flow of the catamenia, in another of leucorrhea. From his experiments he believes that the castor-oil leaves, applied externally, have distinct lactagogue effects. He followed out in his experiments the description given and quoted above from Dr. Williams's paper, but did not apply the steam of the decoction to the generative organs; nor does he appear to have given it internally.—*London Journal of Medicine*, vol. ii. 1850, p. 951.

I believe I am the first who has used castor-oil leaves and stalks internally as a decoction in this country. I was led to do so from having frequently observed that suckling women, after taking a dose of castor-oil, usually noticed that they secreted a larger quantity of milk—a result which I certainly cannot entirely attribute to the removal of accumulated fecal matters; because I have not seen the same full effect from the use of other purgatives. Dr. Tyler Smith (Ib. p. 954) alludes to this effect having been noticed by others, although, he adds, it may do this by moderating febrile excitement. It occurred to me, therefore, that in defective lactation, the exhibition of castor-oil leaves and stalks in a decoction might produce, or more directly cause, a flow of milk. I have now given the remedy in several cases, and I must say I have not been disappointed. The flow has been remarkably increased. Three objections, in practice, against its use, however, should be mentioned. 1st. Some patients complain while taking it of a sensation in the eyes, not exactly amounting to pain, but accompanied with dimness of sight. I do not think this effect, however, is due to any peculiar effect of the castor-oil plant. I have only noticed this symptom in weak women; and I rather attribute it to the forced flow of the secretion, an effect exactly analogous to that which is observed in nurses that have suckled too long when the child takes the breast. 2nd. A second is that the dose after a time requires to be much increased, as the remedy appears to lose its effect. A temporary suspension, and the substitution of another lactagogue, remedies this inconvenience. 3rd. The last objection is a more serious one, but one which I hope in time will be remedied—the difficulty of procuring the leaves or stalks in sufficient quantity. It appears that they are not imported into the country, and all those that can be obtained are produced in the Kitchen Gardens of Mr. Butler; and the number of plants grown here is but small. I have, however, found this remedy so important as a lactagogue, that I

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hope ere long it will either be imported or grown in larger quantities, so as to be used much more extensively.

Of the various plants which succeed, I have in my list, except those mentioned among the umbelliferæ, I have no experience. One only I have tried, the cythisus; but my trials have been so limited that I cannot speak of its effects at present. I shall content myself, therefore, with their mere enumeration, and the properties they are alleged to possess.

Ericaceæ, Gaultheria procumbens.—Winter green box berry, chequer berry, partridge berry, mountain tea, North America. Leaves, Gaultheria, Ph. United States, used for tea. Fruit contains an aromatic, sweet, highly pungent volatile oil, which is anti-spasmodic and diuretic; a tincture has been useful in diarrhœa. Coxe states that the infusion is useful in asthma. It is used in North America as tea. The brandy in which the fruit has been steeped is taken in small quantities, in the same way as common bitters. It has been employed as an emmenagogue, and with the view of increasing the secretion of milk; but its chief use is to impart an agreeable flavour to mixtures and other infusions. It is used as an infusion, but also in the form of an oil, which is more used in regular practice than the leaves. Instances are on record of deaths resulting from the use of the oil by mistake in the dose of ʒi. On examination after death, there were strong evidences of gastritis.

Labiatæ, Ocyminus.—There are several varieties. Album, Toolsie tea, dried leaves used as a substitute for tea. Juice in ʒi. doses given for colds. O. Basilicum, Basilicum; sweet basil, strong scented, emmenagogue, gives the peculiar flavour to Fetter-lane sausages. According to Anstie, assuages childbirth pains. O. Cavum, sudorific, anti-gonorrheal. O. Cuspum, anti-rheumatic remedy, etc.

It is probably the O. Basilicum which has been by some believed to be the basil spoken of as a lactagogue.

1. *Mellisa Acinos.*—Syn. acinos vulgaris, basil thyme, and mellissa chinopodium, wild basil; supposed also by some to be the basil meant by older authors as a lactagogue.

Leguminosæ. Cythisus—A large number of ancient authors speak of this remedy as an effective lactagogue. I do not find the variety, however, further specified. Decoctions of the young tops of cythisus scoparius is said to be diuretic and cathartic, even to animals who browse upon them. Flowers used as a pickle for table, and seeds cathartic, roasted as coffee. C. Laburnum, seed and bark poisonous, narcotic, acrid, leaves diuretic, resolvent.

Johann Nardius speaks of the cythisus as a lactagogue, if given in the food of animals. The remedy, indeed, is as old as Hippocrates.

I have used the cythisus scoparius once or twice. I cannot say I have as yet seen any lactagogue results.

It is not impossible, however, that the cythisus that is here meant is in reality altogether a different plant from the cythisus we now know. The following passage from Aetius Tetrabiblos (78) seems to favour this view,

"Tythymalli and those medicines that are called galactides, or lactagogues.

"*Halimon sive Halmyris.*—Some eat the seeds of the fruit of halimon, and having cooked them save them. It gives strength to milk and to the seminal secretion. A drachm of the root drank out of water, quiets convulsions, ruptures, and tormina, and both attracts and increases milk." The dictionaries give the following meaning to halimon:—"*Halimon i. n.* ἅλιμον; some kind of *marine fruit:* ab ἅλιμος maritimus. Plin. l. 17, c. 24. ad fini ex Theophrast. Hist. Plant. l. 4, c. 24. Et *cytisus* necatur eo, quod *halimon* vocant Græcii. Alii *halimon* (lege halimon) olus maritimum esse dixere soldum, et unde nomen. ἅλμυρος salsus, genus nitri."

It may be some kind of sargossum or sea laver, perhaps the *ulva lactuca, sea lettuce, or lettuce green lava*, both edible varieties of sea-weed are meant. It is remarkable, too, that the author of Gynæciorum enumerates among his recipes to increase the secretion of milk: "Lac vaccinium bibat; aqua salsa valida vel marinæ fomenta et post vino calido."—P. 71.

Coronilla Juncia.—Syr. polygala vera. Milk vetch. This herb in decoction increases milk.

I believe this is the same plant which is known and sought for in London by many suckling mothers, indeed, kept for that purpose by herbalists. It is usually obtained from Gravesend, and known more popularly as the *milk weed.* I have used it largely, and I must also speak very favourably of it. Second only to castor-oil, and about the same efficacy as the fennel, it is more readily available for most persons. I have also used the leaves of this remedy as a decoction, and have found it very efficacious. I have not tried the roots or the seeds. Probably the medicinal effects of these parts of the plant would be even more marked; and in winter be more readily procurable than the fresh leaves.

Cicer Arutinum, has been said by some to exert a lactagogue effect. The seeds are heavy, but wholesome, roasted for coffee, farina, resolvent.

Malvaceæ.—Malva sylvestris. This plant so commonly known, marsh mallow, is stated by Culpepper to be a lactagogue. "The leaves boiled, used by nurses, procureth them abundance of milk." (Op. cit. p. 150.) This effect, I presume, is chiefly due to its nutrient qualities, rather than to any peculiar medicinal effect.

Rosaceæ.

Quinquefolium Vulgaris, or potentilla reptans. Creeping cinquefoil, five-leaved grass.

Ranunculaceæ.

Nigella sativa. — Gith, fennel flowers, devil in a bush. Nigella arvensis, or melanthium sylvestra. Seeds acrid, oily, attenuant, used as a spice. Paulus Ægineta recommends sweet gith as a lactagogue.

Anemone Pratensis.—Pulsatilla. This plant has been recommended by Avicenna.

Umbelliferæ.—Five plants in this order are commonly recommended—the Pimpinella Anisum; Anethum Fœniculum, or fennel; Anethum dulce, or graveolens, dill; Apium Sativum, or parsley; and Daucus Carota.

All these plants are too well known to require description. All older authors, from Hippocrates downwards, speak of them. The fennel (marathron of the Greeks), indeed, seems to be the staple ingredient of most of the remedies employed to promote secretion of milk. Ægineta recommends the root and fruit of the fennel boiled in ptisan. Aetius recommends the leaves of the dill. Ægineta directs that the fruit of the carrot should be given in such cases. My experience of these several plants has been confined, in a medicinal point of view, to the fennel. I have used pretty extensively the infusion of fennel seeds, and of all those plants which I have tried, I consider it as second only to castor-oil. It is remarkable how materially it increases the flow of milk in those who take it, producing sensibly the draft in many women who have been strangers to this sensation to any extent for weeks. In one respect, it does not seem to produce the same amount of dimness of sight which the castor-oil leaves do; at least, patients have not complained to me of this effect when taking it. The appearance of the children has been also particularly good under its influence.

There are but two other specific substances to which I shall here allude as lactagogues. One is common salt. The other is a substance spoken of by authors of the last century as chrystal.

Common salt.—We are all pretty well aware of the effects of common salt upon the body in proper quantities. One of the most important of which, according to Liebig and Boussingault, is to improve the glossy and smooth appearance of the coats of animals. Nardius, in his Analysis of Milk (op. cit.), has the following remarks on it:—"Albertus says that insular cattle are larger, because of the saltness of their pastures; the salt, moreover, having a quieting (taming) effect upon them, so that they yield an abundance of milk. Whence it happens, that in sea-side places, where cattle feed on salt pasturages, they are more prolific; their flesh is more tender; their milk more abundant, and richer in cheese. The learned Mercurialis, it is true, controverts this opinion; but still he admits that a moderate use of salt does increase milk." (Moreover, he adds, that sheep will fatten upon salt drinks; and that for this reason it is customary to give every fifth day to them salt in the proportion of about 200 pints for every 100 sheep.) So also the poet testifies:—"Let the lover of milk bring frequently to the mangers of his cows, cysthisus, lotus, and salt herbs. These they love best, and they will swell out their breasts. Moreover, having partaken of these, they will drink more, and so a larger flow of milk will be provoked."—(Nardius, Analysis de Lacte, p. 153.)

The last substance to be mentioned is Christall, differently spelt as Christal or Crystall. I find this substance used in a famous receipt, as it was believed to be of old, and which was repeated in some of the works of last century,

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and was then much in vogue as a lactagogue. "Take crystall, and beat it into fine powder, and mingle it with as much fennel seed likewise beaten in fine powder, and a little fine sugar. Let the woman use to drink hereof somewhat warm, with a little white wine, and this will cause great store of milk to increase in her breasts: yea, it will restore her milk again, though it be clean gone from her."—(Collection of Pamphlets, 1650–1652, Brit. Mus. Rich Storehouse Treas. for the Diseased. By A. T. 1596. Ch. 155. pp. 31—36.) Whether, from what has been premised on common salt, it may be supposed Rock Crystal, I do not know. In some of the old medical dictionaries, the crystallus is further designated as "crystallus mineralis, potassæ nitras fusus sulphatis paucillo mixtus." Also, as "sal prunellæ." On this supposition, nitre would possess properties not at present attributed to it. I have not, however, with the view of proving these, tried the remedy.

I cannot close the category of medicines to be given to a suckling woman without referring to two other remedies in more common vogue—*iron and cod-liver oil*. I am quite aware that in reference to the first of these many learned writers have shown that iron often exerts a repressive influence upon the lacteal secretion, and facts apparently in confirmation of this opinion, chiefly occurring when patients take chalybeate waters, have been given. Mr. Stanislas Martin observed at Chateanneuf in Auvergne, that cows on drinking ferruginous waters, to which they were very partial, lost their milk. The same effect was observed on a young wet-nurse, upon whom he experimented (*Bull. de Thérap.* Dec. p. 554. *Med. Times and Gaz.* Jan. 23, 1858, p. 96). I believe, however, this is an error, and that these effects are rather due to ill-timed administration, or to the preparation of iron given. Any remedy which will be likely to induce constriction generally of the system, we should expect would be *à priori* detrimental. Still I think if we look to the appearance of a woman who has long nursed, and may be said to be exhausted by the process, we shall notice some well-marked symptoms which indicate at once the remedies to be employed: general pallor, amounting often to anæmia, debility, languor, copious leucorrhœa, pain in the back, headache, increased by the erect and relieved by the recumbent position, and general emaciation. All these symptoms are clearly those of want of red globules in the blood, and precisely those which experience proves most readily subside under the exhibition of iron. Few having to treat such a case would hesitate to give it. The use of iron here, if given *pari passu* with the nursing, would have prevented, or at any rate delayed, the occurrence of exhaustive disease. So also the emaciation is often painfully remarkable after nursing. In milch cows (as I have before said elsewhere) it is this very emaciation which deteriorates so much from the value of the animal after two or three months, as to make it a losing concern for a farmer to keep a milch cow at all. Amongst milch cows, it is only by giving highly combustible food (oil cakes) that this result is obviated. Why not apply the same rule to the human female? It is in the intention of fulfilling this indication that I have given cod-liver oil. Of the preparations of iron I usually give the iodide, especially when there is any strumous habit to contend against, or the syrup of the super-phosphate, which I believe, from the excess of phosphoric acid, so important to both mother and child, is peculiarly applicable. Sometimes, where there is excess of acid or gastrodynia present, I give the sesquioxide or carbonate—the more astringent preparations I entirely discard. In addition I give a teaspoonful dose of cod-liver oil twice a-day after breakfast and dinner. Indeed I am convinced of the usefulness of these two remedies from observation in cases where intense debility and anæmic symptoms with emaciation were wont always to make their appearance from the third to the seventh month of suckling. Having on subsequent pregnancies attended such cases, and given them during their suckling periods both iron and cod-liver oil, beginning as early as the sixth week, and sometimes even earlier after delivery, and continuing the remedies up to the period of weaning, I have been gratified on finding at the end of that period that these distressing symptoms of debility and emaciation never recurred: on the contrary, the patients were unimpaired in health, strength, and looks, and the children were far stronger and larger than those which preceded them. I fear the dread of Physic and a disregard to the artificial life women lead in towns, are in great measure the causes of the common prevalence of symptoms of hyperlactation.

As a *resumé* of the foregoing paper, I conclude that defective lactation is in many cases a curable affection; and that under proper treatment, the mother may be enabled to fulfil her maternal duties, not only without injury to herself, but with great advantage to her offspring. These results, if fully carried out by future experiment, to which I look with great interest, but I must also say, with full confidence, are, I think, of great importance. To the public generally, and morally in excluding from our domiciles fallen women, to act as wet-nurses on high salaries, and thus no longer affording a premium for crime; to the mother in putting her in an enviable position, in which she has never been before placed; and thus providing for her children the very class of nurses of all others to be desired.

52, Montague-square.

A CASE OF

RECURRENT ENCEPHALOID DISEASE OF THE EYEBALL,

WITH SECONDARY DEPOSITS.

By CHARLES BROWNING, F.R.C.S.

D. J. H. was born July 5, 1856, and died March 1, 1859, at the age of 2 years and 8 months.

At birth he was a remarkably fine boy; but in a few days some peculiarity, with slight strabismus of the right eye, was observed, together with enlargement of the globe. During this period, and subsequently, he showed unusual irritability, and cried much by day and by night.

When two months old he had an attack of diarrhœa. The eye now attracted my particular notice; the tunics were vascular, as were also the deep-seated parts seen through the pupil; there was dulness of expression, and a want of harmony in the appearance and action of the eyes.

Scarcely had two months more elapsed, when diarrhœa returned, complicated with dentition. This, as well as the former attack, yielded to small doses of hyd. c. cretâ with sodæ carb. and mist. cretæ with tinct. opii.

The complaint of the eye had progressed, as was indicated by more decided fulness, redness of the eye, and increased irritability of the child. Still, he was so far benefited by the medicines prescribed for the diarrhœa, that the eye underwent a corresponding favourable change; it somewhat decreased in size, and its actions were more in unison with those of its fellow.

Thus matters went on without any material change until the beginning of October, 1857, when the patient was brought to me.

In addition to the symptoms which have been already detailed, we had those which indicated a more acute form of ophthalmia, for which leeches, blisters, mercurials, etc. were used with success, so far as related to the inflammatory condition of the parts. Tinct. iodin. c. and hyd. c. cretâ were then taken for a month. The general health improved, the eye returned to its former state, and medicines were discontinued, not, however, without serious misgivings that there was incipient malignant disease, which time would develope.

The complaint very slowly progressed during the next eight months, gradually impairing vision, until at length it was completely destroyed. Whatever the character of the disease, whether malignant or scrofulous, as far as the eye was functionally concerned, it was useless, nay worse, it was evidently the source of mischief to the whole system; and unless the cause could be removed by surgical means, it was but too apparent that the child must, sooner or later, sink.

Having expressed these views to the parents, it was decided to consult Mr. Haynes Walton, who coincided with me in the opinion, that although the result of extirpating the eye was uncertain, it was the only thing likely to do good. There were no unequivocal signs of malignancy; the disease might be scrofulous degeneration, or, if fungoid in its nature, it might be confined to the eyeball. Under either supposition, the operation was thought not only justifiable, but expedient; consequently on August 4, 1858, I removed the eye with as

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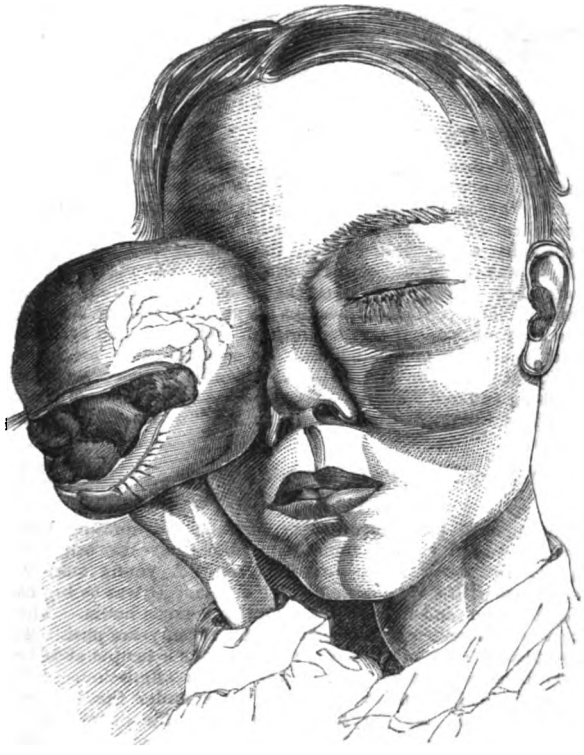
much of its posterior attachments as possible, taking care to divide the optic nerve close to the foramen opticum.

Upon examining the eye there were no morbid appearances external to its tunics, except that the optic nerve was somewhat larger than natural, and of a yellowish-brown colour. But on making a section of the eyeball, the posterior part of the globe was found filled with a mass of soft cancer, which was easily separated, except at the entrance of the optic nerve to which it was adherent.

The microscopic appearances were adverse to a favourable prognosis, and entirely dissipated the hopes which might otherwise have been entertained of a perfect cure.

A small portion of fluid was taken from the divided nerve, and placed upon the fields of the microscope; cancer cells, containing nuclei and nucleoli, were detected,—a revelation which rendered it but too probable that the disease, having passed the orbital boundary, had extended to the brain. This guarded prognosis was impressed upon the mind of the child's friends, which, however, for a time, seemed belied by the progress of the case; for on the very night after the operation, the child slept well, and the following day he was amusing himself with his toys as if in health. He left town for Lowestoft in a fortnight, and during the first nine or ten weeks of his stay by the sea, he continued to improve in health and strength. This happy change, however, was of short duration; granulations began to protrude beyond the eyelids, portending mischief. Argenti nitras was applied without avail, and by the end of October the patient was brought home, and again placed under my care.

It was but too evident that we had a recurrence of the disease in all its malignity. Nothing checked its growth; the granulations rapidly increased, filling the orbit, and by their outward direction giving rise to great distension of the lids, which became much attenuated, and presented a highly vascular, hard, shining surface. The tumour, now of a globular shape, spread equally upon the surrounding parts, extending from the eyebrow to a little below the ala nasi, measuring ten inches in circumference; extremely sensitive, and at times discharging a copious offensive sanies.



As the disease advanced, the tumour varied; it became yellow, dusky, and soft; repeated hæmorrhages took place to the extent of from a quarter to half a pint. These, combined with loss of appetite, pain, and broken rest, soon considerably undermined the vital powers, and emaciation became extreme. For about a fortnight the patient could be induced to take nothing except porter, of which he drank a quart every twenty-four hours; during the last week of his existence he swallowed nothing.

Some few weeks before death a secondary tumour began to manifest itself in the antrum of the left os maxil. sup.; as it grew, it caused some protrusion of the eye and ectropion of the lower lid. The eye itself was unaffected; vision was perfect. No paralysis.

There is little to be said on the subject of the treatment in this deplorable case; it stands forth as one of the *opprobria medicinæ et chirurgiæ*, and solicits the aid of genius, research, and patient observation to elaborate a remedy for the benefit of future generations. Anodynes were the only medicines from which temporary relief was obtained; and of these the liq. opii sed. was selected, which had the happy effect of mitigating pain and inducing sleep. Thus the pathway of death was soothed, and on the 1st of March the child, reduced to a skeleton, succumbed to this destructive disease.

Autopsy.—The body was examined thirty-six hours after death. Cadaveric rigidity gone; extreme emaciation; calvarium unusually adherent to dura mater; in overcoming these adhesions, bloody serum made its escape, apparently from the base of the brain. There were also peculiar sanguineous spots upon the external and internal surface of the calvarium corresponding to the course of the lambdoidal and sagittal sutures; some of these spots were circular, and surrounded by a fine, hard, granular deposit. On raising the right anterior lobe of the cerebrum, an encephaloid tumour, as large as an egg, and invested by a delicate pseudo-cyst, presented itself. It rested upon the orbitar plate of the os frontis, and the cerebral substance surrounding the cyst was softened, as well as the bone on which the tumour lay. There was no trace of the olfactory and optic nerve on this side, but the left optic and the nerves given off from the base of the brain were healthy. The ventricles, base, and spinal cord normal. Right orbit filled with the tumour continuous with the encephaloid mass within the skull. Bones of the orbit more or less carious. Left eye and appendages sound; the former protruded by the growth in the antrum.

Thoracic and abdominal viscera with the glandular structures healthy. Many encephaloid deposits were found under the periosteum of the ribs and sternum; indeed, in some instances, the very osseous structure itself was infiltrated with analogous deposits.

There is much reason to believe that the patient derived an hereditary taint from his maternal grandfather who, many years ago, suffered from lupus, which destroyed part of the nose; the ulceration was arrested, and the man is now alive and healthy.

A first cousin of the child's mother is said to have died from cancer of the tongue, a sister of phthisis. It should also be remarked that the mother had an attack of uterine hæmorrhage about the third month of pregnancy, accompanied by much constitutional derangement; a circumstance which, perhaps, by leading to perverted nutrition or cell formation, might have had some share in favouring the abnormal growth.

Remarks.—In the encephaloid form of cancerous disease especially, no permanent benefit, as a rule, may be expected from surgical aid; yet, inasmuch as cases are on record which were cured by extirpation, it is not altogether Utopian to hope that an exceptional case may occur to justify the use of the knife. Admitting, however, on the other hand, that it is a blood disease, and, for the most part, diffused throughout the corporeal organism, we must look to rational medicine—to alteratives, tonics, and eliminants for a remedy. Nor would it be philosophic to rest satisfied with the amount of knowledge we already possess, or to be discouraged by the little success that has attended the researches of pathologists in this department; rather let the scanty gleanings act as a stimulus to deeper investigation; and who can say that the labourer shall not be rewarded by the discovery of an agent antagonistic to the development of cancer cell? This inquiry may meet with some encouragement from the fact, that the plasma and blood-corpuscles are influenced and acted upon in a marvellous manner by the ingesta—as lately demonstrated by Dr. W. Addison, from which it is not unreasonable to infer that by experiment and observation some new light may be thrown upon this interesting and important subject.

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THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

WOUND OF THE CHEST AND LUNG—DEATH FROM HÆMORRHAGE INTO THE PLEURA.

(Under the care of Mr. BRYANT.)

Instances of punctured wounds of the chest are far from being frequent in civil practice. During the last week, however, two cases have come under our notice in which the thorax had been penetrated by intentional stabbing. In one, a policeman named Oliver was attacked by a Negro sailor, whom he was endeavouring to secure, and wounded with a large knife in several places. It is believed that both lungs have been wounded. Very free bleeding externally occurred at the time with the effect probably of influencing the man's prospects very favourably. The poor fellow is in St. Thomas's Hospital, under the joint care of Dr. Barker and Mr. Le Gros Clark, and at the time we write is much better than from the nature of his wounds might have been anticipated. There is evidence of the presence of air in the left pleura, together with some fluid. We shall give the details of the case when it is complete. The second case alluded to is that of a young woman who was stabbed in the back by her husband, and who died a week ago in Guy's Hospital. At the time of receiving the stab she was standing before a glass dressing her back hair, and consequently with both elbows thrown far away from the sides. In this attitude the scapulæ would be of course drawn outwards, and thus was made possible the entrance of the knife at a spot which would otherwise have been protected by the lower angle of that bone. The following are the details of the case as supplied to us by Mr. Bryant's clinical clerk :—

S. M. aged 25, residing in Trafalgar-street, Walworth, was admitted into Guy's Hospital, on Tuesday, the 23rd ult. at 9 a.m. She had received a wound in her back about a quarter past 7 the same morning. When admitted she was cold and pallid, with a small, weak and rapid pulse, and suffering from extreme dyspnœa. She was sensible. On making an examination an incised wound was found from half an inch to three quarters in length, almost vertical, situated a little external to the inferior angles of the left scapula and corresponding to the space between the eighth and ninth ribs. There was no bleeding from the wound after her admission. She had previous to being brought to the Hospital vomited some blood, about a cupfull, and had felt a tickling sensation in her throat. After receiving the wound she ran down stairs into the street and across the road into a neighbour's house. Medical assistance was obtained; a piece of plaster was put over the wound, and she was advised to come to the Hospital. There was some emphysema about the back and also on the chest. On percussion, the left side was abnormally resonant, but the respiration indistinct, and sounds indicative of the presence of air and fluid being present in the cavity of the pleura were heard. On the opposite side the breathing was loud and harsh—and the breathing chiefly diaphragmatic. She was troubled with a hacking cough, and occasionally spat a little bloody mucus. She could lie comfortably on the sound side. She was ordered a grain of opium immediately, and ice to suck. She continued to suffer much from dyspnœa through the day and next night. The following day (24th) there was evidence of fluid accumulating in the chest from a diminution of the resonance. The next night she had some sleep, and seemed much less distressed the next morning (25th), and continued so until about five p.m. when dyspnœa again came on, and she rapidly got worse, and continued so until she died at 5 a.m. on Friday morning (26th).

It will be seen that death did not occur until 68 hours after the infliction of the injury. At the autopsy the following conditions were found. The pleural cavity of the injured side was nearly full of blood, the lung being compressed and without air. A small quantity of air was free in the pleura, occupying of course its most anterior part; this it was which during life, when the patient's position could not be changed, had prevented the discovery of the large extravasation of blood by yielding a tympanitic note over the anterior part of the chest. The blood was partly coagulated, and in part fluid It measured more than three pints. On distending the lung with air it was found to be permeable in all parts. There was no evidence of attempt at closure of the wound, the pulmonary pleura about it being without any coating of lymph whatever. The knife had entered the lower part of the upper lobe, and had passed a depth of upwards of three inches into the root of the organ. In the opposite lung were some spots in which pneumonia appeared to be commencing. In all other respects the corpse was that of a healthy woman.

HOSPITAL NOTES.

EPITHELIAL CANCER ATTACKING ULCERS.

There is an old and very cachectic man under Mr. Le Gros Clark's care in St. Thomas's, whose leg presents a good example of the degeneration into malignancy of an ulcer at first of innocent nature. The surface of the sore is now in parts covered with the firm warty growths peculiar to epithelial cancer, and the diagnosis has been further confirmed by the use of the microscope. Around the present ulcer are large cicatrices of former ones. It is intended, should the man's health improve sufficiently to warrant it, to amputate the leg.—In the next ward is a man, aged about 44, who has a large ulcer with everted edges and sprouting surface around the anus, which has succeeded to fistulæ in ano. Whether this ulcer be malignant or not, opinions differ; its aspect is very suspicious, and it has been found most intractable under treatment. Still, however, the degree of hardness possessed by its edges, and by the warty granulations on its surface, is not nearly that usual in true carcinoma, and the man is not of a diathesis suggestive of cancer. The microscope has also been used without the discovery of any suspicious cell-structures. Not long ago a case came under our notice, in which an old syphilitic sore on the tongue gradually passed into an undoubted cancer; and a second one, in which a chronic ulcer on the cervix uteri, which competent judges had considered to be innocent, underwent a like transformation. That a simple ulcer may, under circumstances of long-continued irritation, pass into a cancer, is a doctrine about which there can be no doubt, and which, in many practical aspects, it is very important should be fully recognised.

INGUINAL HERNIA IN A YOUNG GIRL.

A well-formed, tolerably stout girl, aged only 8, applied among the out-patients at Guy's Hospital the other day, under the care of Mr. Bryant, with an inguinal hernia. As this form of rupture is very rare in women, and we believe especially so in young ones, the case seems noteworthy. There was no doubt about the diagnosis. The inguinal canal was large, and so freely open that it easily admitted the forefinger. The protrusion was as large as a walnut, and was readily reduced. It was on the right side, and had first been noticed about a month before. No special cause for it was assigned; but the girl, although in other respects well, had for long suffered from a bad cough. A truss was ordered; and it is intended, we believe, to have a cast of the parts taken.

LARGE SCROTAL HERNIA CONTAINING THE ENTIRE CŒCUM.

Apropos of the preceding, we may mention another rarity in the way of hernial tumours, which came the other day under the care of the same Surgeon. A young man was admitted with a very large scrotal hernia. It was as big as a child's head, and had been strangulated seven hours. There had been a tendency to protrusion for seven years past. The symptoms were most acute, and vigorous attempts at reduction had been made prior to the man's admission. After a gentle endeavour to effect the taxis under the influence of chloroform, Mr. Bryant proceeded to the operation. It was found impossible to release the stricture without opening the sac. The latter measure having been adopted, between three and four feet of intestine were exposed, including the whole of the cœcum and its appendix. The cœcum was quite loose, and with it was a part of the commencement of the colon. The bowels acted about ten hours afterwards, and

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the man then seemed in a hopeful state. Symptoms of acute peritonitis, however, developed themselves, and he sank on the third day. The coils of intestine were found at the autopsy glued together by recently effused lymph, and the parts which had been in the sac were intensely congested.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

THE DORSET COUNTY HOSPITAL.

MALIGNANT GROWTH FROM THE FEMUR.—AMPUTATION.—RECOVERY.

(Under the care of Mr. TAPP.)

[From notes by Mr. BACOT, late House-Surgeon.]

J. H., aged 24, presented himself at the Hospital early in May, 1858, with a large uniform swelling of the left thigh, which had been growing about three months. It gave him no great pain; but prevented him from walking, and following his occupation. The history which the man gave of it was as follows:—He had enjoyed good health until the preceding February, when during a heavy fall of snow, he had been engaged in very laborious work in clearing part of the line of railway. He was much exposed at this time to wet and cold, and noticed that his knee had become stiff, and somewhat swollen. The stiffness gradually increased so as to prevent his going to work. On first sight the tumour gave the impression of being malignant. The man was admitted into the Hospital, and the impression as to malignancy was confirmed by further observation. A grooved needle was run into the substance of the tumour, and no fluid followed. A small portion of the tumour was extracted, and examined under the microscope, which, however, did not give any decided help in the diagnosis. The circumference of the thigh was eighteen inches. The man was advised to lose his limb at once, but would not consent, and left the Hospital, to go home and try poulticing. In the latter part of July he again applied for admission, the tumour having grown considerably both in circumference and longitudinally. The thigh now measured in circumference twenty-four inches. There was no history of cancer in any of his relatives, and his own general health was still tolerably good. Amputation was performed on July 29, 1858. On section the tumour was soft externally, but as the knife approached the bone, a sense of hardness was experienced very much like cutting through soft carious bone; in fact, the deeper part evidently contained irregular deposits of bone.

The tumour grew from the periosteum, and not from the substance of the bone itself; the latter was, however, greatly hypertrophied and hardened, almost to the consistence of ivory.

A few days after the amputation a growth, similar in appearance to that amputated, appeared from the medulla, and grew rapidly. It was easily removed (being in shape a miniature cauliflower on a stem), and the medulla touched with the actual cautery. Four days after this it had grown again as large as a small nut; this was removed, together with a small portion of the shaft of the bone; considerable difficulty was experienced in sawing through the bone, owing to its intense hardness; the circumference of the femur was nodulated. Three days afterwards the growth again appeared to a small extent. The man was now put on the following treatment:—℥iii. of the expressed juice of the gallium aperium, and 10 minims of Donovan's solution three times a-day, the growth touched from time to time with argent. nit. and the edges of the wound strapped together; the growth disappeared, and the man was discharged cured October 7, 1858.

Examination of the Tumour.—The growth was encapsuled, and did not infiltrate the adjacent muscles beneath which it lay. It was of irregular shape, and closely surrounded the shaft of the bone. The bone itself, although not involved in the tumour, was superficially eroded by its pressure. Under the microscope Mr. Bacot states that he could not discover any of the large poly-nucleated cells described as peculiar to cancer. It appeared to be made up of free nuclei and small mono-nucleated cells. Its section was firmer than that usually met with in specimens of medullary cancer. There can, however, be little doubt as to its belonging to the malignant class of growths.

Final Result.—Writing on May 24 of the present year, ten months after the amputation, Mr. Bacot informs us that he had a few days before seen the man driving his team near Dorchester, and, apparently, in excellent health.

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Medical Times & Gazette.

SATURDAY, JUNE 4.

THE MAGNA CHARTA OF THE NAVAL MEDICAL SERVICE.

IT is with no common satisfaction that we publish this day the new Warrant regulating the rank, pay, and position of the Medical Officers of the Navy. We have been associated personally with these officers ashore and afloat, participating formerly in the pleasures and pains of life in the cockpit and sick bay, the gun-room, ward-room, and naval hospital during some eight years of foreign service. Since then we have joined heartily, both by means of the press and by some little private influence, in the movements which, after years of hard fighting, led first to the admission of Assistant-Surgeons to the ward-room after three years' service, then to their recognition as ward-room officers on entering the service, and still more recently to increased pay, a better plan of retirement in the upper ranks, and a more liberal scale of widows' pensions. The warrant of the 27th of May, 1859, will be received with gratification by every member of the Profession who knows that at length justice has been done to a large and meritorious class of our brethren, thus securing for our sailors the best treatment in sickness, and the best security for the preservation of their health, and the efficiency of our Navy. We not only participate in this gratification, but have the additional satisfaction of a feeling of confraternity with those who have joined in the battle, and now rejoice at the great victory which rewards the exertions of by-gone years.

The Charters of the Medical department of the Navy date from the year 1805. Before that date the service was in a condition which exposed it, not unjustly, to the satire of Smollett, in Roderick Random. But the king granted an Order in Council in 1805, providing that in "rank, pay, and designation" Medical officers of the Navy should be placed on an equality with Medical officers of the land forces. From 1805 to 1859 have the Profession been obliged to agitate to induce the Lords of the Admiralty to obey their Sovereign's order. At first it was treated with absolute disregard; and it was not until after upwards of thirty years' almost fruitless remonstrance, that in 1839-40 the state of the Naval Medical Service was brought before a Parliamentary Committee. The pay was improved, and the grades of Inspector and Deputy-Inspector established, in consequence of the recommendation of this Committee; but the Assistant-Surgeons were still condemned to the cockpit. Then came another struggle, protracted through ten long years, ended by a resolution of the House of Commons, carried against the Government of the day, that "the accommodation provided for the Assistant-

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Surgeons on board Her Majesty's ships of war is inadequate and insufficient for securing the full benefit of their Professional services." Still the Lords of the Admiralty held out, and kept the Assistant-Surgeons from the ward-room until they had served three years and passed the examination of Surgeon—thus persisting in the suicidal policy of making many good men avoid the service, and lowering the standard of excellence of the very men upon whom the health and often the lives of both sailors and officers depend. Five years more brought us to the Crimean war, and the absolute necessity for obtaining Assistant-Surgeons; and at last, in 1855, the right of these officers to ward-room position was ceded to them by the Admiralty, just half-a-century after it had been granted to them by the King in Council.

Some slight improvement, as we have said before, followed in the higher orders of the service; but here reform would have stopped, had it not been for the disasters in the Crimea, traceable, as it is now generally admitted, in a very great degree, to the want of power and influence in the Medical Department of the Army. Had the advice of Dr. Andrew Smith, as to the food and clothing of our soldiers, the transport of the sick, and the supplies of Medical stores and comforts, been acted upon, it is well known that much of our loss and discredit would have been spared. It is also known that many wrong steps were taken, both in Bulgaria and in the Crimea, in opposition to the remonstrances of the Medical Staff. All this, with the sufferings at Scutari, led to the Army Medical Warrant of last October, which by elevating the rank, increasing the powers, and raising the pay of Army Medical officers, has secured for our soldiers the services of an accomplished and contented staff. It was felt at once that what was gained by the army must also be gained by the navy, and the Indian Service. But agitation again became necessary to obtain justice. The Indian Warrant was obtained; but the Admiralty, true to their traditional obstructive policy, still fought hard against memorials, questions in the House of Commons, and the assaults of the press. After the question of pay was settled, that of rank was still disputed. The old Admirals and the Post-Captains stood out to the last against the horrid notion of a Surgeon ranking with a Commander and above a Lieutenant, instead of after officers of the latter rank; while the idea of a Staff-Surgeon ranking with a Post-Captain, and an Inspector with an Admiral, drove the Naval Lords perfectly frantic; and it was only by the unflinching determination of Sir John Pakington to carry out a measure demanded by the public and the press, and one which he knew must be for the good of the Service, that the opposition of the Board, of which he is First Lord, was borne down, and the "Magna Charta" obtained. The whole Naval Service, as well as the Medical officers and the Profession generally, are deeply indebted to Sir John Pakington for carrying this measure; and men of all shades of political opinion will look upon him as a great public benefactor long after he resigns an office he has held with so much honour to himself, and advantage to the Navy—the right arm of England's material power.

The effect of the new Order must prove most beneficial to the service. The best men of all our Medical schools will now look upon the Navy as the first instead of the last of the public services. The pay and rank are now the same as in the army, while the necessary expenses are much less, and foreign service far less monotonous. All this should be well considered by the rising Medical generation, who even if they mean eventually to strive for the higher prizes of private practice, may do well to pass a few years in a well-paid public service, and thus escape the disappointments most very young men experience in their early endeavours to obtain practice. And there are numerous advantages gained by opportunities for seeing other countries, and making a large acquaintance in the service, which should not be overlooked, now that the Medical Department is placed in so very satisfactory a position.

We must be excused if, in conclusion, we offer a word of caution to some of the younger members of the Naval Medical Service. It may not be needed; but, on the principle of prevention being better than cure, we would say: "Most carefully avoid anything approaching to interference with the executive department, or any assumption of power under the higher position just obtained." The argument of the Old Admirals has been, that if the rank of Medical officers were raised the discipline of the ship would be interfered with, and other classes would complain of unfairness. It must now be shown that these objections were groundless. The jealousy of other classes must be subdued by the circumspection and unassuming conduct practised by every gentleman who knows how to respect the feelings of others—and any interference with the discipline of the ship, or any attempt to assume authority upon any other subject than the health of the officers and crew must be carefully avoided, not only as wrong and absurd, but just what our enemies wish for as an excuse for their past conduct, and possibly as an argument in favour of revoking some of the recent provisions in our favour.

One word as to the claims upon the gratitude of the service of those who, as well as Sir John Pakington, have helped forward this movement. First and foremost stands Mr. Alexander, the Director-General of the Medical Department of the Army. It is to this gentleman that we are mainly indebted for the most favourable provisions in the Army Warrant, as to pay and rank, and the Navy never could have attained so favourable a position had not the example been set in the Army. Then come Sir John Liddell and Mr. Martin, who have taken care that the Indian Service and the Navy should not be behind the sister service. To all these gentlemen the thanks of the Profession generally, as well as the Medical officers of the public services, are especially due; while Mr. Sidney Herbert, Sir James Clark, and the other members of the Royal Commission have all participated in the effort which has terminated so gloriously.

THE WEEK.

At the adjourned inquest on the Richmond poisoning case a verdict of wilful murder was returned against Thomas Smethurst. Death from poisoning was proved by the Medical evidence, and the jury considered the proofs of administration conclusive. Further comments on the case must, of course, be deferred until the trial comes on.

The Medical Practitioners of St. George's, Hanover-square, have formed a seventh branch of the London Medical Registration Association. Mr. Fergusson, the chairman of the inaugural meeting, explained the great object of the Association to be to "get rid of bad company." We are glad to find that in many instances the efforts of the Association are successful, illegal Practitioners "decamping on the receipt of warning letters." It appears that no one has really discovered hitherto the extent of existing quackery or the amount of money extorted by an infamous class from a deluded public.

We are happy to find that the Queen has issued a Royal Commission of Inquiry into the measures which it may be expedient to take for maintaining and improving the health of all ranks of her Majesty's army serving in India. The Commissioners are—Mr. Sidney Herbert, General Sir R. Vivian, Colonel Cautley, Mr. Alexander, Colonel Greathed, Dr. Farr, Mr. Martin, and Dr. Sutherland.

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The following Memorial to the President of the Medical Society of London has been signed by upwards of forty Fellows of the Society:—"We, the undersigned Past-Presidents, Trustees, and other Fellows of the Medical Society of London, deem it essential to the interests of the Society, to call your attention to the illegal manner in which certain vacancies in the present Council were filled up at its meeting on the 1st of April last, the appointments then made being in direct opposition to Section 2, Chapter 3, which enacts, that 'No Fellow shall be eligible to hold any office, if his annual subscription be two months in arrear when the lists are printed; which shall be done eight days at least before the election;' and to represent to you that we therefore consider the present so-named Council illegally constituted, and not possessing a rightful claim, either to take upon itself executive duties or responsibilities, or to give to others a valid release from responsibilities already incurred in their respective capacities of Trustees, Treasurer, Librarian, or otherwise."

Several applications having been made for information regarding the nature and emoluments of the office of District Surgeon in the Cape of Good Hope, in consequence of the publication of a paragraph in which it was stated that there is a great demand for Medical men in the colony, especially in the country districts, the following information regarding this office has been forwarded to us from the Colonial Office for the information of applicants and others:—The district surgeon is required, unless otherwise directed, to reside in the town or village which is the principal seat of magistracy in the district to which he is appointed. He will give professional attendance and medicines, gratis, to paupers, prisoners, and police servants, and to the families of the latter, and will be obliged to vaccinate in his district, gratis, and use his best endeavours to keep up the virus without intermission in the neighbourhood of his place of residence. The emoluments of a district surgeon are as follows: A uniform allowance of £75 a-year, with an additional allowance according to the present tariff of 7s. 6d. an hour, for all distances travelled beyond a circle of three hours' journey from the seat of magistracy; this allowance being paid as well for the homeward as for the outward journey. Thus, for a journey of five hours to the place of service, the allowance will be for ten hours (five going and five returning) at 7s. 6d. = £3 15s. It is not intended by the above conditions to offer any unreasonable obstruction to the private practice of the district surgeon. If, however, his private practice beyond the immediate neighbourhood of the town or village should be such as to prevent him from giving that attendance which is required, and may reasonably be expected, from him, it will be the duty of the resident magistrate to report the circumstance, in order that it may be taken into consideration by the Government. It is not expected that the District Surgeon should be required to visit any part of his district more than once or twice in the course of the year for the purpose of vaccination; and it will probably be often found sufficient for that officer to avail himself of the occasions of Professional visits to different parts of the district to vaccinate in the neighbourhood. The District Surgeon will be entitled, as under former tariffs, to an allowance of 7s. 6d. an hour, but not to exceed £2 for any one day, while he may be in attendance in a court of justice as witness, in addition to any travelling allowance to which he may be entitled for travelling to and from such court. The amount derived from these contingent sources is very uncertain and usually small, perhaps not exceeding £25 a-year. The Government does not provide for the passage from England, or inland transport of District Surgeons. In many districts a considerable private practice may be acquired. These are, of course, in request: and vacancies in the office of District Surgeon within them are usually soon filled up by practitioners resident in the colony. Private practice in the country districts is attended with some uncertainty, owing to the competition of unqualified and unlicensed practitioners, and the indisposition of the rural population to apply to a medical man for advice. It calls also for much physical strength and endurance, owing to the sparseness of the population, and the great distances which it is often necessary to travel. A knowledge of the Dutch language is also in a great measure essential, to secure a successful practice in many of the country districts. The expense of living in many of the inland towns is, of course, enhanced in the case of Medical officers with families. Although opportunities sometimes occur for entering upon a practice which, in connexion with the office of district Surgeon, is remunerative, and will place a Medical man in a position of ease, it would not be advisable for any professional gentleman to leave England in the expectation of finding employment, or a practice, in the colony, without having the means of maintaining himself for a while, in the event of his being disappointed in immediately obtaining one or the other. Several of the vacancies which led to the publication of the paragraph in question in the *Cape and Natal News* have been filled up, chiefly by surgeons arriving in emigrant ships.

Miss Burdett Coutts, assisted by the Bishop of London and some notabilities, Professional and otherwise, laid the first stone of the New Cancer Hospital at Brompton on Monday last. Miss Coutts has advanced £3000 towards the Building Fund. In the New Building accommodation for 60 patients will be at once secured; and the structure so arranged as to admit of its expansion for 300. The Bishop of London delivered a very impressive address; and it was remarked with much pleasure that several gentlemen of the Jewish persuasion took part in the proceedings, and that Roman Catholic priests were present—all religious differences being overlooked in the sacred cause of charity. This Hospital was founded by Dr. Marsden, the founder also of the Royal Free Hospital; and it must be acknowledged by all, that the founder of two large charitable institutions has done good work for the Public, and deserved honourable mention in his "day and generation."

On Tuesday last another death from chloroform occurred at the Royal Ophthalmic Hospital. The patient, a healthy-looking girl of 15, was about to be operated on for strabismus. She inhaled the anæsthetic without any unusual symptoms until nearly insensible, when she uttered a sudden and very peculiar shriek. After this she soon became quite insensible; the speculum was introduced, and the operator commenced. The chloroform had been administered on a piece of folded linen, and the time and quantity consumed in the inhalation had both been about the average (neither had been measured). Soon after the first snip with the scissors the operator's attention was called to the lividity of the girl's countenance, and on the finger being applied to the wrist she was found to be quite pulseless. Mr. Critchett had already forced open her mouth and dragged the tongue forwards. Artificial respiration was at once commenced, and without any intermission was kept up for about an hour. For a long time sanguine hopes were entertained that she would recover, as slight gasping efforts at inspiration continued to occur at intervals. The pulse, however, never returned, and at length it became apparent that she was quite dead. Movements of the nostrils, as if in the attempt to inspire, were apparent for at least half-an-hour after the pulse had ceased. A brandy enema was given almost immediately after the first symptoms occurred, and it was then found that the sphincter ani was quite relaxed.

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Mr. Critchett, Mr. Bowman, Mr. Hulke, and a large staff of assistants were present, and everything that was thought desirable in the way of treatment was effected with the utmost efficiency and promptitude. The following day a post-mortem examination of the body took place. Dr. Bäden, who conducted it, informs us that the most noticeable lesion met with, was the presence of air in considerable quantity in the right chambers of the heart. The left side of the heart was empty, but the right contained a small quantity of spumous and fluid blood, with probably not less than two ounces of gas. In the lungs were numerous spots of apoplectic extravasation, probably caused by the very efficient manner in which artificial respiration had been kept up. There was no organic disease in the body. The uterine organs showed that menstruation (for the first time) was just about to be established.

RANK AND PAY OF MEDICAL OFFICERS IN THE NAVY.

THE *Gazette* of yesterday week contains the following warrant:—

"At Buckingham Palace, May 13. Present—The Queen's Most Excellent Majesty in Council.

"Whereas there was this day read at the Board a memorial from the Right Honourable the Lords Commissioners of the Admiralty, dated the 12th of May, 1859, in the words following, viz.:—Whereas we have had under our consideration the necessity of assimilating, as far as possible, the relative ranks and rates of pay and half-pay of the Medical Officers of your Majesty's Navy and Army. And whereas we are of opinion that it would be for the advantage of your Majesty's service that the following regulations should be adopted for the Medical Officers of the Royal Navy—viz.:

"1st. That there shall be four grades of Medical Officers, viz.:—1. Inspector-general of hospitals and fleets. 2. Deputy-inspector-general of hospitals and fleets. 3. Surgeon, who after 20 years' service on full pay, 10 of which in the rank of Surgeon, shall be styled Staff-Surgeon. 4. Assistant-Surgeon.

"2nd. That no candidate shall be admitted to the examination for a commission in the Medical department of the royal navy who does not possess such a diploma as would qualify a civilian to practise Medicine and Surgery; and no such candidate shall receive a commission as Assistant-Surgeon until he shall have satisfactorily passed an examination in naval Surgery and hygiene before a board of examiners appointed by the Lords Commissioners of the Admiralty.

"3rd. That no Assistant-Surgeon shall be eligible for promotion to the rank of Surgeon until he shall have passed such examination as the Lords Commissioners of the Admiralty may require, and shall have served on full pay with the commission of Assistant-Surgeon for five years, of which two, at least, shall have been passed on board one of your Majesty's sea-going ships.

"4th. That no Surgeon shall be eligible for promotion to the rank of deputy-inspector-general of hospitals and fleets until he shall have served ten years in your Majesty's navy on full pay, of which three, at least, must have been passed in one of your Majesty's ships on some one or more foreign stations, with the rank of Surgeon.

"5th. That no deputy-inspector-general of hospitals and fleets shall be eligible for promotion to the rank of inspector-general until he shall have served five years at home, or three years abroad, in the rank of deputy-inspector-general. That in cases of emergency, however, or when the good of your Majesty's service may render such alteration desirable, it shall be competent for the Lords Commissioners of the Admiralty to shorten the several periods of service above mentioned, in such manner as they shall deem fit and expedient.

"6th. That the rates of full pay of the Medical Officers of your Majesty's navy shall, in future, be in accordance with he following schedule:—

FULL PAY.

Rank.	After 30 Years' Service on Full Pay.	After 25 Years' Service on Full Pay.	After 20 Years' Service on Full Pay.	After 15 Years' Service on Full Pay.	After 10 Years' Service on Full Pay.	After 5 Years' Service on Full Pay.	Under 5 Years' Service on Full Pay.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-General of Hospitals & Fleets	2 5 0	2 5 0	2 0 0*				
Deputy-Inspector-General of Hospitals and Fleets..	1 14 0	1 10 0	1 8 0*				
Staff-Surgeon	..	1 5 0	1 2 0				
Surgeon.....	..	..	..	0 18 0	0 15 0*		
Assistant-Surgeon ..	..	..	..	..	0 13 0	0 11 6	0 10 0

* Or on promotion, should these periods of service not have been already completed.

"7th. That every Medical Officer on the active list, now on half pay, and those who may be placed on it subsequently to the date of your Majesty's Order in Council authorising this proposal, shall be allowed the half pay to which his period of service on full pay shall entitle him, according to the following schedule:—

HALF PAY.

Rank.	After 30 Years' Service on Full Pay.	After 25 Years' Service on Full Pay.	After 20 Years' Service on Full Pay.	After 15 Years' Service on Full Pay.	After 10 Years' Service on Full Pay.	After 5 Years' Service on Full Pay.	Under 5 Years' Service on Full Pay.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-General of Hospitals & Fleets	1 17 6	1 13 6	1 10 0*				
Deputy-Inspector-General of Hospitals and Fleets..	1 5 6	1 2 6	1 1 0*				
Staff-Surgeon	..	0 18 6	0 16 6				
Surgeon.....	..	..	..	0 13 6	0 11 0*		
Assistant Surgeon ..	..	..	..	..	0 10 0	0 8 0	0 6 0

* Or on promotion, should these periods of service not have been already completed.

"8th. That with a view to maintain the efficiency of the service, all Medical Officers of the ranks of Staff-Surgeon, Surgeon, and Assistant-Surgeon, shall be placed on the retired list when they shall have attained the age of sixty years; deputy-inspectors-general shall be placed on such retired list when they shall have attained the age of sixty-five years; and inspectors-general when they shall have attained the age of seventy years. Officers thus superannuated shall receive the rates of half pay mentioned in the preceding schedule.

"9th. That the relative rank of the Medical Officers of your Majesty's navy shall be similar to that conferred upon the Medical Officers of the army, and shall be as follows:

"An Assistant-Surgeon shall rank as a lieutenant in the army, according to the date of his commission; and after six years' service on full pay, as a captain in the army, according to the date of the completion of such service.

"A Surgeon shall rank as major in the army, according to the date of his commission; and a Staff-Surgeon as lieutenant-colonel, but junior of that rank.

"A deputy-inspector-general of hospitals and fleets shall rank as lieutenant-colonel, according to the date of his commission; and after five years' service on full pay as deputy-inspector-general, shall rank as colonel, according to the date of completion of such service.

"An inspector-general of hospitals and fleets shall rank as brigadier-general, according to the date of his commission; and after three years' service on full pay, as inspector-general, shall rank as major-general, according to the date of completion of such service.

"Provided always that no naval Medical Officer, while borne on the books of one of her Majesty's ships, or employed on establishments on shore, shall be deemed superior in rank to the officer appointed to command such ship or establishment; but such commanding officer shall, under all circumstances, be held to be superior in rank and precedence to every officer under his command.

"10th. That such relative rank shall carry with it all pre-

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cedence and advantages attaching to the rank with which it corresponds, and shall regulate the choice of quarters, rates of lodging-money, servants, forage, fuel, and light, or allowances in their stead, when Medical Officers of the navy may be employed on shore on joint service with your Majesty's land forces; but that Medical Officers serving in the fleet shall, notwithstanding the relative rank thus conferred upon them, in all such details, and also in matters relating to the duties of the fleet, and the discipline and interior economy of your Majesty's ships, be subject, as heretofore, to the authority of any executive officer of the military branch while on duty, under the general regulations which may from time to time be prescribed by the Lord High Admiral, or the Commissioners for executing the office of Lord High Admiral; and that Medical Officers shall share prize money according to the proclamation or proclamations which may be in force for the time being for regulating the distribution of the proceeds of prizes in the royal navy.

"11th. That Medical Officers shall be entitled to the same allowances, on account of wounds and injuries received in action, as combatant officers holding the same relative ranks.

"12th. That the families of Medical Officers shall in like manner be entitled to the same allowances as granted to the families of combatant officers holding the same relative ranks.

"13th. That Medical Officers shall be held entitled to the same honours as other officers of the royal navy of equal relative rank (a).

"14th. That a Medical Officer retiring after a full pay service of 25 years, may, in cases of distinguished service, receive a step of honorary rank, but without increase of half pay.

"15th. That good service pensions shall be awarded to the most meritorious Medical Officers of the royal navy, under such regulations as shall from time to time be determined upon, on the recommendation of the Lord High Admiral, or the Commissioners for executing that office.

"16th. That four of the most meritorious Medical Officers of the royal navy shall be named honorary Physicians, and four honorary Surgeons to your Majesty.

"We do, therefore, most humbly submit that your Majesty will be graciously pleased, by your Order in Council, to grant us the necessary authority for carrying the foregoing regulations into effect; the Lords Commissioners of your Majesty's Treasury having signified their concurrence."

Her Majesty having taken the said memorial into consideration, was pleased, by and with the advice of her Privy Council, to approve of what is therein proposed; and the Right Honourable the Lords Commissioners of the Admiralty are to give the necessary directions herein accordingly.

WM. L. BATHURST.

(a) This clause does not extend to the compliments to be paid by garrison or regimental guards, as laid down in pages 29 and 30 of your Majesty's regulations for the army, nor to corresponding honours paid on board your Majesty's ships.

REVIEWS.

On Wounds and Injuries of the Eye. By WILLIAM WHITE COOPER, F.R.C.S., Ophthalmic Surgeon to St. Mary's Hospital. Octavo, pp. 325. London: 1859.

MR. WHITE COOPER has obtained for himself a high reputation as an Ophthalmic Surgeon, justifying his recent appointment as Surgeon Oculist to Her Majesty. The elaborate treatise which he now presents to the Profession gives evidence that he has made good use of the large opportunities which have been afforded him of studying the important class of cases known as "Wounds and Injuries of the Eye." There has hitherto been no work in the English language especially devoted to the injuries of the eye, although the subject has been well considered by the systematic treatises of other writers.

The work is divided into ten chapters. In the first, the author treats of foreign bodies in the eye and eyeball, describes the various effects produced by them, illustrates his remarks by numerous cases, and points out the means of detecting and removing these bodies from beneath the eyelids, conjunctiva, and cornea, and of extracting foreign substances from the eyeball itself.

In the next three chapters, gunshot-wounds, and incised and punctured wounds of the eye, are considered at great length, and the varied effects more or less destructive to the organ of vision are described with much minuteness and care.

A by no means infrequent effect of a punctured or incised wound is a prolapse of the iris, a complication of a very serious nature; and it is necessary to use the utmost promptitude and judgment in the treatment of such an injury. The following are the directions given by Mr. Cooper:—

"If the patient be seen soon after the injury, and prolapse of the iris has taken place, we should direct his face to the light, and close and open the lids several times, allowing a pause between each; the sudden exposure to light powerfully stimulates the contractility of the pupil, and thus the iris may be drawn back; this failing, we may, with the utmost gentleness, endeavour to replace the protruded portion with the rounded extremity of a probe; but if the aperture be small and the portion of iris tightly girded like a strangulated hernia, such attempts will seldom succeed, and it is better to snip off the protruded portion with scissors. This may be done without much difficulty when the wound is quite recent, but after the lapse of some hours the eye will become irritable, intolerant of light, and unable to bear the necessary exposure; the iris, too, will then more readily resent any pressure. According to my experience prolapses are very seldom overcome by belladonna; and I believe that the simplest, and on the whole the best mode of proceeding is to bring the patient under chloroform, and to remove with scissors the extruded portion; the wound will then unite, and a tedious confinement and much neuralgic suffering be averted."—P. 113.

With regard to wounds of the retina, Mr. Cooper refers to the immunity of that membrane from inflammation on being punctured by a small instrument, as a cataract needle, and brings under notice Majendie's experiments.

"Nevertheless," says the author, "amaurosis does follow the small puncture made with the cataract-needle; I have seen cases where the operation of solution was performed by puncture through the sclerotic, made rather far back to avoid the ciliary process, in which no inflammation followed, Absorption progressed, and the pupil became clean; but about six months after the first operation, and one month after the disappearance of the cataract, muscæ volitantes and scintillations appeared, the sight began to deteriorate, and despite of every treatment, permanent amaurosis from chronic retinal inflammation resulted."—P. 134.

In chapters vi. and vii. contusions of the eye and rupture of the eyeball are considered.

It is well known that sometimes the most deplorable effects are produced by a very slight injury to the eye, such as that with a lash of a whip, for instance. Total or nearly entire blindness will follow when the amount of inflammatory action has hardly been appreciable. Mr. Cooper is of opinion that in some of these cases in which sight has been destroyed by slight strokes upon the eye, the effect has been due to sudden compression of the retina by spasm of the muscles. This is a very ingenious theory of Mr. Cooper's, and possibly may be correct; but we think there is no occasion for bringing it forward, and that it is more reasonable to suppose that the paralysis of the retina, whether temporary or permanent, is due to the transmission of the sudden shock, although apparently slight, through the tissues of the eyeball, without the muscles being especially acted upon. An amount of force which may not excite much inflammation in the surrounding textures, may nevertheless be sufficient to produce paralysis of such a delicate nervous expansion as the retina. The class of cases in which loss of sight is produced by contusion is a very important one, for by the adoption of judicious treatment the sight may be restored, especially in those instances where there is reason to believe from symptoms that some chronic inflammation is going on in the retina. Mr. Cooper speaks highly of the value of complete repose of the organ, mild mercurials, and counter-irritation.

Many interesting examples of rupture of the eyeball are related, also two instances of simple dislocation of the eyeball. In both the latter the eye was returned into its socket without serious injury being the result.

In chapters viii. and ix. the subjects of intra-ocular hæmorrhage and burns and chemical injuries of the eye are considered. We shall pass over these, and consider the very important subject in Chapter x. viz. that of Sympathetic

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Ophthalmia—a matter to which very much attention has of late years been paid by surgical writers, especially by Mr. Robert Taylor, Mr. Augustin Prichard, and by Mr. Haynes Walton, whose labours the author most justly acknowledges.

It is a well-attested fact that the inflammation produced by an injury to one eye, and ending in the destruction of the organ for visual purposes, may, by sympathetic action, involve the other eye, and thus the deplorable results of destruction of the sight of both eyes may ensue unless Surgery step in and interfere. The symptoms of this affection are well and faithfully pourtrayed by Mr. Cooper; who, like other surgeons, bears witness to the little influence which medicines possess over it, the only remedy he can with any confidence recommend being an issue in the temple.

It is generally agreed that the eye originally affected must be acted upon, and two methods of treatment by operation have been recommended — excision of the whole of the faulty eyeball, and removal of a portion of it. The author leans to the former, although we confess that we do not come to his conclusions from the reasons he adduces. When the pathological changes that have occurred in the front of the eyeball have produced the mischief, there cannot be a doubt that partial excision will effect all that can be required, and a patient is far better off with an eye in a reduced state than when the whole organ is taken out. If the posterior as well as the anterior part of the eye is diseased, then extirpation is the fit operation; so that after all it is not this or that operation which is exclusively done, but what is suited to the individual case, and this has been recently brought forcibly before the Profession by one of the writers above alluded to, Mr. Haynes Walton. It is true Mr. Cooper leans towards the safe side in practising extirpation of the entire eyeball; but conservative Surgery teaches us that we should avoid the removal of the whole when a part will suffice: and because it may occasionally happen that an error has arisen from only removing a portion of the eye, this is no reason why, if the practice is not necessary, we should summarily proceed to extirpate the whole of an eye which is only partially diseased.

We can strongly recommend this treatise, which has evidently had a great amount of labour bestowed upon it, and is profusely adorned with striking illustrations. It will form a valuable addition to the masterly works already given to the Profession by Dalrymple, Dixon, Jones, Mackenzie, and Walton.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

CASE OF SPONTANEOUS HYDROPHOBIA.

By Dr. HENRICH.

The author was called to F. K. a day labourer, on May 30, on account of a very severe pain in the head, accompanied by a sense of weariness, not accounted for by a corresponding degree of bodily exertion. This weariness he had already felt for a few weeks, and anticipated from it the occurrence of some serious illness. There was neither fever nor excitement present; but as throat affections were prevalent, the fauces of the patient were examined, without anything amiss being detected. He was ordered diaphoretics, rest in bed, and a few leeches to the head. Sent for again hastily in the evening; the author found a marked change in his appearance; he was sitting up in bed, with anguish and distress depicted on his countenance. The face was pale, and covered with sweat; the eyes were shining, weeping, and ever wandering about; and his speech, which in the morning was calm and distinct, was now hoarse, rapid, anxious, and interrupted. He complained of pain and constriction of the throat, great oppression of the chest, and painful compression at the epigastrium. He said that he had great thirst without power to drink, and he complained of dryness of the mouth while the saliva was running from it. Respiration was short, rapid, irregular, and difficult. During the intermission of the constrictive spasms of the pharynx, he could take a deep inspiration; but they very soon returned. The pulse was soft and about 90, and the pain in the head had disappeared. All attempts to explain this rapid change in the patient's condition were fruitless. Re-examination of the throat caused no pain, and exhibited the merest traces of angina catarrhalis. With great unwillingness he complied with the request of attempting to swallow. His whole frame trembling, amidst convulsive inspirations, he sought with both hands, in a state of great anguish, and striving against involuntary resistance, to bring the glass to his mouth. Before he could do this his courage failed him, and he sought now in vain to move his arms, until after repeated persuasion, he overcame the resistance; and with an expression of the most desperate anguish in his wild, staring, shining eyes, he at last brought his trembling hands to his lips. Scarcely, however, had a few drops of water come in contact with them, than, under the influence of a violent spasm of the muscles of the chest, he hurled away the glass, and shrank, in a state of dreadful suffering, into the remotest corner of the bed, exclaiming that he could drink no more water, for it suffocated him.

In order to be more carefully treated he was at once removed to the hospital at Mayence, a blister was applied to his neck and chest, and he was ordered small doses of opium, ipecacuanha, and camphor in powders every hour. The night was passed in extreme restlessness, and he refused to take more than two of the powders. Spasmodic dysphagia was almost constantly present, and no entreaty had been able to get him to swallow. No fever appeared, and his head continued quite clear. He had a great desire to take the Sacrament, and in order to try how far this would be possible he first endeavoured to swallow two small morsels of bread. Violent spasms ensued: but afterwards, with excessive difficulty, he managed to get the wafer down. On the morning of the 31st, he was found to be in nowise improved. In hurried speech, and with an anxious countenance covered with sweat, he complained of his breathlessness, oppression at the chest, great thirst and inability to drink, and implored that he might be bled. His pulse beat only from 85 to 90, and the whole fauces were lined with a thick, tough mucus. He was not very sensitive to light, nor did currents of air aggravate his sufferings. The poor fellow, although all along convinced of the hopelessness of his case, followed every order as well as he could, and even, after persuasion, tried to drink some milk; but scarcely had this approached him than he became almost beside himself, and with the wildest anguish thrust it away; on a second trial, amidst convulsive trembling of the whole frame, he brought it to his lips; but again thrusting it back with fearful dread, and tears in his eyes, he sank down exhausted, and said he could do no more. The spasms of the pharynx now became frightful and constant, and he endeavoured to tear open his throat to get access to air. Some laudanum on sugar was ordered, as also mercurial inunction of the spine, and in compliance with his earnest desire, a venesection. The symptoms, however, kept increasing in violence, and he soon, convinced of their inutility, refused to submit to further remedies. Repeated examination of the fauces detected nothing but the presence of a thick mucus. As the pharyngeal spasm and dyspnœa kept increasing, inhalation of chloroform was tried, but this was interrupted by frequent vomiting, and no narcosis could be induced. After a temporary lull of the symptoms, violent tetanic spasms, and complete opisthotonos set in, and he died about twenty-four hours after the symptoms of hydrophobia set in.

A carefully made post-mortem detected nothing which explained the catastrophe, the condition of the nervous system being quite normal. Dr. Henrich regards it as a well-marked case of spontaneous hydrophobia; and the only facts that he could gather of the previous history, merely showed that the man had been somewhat given to venereal excesses, and that of late he had felt his strength enfeebled and his mind somewhat tormented by compunction.—*Henke's Zeitschrift*, Band lvii. pp. 361—382.

EXCERPTA MINORA.

Reduction of Paraphymosis. — Dr. Van Dommelen, of Nimesgen, recommends the following as a very effectual procedure. Take a strip of adhesive plaster, rather more than half a yard long, and about a quarter of an inch broad, and place the middle of this at the base of the glans around which it is to be rolled, tightening it gradually to near the orifice of the urethra, but leaving one-sixth part of the glans there exposed. The circumference of the glans having been in this

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way considerably diminished, pressure is to be made with the two thumbs placed over the extremity of the plaster, and two fingers behind the prepuce.—*Moniteur des Hôpitaux*, No. 58.

Treatment of Mentagra.—M. Duprez, of Ghent, recommends, besides the ordinary general treatment, the application of the following lotion when the crusts have fallen:—℞. Sulph. zinc 16, sulph. copper 5, dist. water 500, and aurel water 15 parts.—*Gaz. des Hôp.* No. 58.

Purity of Chloroform.—M. Berthé observes that chloroform may be rendered impure by chloride of elaile, alcohol, chlorine compounds, amylic, or methylic combinations, and aldehyde; and the appreciation of its density will not detect these impurities when their quantity is not considerable. The following simple means, however, will test the absolute purity of the agent. If we add to chloroform which contains chloride of elaile, a little potash, we transform the compound into chloride of acetyle, the presence of which is immediately detected by its nauseous odour. For the detection of the other impurities, especially the alcohols, which occur the oftenest, we must bruise a little bichromate of potass in the midst of a little chloroform, adding a few drops of sulphuric acid. If the chloroform is pure, a reddish-brown precipitate of chromic acid takes place. If it is not pure, the deposit, and sometimes the fluid itself, takes on a green colour, due to the presence of sesquioxide of chrome.—*Mon. des Hôp.* No. 58.

GENERAL CORRESPONDENCE.

FRACTURE OF THE NECK OF THE THIGH-BONE.

LETTER FROM MR. LIZARS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In my communication "on Fracture of the Neck of the Thigh-bone," which appeared in the *Medical Times and Gazette* of July 6, 1850, I submitted to the Profession the opinion I had formed respecting the diagnosis and treatment of that obstinate and obscure form of fracture, drawn from a great variety of cases. I stated as the result of my practice—and subsequent experience has confirmed my views—1st. When the neck of the os femoris is fractured within the synovial capsule, that, in the great majority of cases, osseous union will take place, if the limb be treated in the same way as fracture of the shaft of that bone is, by means of Desault's long-splint; and that when such appliance is neglected, and the case abandoned to the *vis medicatrix naturæ*, great eventual suffering and lameness for life are the usual consequences. 2ndly. That the only prominent diagnostic mark of the injury appears in the flattening of the natis. The shortening of the limb, eversion of the toes, and absence of pain in the joints when rotated, are not immediately supervening symptoms, and even disfiguration of the limb is a sign which does not manifest itself for days or weeks after the accident, occurring in patients even after 50 years of age, when the case has been treated as a simple severe bruise.

As bearing on the important point of osseous reunion of fracture within the synovial capsule, the following report of a case which came under my care, with the appearances found upon dissection, drawn up by Dr. Saunders, Curator of the Museum of the Royal College of Surgeons of this city, is so highly instructive as to induce me to hope you will insert this paper at your earliest convenience.

"In May, 1854, an old lady, aged 70 or upwards, while crossing the street was struck by a plank of wood projecting from a cart which was driving hurriedly past. She fell on her right hip; and, being unable to rise, was removed to her own house adjoining, and was seen half-an-hour afterwards. The limb was shortened, and there was complete eversion. The heel of the right foot lay behind the left ankle, and there was a complete loss of power to move it. The limb could be extended to full length, but when let go it shortened and fell outwards. There was pain in the hip, which increased on the inward rotation being made. There was no difficulty as to the diagnosis of intracapsular fracture. Mr. Lizars, of Edinburgh, saw the case shortly after the injury, and was entirely of this opinion. At the end of eight weeks the power of the limb was regained, and, in the course of another month, she was able to walk tolerably well on crutches. When the limb was now examined, it was found that it was shortened about one-half or three-quarters of an inch, and that it was permanently everted. At the end of a year the lady could walk well with a thick-soled shoe and a stick. Next spring she had an attack of bronchitis, attended with congestion of the lungs, and she died in April, a year and eleven months after receiving the injury. With some difficulty the hip-joint was procured, and it has been divided and put into two glasses. When the specimen was examined, the capsule was found to be somewhat thickened, and there were some adhesions of the synovial membrane lining the capsule with that on the neck of the bone; but the acetabulum was quite healthy; the cartilage also was perfectly healthy, in this respect differing from other specimens. The head of the bone was depressed towards the lower trochanter, and its upper surface was on a level with the great trochanter. The neck of the bone, also, was somewhat shortened, and was bent so that the anterior surface of the neck was convex, or projected forward; and the head of the bone was displaced backwards towards the the posterior intertrochanteric line. When you examine other part of the bone outside, you see the capsule corresponding with this projecting part of the neck, with a line running lower to the bone, which presents the appearance that you would expect from the displacement of two fragments of bone projecting in the way represented here. When you examine the specimen sectionally, you have ample evidence of the complete reunion of the fractured bone. Thus you find that the cancellous structure of the head and of the trochanter is quite normal. The line of the dense bone across the neck, just in the seat of the fracture, is quite compact below and above, though somewhat opened out and cancellous about the middle. I think, therefore," says Dr. S. "when you consider the evidence of displacement of the head of the bone, and of this line of dense bone seen upon section, there can be little doubt that it is apparently a very demonstrative pathological specimen of union of the fracture of the thigh-bone; and a number of cases have accumulated, and are constantly accumulating, which lead to the confirmation of osseous union."

I conclude by remarking, that even in severe contusions of the hip-joint from falls or injuries, the long splint of Desault (or the ingenious modification of it by that talented Surgeon, Mr. Butcher, Surgeon to Mercer's Hospital, Dublin, described in the *Dublin Quarterly Journal of Medical Science* for May, 1858) should, in my opinion, never be neglected, in cases even where there may be only suspicion of fracture of the neck of the thigh-bone; but I cannot too strongly express my conviction, if it be not primarily resorted to when flattening of the natis is observed, that its omission is not only culpable in the highest degree, but that all other means of treatment are utterly unavailing. I am, &c.

JOHN LIZARS,
Late Prof. Surg. Royal College of Surgeons, and lately Senior Operating Surg. Royal Infirmary, Edinburgh.

Edinburgh, 15, S. Charlotte-street, May 18, 1859.

A "BURSTEN ARTERY"?

LETTER FROM MR. TUSON.

[To the Editor of the Medical Times and Gazette.]

SIR,—Believing the following case to possess features sufficiently peculiar and rare to be of interest to your Surgical readers, I send it for insertion, should you think fit, in your journal.

James R., a private soldier in the Royal Canadian Rifles, aged 29, after having been exposed to cold and wet during severe exertion for some hours, while assisting in the working of a troop ship in heavy weather, on the voyage to Canada on the 14th and 15th of June last, became affected with pain in the calf and knee of his right leg; and presented himself at the Hospital on the 16th. Nothing unusual was perceptible in the limb, and the suspicion that there was something more than mere rheumatism (a strain, or perhaps rupture of some muscular fibres, etc. etc.) was the only result of an examination at that time. It is as well to state that he had, while on service in the Crimea, lost one and part of another toe from the right foot, the effect of frost-bite. For

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some days but little change occurred, the pain diminished and increased at times, and some fulness or puffiness was apparent about the knee and above this till July 1, when, after a restless night of pain, he was seized with violent spasms, tetanic convulsions affecting the whole body, and notably the maxillary muscles, inducing an apprehension of trismus supervening, his distress, dyspnœa and general agony were fearful and urgent. The seizure lasted about ten minutes, recurring three times during that day—the pain in the leg being most acute. On the 2nd he had two other seizures of similar nature, but was free from any more till the 6th, when one very severe attack occurred—at this time the leg was swollen and hard (a state that had been gradually coming on since the 1st) from the calf upwards to above the middle third of the thigh, and he could not bend the knee—there was also numbness and diminished temperature of the leg. On the 6th matters looked worse, the lower third of the thigh was enormously swollen, and there was a point about three inches above the inner condyle which was more raised than the adjoining surface, being the only spot where any defined local tumefaction had presented itself, and this was in truth very ill defined. The tension was extreme, and pain unendurable, and I made a cautious incision, some three inches in length, over this part, and thereby disclosed a mass of coagulated blood, the extent of which I could not ascertain; as far as my finger could reach upwards, down to and around the bone, and, indeed, in every direction, the leg seemed infiltrated to the point of bursting with coagulated blood. On removing some ounces of this mass with a finger, I apparently opened the way for a stream of florid blood, which came welling up through it; but the exact source of which I could not, after some search, ascertain, and determined that securing the femoral artery was the wisest course to adopt. This was done not without some difficulty, on account of the whole tissues being infiltrated with blood or sanguineous serum, even up to Poupart's ligament. After the ligature was tied, no return of hæmorrhage took place, and this patient eventually was discharged from Hospital able to walk about with the aid of a stick, in November. I gave over charge of him on July 14, however; and, with regard to the progress of the case, have learnt that the coagulum was slow in gradually oozing away, and that at one period a large quantity of purulent matter escaped.

I have not, in the foregoing notice of this case, entered into any details concerning the operation, subsequent state of the leg, or general condition of the patient, nor recorded the treatment of the convulsive attacks (by chloroform chiefly), as my object was simply to relate the progress, and call attention to the obscurity of the invasion of such an extensive amount of mischief. The appearance of the man, and of the enormous tumour caused by coagulum, was such as to convey the impression to an experienced Medical man who saw the case six days after the artery was tied, that there was extensive malignant disease (fungus hæmatoides) of the leg. The interval of moderate pain, only between June 15 and July 1, when the more acute pain and marked swelling supervened. The absence of any abnormal pulsation, or detectible local tumour, and the fact of the leg having suffered from severe frost-bite previously, seem to me notable points in this instance of bursten artery (as the old Surgeons would have called it), or aneurism? of what artery?

I am, &c. G. B. Tuson, Staff-Surgeon.

Quebec, April 27, 1859.

Scraps of News.—The Council of the Royal College of Surgeons has just announced the following as the subject for the Collegial Triennial Prize—viz. "The Anatomy and Physiology of the Supra-renal Bodies." The subjects for the Jacksonian prizes—of which there are two for competition this year—are on the healthy and morbid anatomy of the prostate gland, and on excision of the knee-joint. Mr. Paget has resigned the lectureship on physiology at St. Bartholomew's Hospital, and, it is stated, will be succeeded by Mr. Savory; while the lectureship on anatomy, it is expected, will be divided between Mr. Skey—one of the surgeons of the Hospital—and Mr. Luther Holden. The latter gentleman has been long and deservedly well known as a most popular teacher.—Dr. Baly has resigned the appointment held by him as Medical Superintendent of Milbank Prison.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, May 24, 1859.

F. C. Skey, Esq. President, in the Chair.

The President called attention to a collection of interesting preparations of various animal substances which were preserved from decomposition by an entirely new process, and which, he said, must be of great importance to those who were concerned in preserving preparations for museums.

A paper by Dr. George Budd, F.R.S., was read, on

SOME OF THE EFFECTS OF PRIMARY CANCEROUS TUMOURS WITHIN THE CHEST.

The object of this paper is to call attention to the changes that are produced in the nutrition of the lung by a primary cancerous tumour involving its root. Primary cancer within the chest usually forms a single compact nodular mass, commonly occupying the mediastinum, and invading, to a greater or less extent, one of the lungs—in the great majority of instances the right, the other lung remaining uninfected. The author gives the details of three cases of this kind that have fallen under his observation in King's College Hospital, in all of which the tumour involved the root of the right lung. In all these cases, remarkable changes of inflammatory origin were found in the chest. These changes consisted, in the order of their frequency, of—1. Firm adhesion of the lung to the walls of the chest by thickened pleura. 2. Inflammatory condensation of the lung, where it was not invaded by the cancer, proceeding, in all of the cases, to more or less disorganisation of the pulmonary tissue, and the formation of pockets of pus. 3. In one of the cases—the case in which the tumour had attained the greatest size and spread furthest towards the left side—adhesion of the pericardium, and an abundant effusion of lymph on its outer surface. The extent of change in the lung in the different cases was greater as the tumour was larger, and involved more completely the root of the lung; and in all the cases the left lung was free from adhesions, and presented no other changes than those which result from recent congestion. The question is then discussed, how these changes of inflammatory origin were caused: and from a review of the circumstances of the cases, the author considers it most probable that they resulted from the tumour involving and destroying all or great part of the pulmonary nerves, and that consequently the inflammatory disease of all the tissues of the lung in these cases is analogous to the destructive inflammation of the eyeball that results from division of the fifth nerve within the skull. It is remarked that the lung resembles the eyeball in this—that all the nerves which supply it are comprised at its root in a very small space, so that they can there be destroyed or paralysed—and the organ in consequence, be deprived of all nervous influence—by disease of no very great extent. Primary cancer involving the root of the lung is a rare disease. The three cases related above are the only instances of the kind that have fallen under the author's observation in King's College Hospital since it was first opened for the reception of patients in 1840. The disease is, however, so peculiar in its effects that—as was shown by Dr. Stokes, in an admirable paper on this subject, published in the *Dublin Journal of Medical Science* for 1842—a diagnosis of it may sometimes be made with much confidence. The elements of diagnosis consist:—1. In the signs that give evidence of the existence of a tumour. 2. In the absence of strong pulsation, and of the morbid bruits that usually attend aneurismal tumours. 3. In the occurrence of hæmoptysis and other signs, showing that the lung is involved in the disease. 4. In a distended and varicose condition of the superficial veins of the chest. A cancerous tumour usually affects the venous circulation and the nutrition of the lung more than an aneurismal tumour of the same size, because it grows into and blocks up the veins, and converts into cancer the other tissues which it embraces in its growth.

Dr. Brinton confirmed Dr. Budd's suggestion by recalling

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some analogous cases, observed and published by him (Dr. Brinton) many years ago. In one (*Path. Trans.* for 1848, vol. i. p. 235; also compare *Path. Trans.* for 1851, vol. iii. p. 304), the left pneumogastric nerve, and root of the left lung, had been involved in an aneurism; in the other (*Lancet*, 1857, vol. i. p. 209), a simple fibrinous deposit had involved the right bronchus near its origin. In each, the corresponding lung had been inflamed; and the inflammation had been explained by him (Dr. Brinton) in the above publications, as a secondary result of the primary lesion with the pulmonic nerves.

The PRESIDENT asked the Author if he was aware of any case published in the *Transactions* bearing on those described in his paper.

The AUTHOR replied that there was one case mentioned by Dr. Burrows, and another, which was a counterpart of one of his cases, was published by Dr. Sims many years ago. The important questions were how far the inflammatory disease, and the complete destruction of tissue were due to the presence of tumour involving the root of the right lung. The probability was that the tumour interfered with the bloodvessels and with the nerves, destroying them, and causing inflammatory disease of the whole tissue of the lung.

Dr. BARKER had known two or three cases of very extensive cancerous formation in the anterior mediastinum, involving and pressing on the right lung, but without any direct interference with the pulmonary nerves. There was no inflammatory disease, either of the lung, or of the pleura.

A paper by R. QUAIN, Esq. F.R.S. was read, on

A PECULIAR VASCULAR TUMOUR OF THE RECTUM.

The object of this paper is to describe and to discuss the nature of a tumour of the rectum, of which the author has found no account in books. The chief characters of the growth are its vascularity and the absence of hardness, the surface being studded over with thick papillary vascular prominences of various shape. These, in fact, form the chief and most characteristic part of the mass. The tumour had no connexion, except with the mucous membrane of the bowel, from which it was an outgrowth. The author believes the disease not to be malignant, and he grounds his judgment upon the history of cases, upon a comparison with other cases, and upon the result of the examination of the structure of the tumours he removed in practice.

Mr. SPENCER WELLS alluded to the case of a female patient, similar to that recorded by Mr. Quain, which had been treated by him at the Samaritan Hospital. At first it was considered that there was stone in the bladder, but after careful examination, no calculus could be detected. There was a considerable loss of blood, some ounces being lost after every time she passed water. When the patient came under his care, he put her upon gallic acid; the bleeding diminished for a time, but came on again, and she became rapidly blanched, sinking into a dangerous condition from repeated loss of blood. He then employed a sponge-tent, in order to dilate the urethra; and on passing his finger into the bladder, he found a soft villous growth, about the size of a large strawberry. He cut it away with a pair of curved scissors; the symptoms were at once relieved, and the patient perfectly recovered. He had seen her lately, and there had been no relapse. He thought this bore out Mr. Quain's suggestion that the villous growth of the mucous membrane differed entirely from those villous cancers described by Dr. Schuh, of Vienna. So far as he knew, the case he had alluded to was unique

Mr. HENRY LEE witnessed a case some two or three years ago, which was very similar to that related by Mr. Spencer Wells. It was a case of hæmorrhage from the bladder. After death, a villous projection was found growing at about half or three quarters of an inch from the surface of the bladder, and having the terminal vessels ragged.

The PRESIDENT asked if Mr. Lee was aware of the duration of the disease.

Mr. H. LEE did not recollect, but the case he cited occurred in King's College Hospital.

Dr. O'CONNOR remembered a similar case to Mr. Quain's, in the Royal Free Hospital. The patient complained of a profuse discharge from the rectum; she was carefully examined, and a tumour was found within the rectum. It was successfully removed, and no return of the hæmorrhage took place. He might add that no chloroform was administered, and that the tumour was removed with ease. The age of the patient was about 38 years.

A paper by HAYNES WALTON, Esq. F.R.C.S. was read, on

ELEPHANTIASIS OF THE SCROTUM.

The author had been consulted by two patients with elephantiasis. Both were from Barbadoes. The first was in 1847. The disease was incipient. An operation was recommended, but overruled. The second was in September of last year, in the person of an athletic quarantine officer, aged 41. The scrotum was rough and indurated, with the characteristic firm and solid swelling. There was neither pain nor inconvenience beyond that caused by the bulk. The skin of the penis was similarly affected. Just four years ago inflammation appeared at the lower part of the scrotum, and, on subsiding, left some hardness. Each year there have been several similar attacks, and every one has added to the enlargement. Treatment, both general and local, failed in the hands of different men. The patient desired an operation rather than submit to the inevitable fate of steady increase of the disease. Mr. Walton recommended operating, especially as the growth had not yet attained to that size by which the great dangers from shock and loss of blood are risked. The possibility of being obliged to remove the testes was clearly pointed out. The evident vascularity of the part, and the known tendency to hæmorrhage, difficult to control, induced Mr. Walton to adopt the following plan, which served the double purpose of effectually preventing the possibility of untoward bleeding, and enabling him to get the testes completely out of the way:—the scrotum was raised and pressed on for a few minutes, so as to empty it of as much blood as possible, and then with a large needle, such as is used by upholsterers, threaded with strong twine, he tied it in segments close to the trunk—first pushing up the testes, so that they were quite above all that he intended to remove—and cut close to the nooses. As each strangulated part was liberated the vessels were secured, and altogether twenty were tied. An attempt was made to effect adhesion by first intention, and with the best results. Although it was necessary to push up the testes, and draw the wound together with much force, which produced great strain on the sutures, nearly the entire wound united at once. The penis was then denuded of its diseased skin. This healed over quickly. Respecting the pathology the author remarked that subacute diffuse circular inflammation of the integuments produced the organic changes. As to the morbid anatomy it appeared that the epidermis was much thickened, but the true skin particularly so. The connective tissue between the scrotum and the testes was greatly hypertrophied, and intersected by large areolæ. The patient left London six weeks after the operation.

The PRESIDENT then called upon Dr. Brinton to explain to the meeting the process which he had introduced to the Society as the invention of Dr. Raddi, of Florence.

PREPARATIONS FOR PRESERVING ANIMAL SUBSTANCES.

Dr. BRINTON stated that the preparations before the Society were exhibited by Professor Raddi, Honorary Professor of Zoology, and formerly one of the Conservators of the Museum at Florence. They illustrated three processes discovered by that gentleman. The first, showing a specimen so hard and heavy as almost to deserve the name of a petrifaction (the liver, heart, and lungs, attached to each other), was intended for permanent dry preparations, in which the colour and size of the original tissues were completely preserved. The second formed a dry preparation, which, on being moistened, could be dissected as though it were fresh. The third was a process applicable to meats, etc., intended for eating (and therefore devoid of the poisonous ingredients of the two preceding processes); and was illustrated by a piece of cold roast sirloin, thus prepared some two or three months ago, and retaining its characteristic colour and smell, though a little shrunken in size. As regarded the latter process, Dr. Brinton regretted that the proverbial proof of its perfectness, it was not at present in his power to give. The Government, and various *savans*, intended, he believed, to test its usefulness. Certainly, if it fulfilled its promises, it would not only be much simpler and cheaper than the costly methods of preserving in tins, but

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would probably avoid that comparatively monotonous sodden flavour which the existing means of preserving meat implied; and flavour, he need not say, was in some sense a test of food, as well as an inducement to eat it. The second process, too, seemed likely to be valuable. But it was by the first that he thought the Society would be most interested. Many teachers of Anatomy and Medicine (in which term he of course included Surgery) must have felt, as he had, the deficiencies of our museums in respect of large dry preparations. In wax, they demanded a high order of talent for their execution; and their costliness was only equalled by their fragility; so that a lecturer scarcely liked to uncover a valuable wax cast from its glass shade, and send it round a large class. Plaster, again, admirably adapted, when coloured, to give a cheap and effective representation of diseased surfaces or limbs, utterly failed to convey the details or relations of internal parts. Avoiding all these faults, Dr. Raddi's method did seem to him (Dr. Brinton) to promise to supply a great desideratum: large pieces of healthy or morbid anatomy, perpetuated (rather than represented) with perfect accuracy. How few, for example, were the good natural skeletons of our London museums! How useless, for accurate teaching, the artificial and distorted thorax of a skeleton, as ordinarily articulated! But Dr. Raddi's process promised to give, not only all the costal cartilages, but all the viscera beneath, with their normal size, shape, and relations. He would only add, that it was Dr. Raddi's wish, he believed, to dispose of his secret, either to a single institution, or to any museums or similar institutions which might combine to purchase it; and that, for its application, a mere immersion of the preparation, without dissection or injection, would suffice.

Dr. Webster asked whether meat preserved by the last-mentioned process became much diminished in size, as he would infer from the specimen of beef exhibited; and whether, upon being cooked, it regained its former size? That point he regarded as of importance to be considered in the supplying of large bodies of men with provisions for consumption abroad.

Dr. Brinton replied that one of the specimens did appear shrunk, but that the other specimens had not lost much in size.

The President thanked Dr. Brinton on behalf of the meeting for the explanation he had given, and the proceedings terminated.

WESTERN MEDICAL AND SURGICAL SOCIETY.

Friday, May 6, 1859.

A. B. Barnes, Esq. President, in the Chair.

The Annual Meeting took place this evening, when the following officers were elected for the ensuing session:—*President*: A. B. Barnes, Esq.; *Vice-Presidents*: Mr. Martyn, Mr. Keen, Dr. Fincham, Mr. Leggatt; *Council*: Mr. Taylor, Mr. J. Lane, Dr. Alchy, Mr. Hatfield, Mr. H. Brown, Mr. Turner, Mr. Mould, Dr. Cahill, Mr. Scannell, Dr. C. G. Brown, Dr. Arlidge, Mr. Cumberbatch; *Treasurer*: Dr. Seaton; *Honorary Secretaries*: Dr. Baines, Mr. Milner; *Honorary Librarian*: Mr. T. Dickinson; *Auditors*: Mr. Love, Mr. Bannister.

After the usual business had been transacted, the President addressed the meeting, congratulating it upon the successful termination of its present session, and reviewing the various matters affecting the Medical Profession which had occurred since he had last met it. He alluded to the working of the Medical Bill, and considered its desirability, inasmuch as it made all members of the Profession one, and capable of assuming any branch they chose. He sketched the rise of the Profession in England, and the origin of the Apothecaries' Act, and alluded to the late exclusiveness (so detrimental to the liberal spirit of Medicine) that had reigned in the College of Physicians, and which had prevented that corporation from assisting the education of the General Practitioners who now had assumed a position of rivalry in knowledge and education with the physician himself. The Apothecaries' Act had done more for the Profession than had any previous legislation; and now that so much attention had been given by corporations to the necessity of a good sound preliminary education, he argued much improvement in the *status* of the members in society; and with a few general remarks upon the relative duties of Medical men towards each other and their patients, he concluded by urging upon all the necessity of following the Profession not only for the gain of honour, but with a view of being useful in society.

After the address the meeting resolved itself into a conversazione, at which were exhibited a number of new instruments, microscopical specimens, and other modern inventions bearing on Medicine.

MEDICAL NEWS.

Apothecaries' Hall. — Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, May 26, 1859:—

Adams, Matthew, Margate.
Bringloe, John, Camberwell.
Carter, Alfred Pleydell, Gloucester.
Charlton, Egbert, Tunbridge.
Goodall, Ralph, Newcastle, Staffordshire.
Griffith, Hugh, Edern, near Pwllheli, Carnarvonshire.
Holman, Thomas, East Hothly, Sussex.
Lovegrove, Charles, Maidenhead.
Parker, Roger, Liverpool.
Reed, Samuel C., Hemel Hempstead, Herts.
Sterling, Hautville, H. J., Deal.

The following gentlemen also on the same day passed their First Examination:—

Harris, Francis D., 43, Gower-street, Bedford-square.
Murray, William, Chester-le-Street.

APPOINTMENTS.

Dr. Clapton and Dr. Whitley have been appointed Physicians to the Surrey Dispensary, *vice* Dr. Griffith and Dr. Adam Bealey, who have resigned.

DEATHS.

Gaskell.—On the 29th ult., at Markham-square, Chelsea, Frederick Gaskell, M.R.C.S. aged 42.

Marshall.—On the 29th ult. Richard Marshall, M.D. formerly of Totnes, and late barrack-master of the Cavalry dépôt, Maidstone.

Doctor Rouillard, formerly Physician of Jerome Bonaparte, has just died at Nantes, at 84 years of age, while active and zealous in the exercise of his art.

In the Lunatic Asylum of Indiana there have been admitted, during the last ten years, 80 persons who have become mad from drunkenness, 126 from religious enthusiasm, and 54 whose imagination had been upset by spirit-rappers.—*L'Union Méd.*

The Chameleon is a calumniated animal. He does not, like a courtier, wear the predominating colour of the moment; he changes his colour only under the influence of light; obscurity makes him grow pale; twilight gives his body marble colours of the most varied kinds; the sun blackens him, as it does the skin of the tropical negro, and causes all the colours of the rainbow to play upon the surface of his epidermis.

Royal Medical Benevolent College.—Election, May 26th, 1859. *Pensioners.*—Successful candidate: No. 1. Mary Marsh, 6567 votes. *Foundation Scholars.*—Successful candidates: No. 1. John A. G. Dawson, 8577 votes; 2. Arthur Mudge Branfoot, 7305 votes; 3. Clement Locke Smiles, 6830 votes; 4. Ernest F. Hetherington, 6574; 5. James Butler, 4738 votes; 6. George Walter Tait, 4414 votes.

Not a bad Way to impart Abstruse Knowledge.—The Savilian Professor of Astronomy (Mr. Donkin) has given notice that he will be at home on Tuesdays and Fridays during the present term from 9 to 10 a.m., for the purpose of receiving persons who have at any time attended his lectures, and who may wish for instruction "in iis quæ melius sine ulla solennitate tradi possunt."

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THE Committee of University College Hospital have resolved not to have recourse this year to a public dinner, and have therefore on foot a more private appeal for aid towards the year's expenses of the charity.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—The following gentlemen will be balloted for, as Fellows of the Society, on Tuesday evening, June 14, 1859. The ballot will be opened at half-past seven o'clock, and will close at half-past eight precisely:—Francis Harris, M.B. London; Francis Hird, F.R.C.S.; George Nayler, Assistant-Surgeon, Bombay Army; Edwin Thomas Truman, M.R.C.S. London, practising Dental Surgery.

BATTLE OF MONTEBELLO.—One of the French Surgeons writing home states that there are at the present time 800 wounded soldiers under treatment, 500 French and 300 Austrians. The new projectiles give rise to the most extraordinary injuries; and even now it is easy to foresee that many more operations will have to be performed during this campaign than when the round balls were in use. The sanitary condition is very good, and the *morale* of the wounded is excellent, the French "gaiety" not abandoning them even amidst their sufferings.

OXFORD, it seems, must amend its statutes, in order to allow its rising generation of alumni to handle the rifle.—OXFORD, May 24:—The following form of statute will be submitted to Congregation on Wednesday, the 25th inst., at two o'clock:—"Placuit Universitati Stat. Tit. XI. (XV.) post § 15, p. 150, hæc verba addere:—'Proviso tamen, si e Republica visum fuerit, ut per Vice-Cancellarium et Procuratores armis utendi licentia concedi possit, Statutis quibusvis aliis non obstantibus.'"

ASPHYXIA.—It results, according to M. B. Séquard, from his experiments on asphyxia, that warm-blooded animals—the adult as well as those just born—resist asphyxia in proportion to the lower degree of their temperature, provided always, that the temperature do not fall below 18° to 19° centigrade; that the law laid down by Legallois and Edwards is erroneous, the resistance to asphyxia being greater, under certain conditions, in the adult than in the recently born; and that the differences in the resistance to asphyxia existing in animals of different species and ages, must not be considered as differences depending upon the temperature of the animal, but in great part upon the nature of the animal itself, that is to say, upon the difference in the properties of the tissues and organs in the different species and at various ages.

UNIVERSITY COLLEGE HOSPITAL.—At a meeting at the Hospital on Wednesday, Mr. Thomas Field Gibson announced that his relative, Mr. George Filliter, of Trigon-hill, Wareham, Dorset, had sent him £1000 as a donation for the Hospital, and had expressed a wish that the amount should be invested and the income applied in some manner to connect with the Hospital the name of his son, Dr. William Filliter, lately deceased at an early age. Dr. Filliter was formerly a distinguished student of the Faculty of Medicine, and had received his preliminary education in the Junior School and Faculty of Arts of the College.

SUGAR IN THE BLOOD.—M. Sanson, of Toulouse, still maintains his assertion: that dextrine exists normally in the blood and tissues of the herbivora. The reason why experimenters in Paris could not obtain it is this, that they operated upon butchers' meat—that is to say, upon tissues taken from animals killed by loss of blood. M. Sanson's experiments were all made on animals that died from disease, and where the blood still remained in the body.

HEIGHT OF AMERICANS.—Professor Dickson makes out that Americans of the Southern States are taller than all Europeans, excepting the Irish. He has taken the height of a great number of Medical students and others in different Colleges. The following figures give the mean height of men of different nations; they are the figures of Quételet, Lélut, Forbes, and Dickson:—

Age.	Belgians.	French.	English.	Scotch.	Irish.	American.
18 years	1m.658	1m.628	1m.729	1m.740	1m.745	1m.753
20	1m.665	1m.658	1m.745	1m.756	1m.773	1m.773
24 to 25.	1m.675	1m.680	1m.750	1m.761	1m.783	1m.783

A DELICATE DIAGNOSIS.—"In two cases," says M. Piorry, "of contraction of the orifices of the heart, I succeeded in curing the contractions, which were very probably produced by concretions, by the use of large doses of hydrochloric acid lemonade. The remedy was no specific remedy, but it was a very rational medicament, founded on the fact, that the dissolved hydrochloric acid removes phosphate of lime from bones, and that therefore there is a chance that the organisation may remove the salt from those parts where it exists in excess—that is to say, in the arteries and the valves of the heart." We are not told whether the Imperial Academy of Medicine applauded the courageous diagnosis, which could boast of determining the fact of a case of a contracted cardiac orifice; or whether it admired the making of the body into a simple chemical utensil for the purpose of explaining the cure by the remedy.

DR. DALTON in the *American Monthly Journal* describes the fœtal placenta as being composed of chorial villi and of the vessels of the follicles of the uterine decidua. The walls of the placental vessels come in contact with the walls of the uterine sinuses, and are at last fused into them. In order to demonstrate the passages between the uterine sinuses and the body of the placenta, Dr. Dalton, instead of injecting liquids, which may have passed in consequence of causing ruptures of the walls of the vessels, forces very gently air into one of the large vessels of the gravid uterus (near the full period), the uterus being placed in water. We then observe, he says, on cutting a portion of the chorial surface of the placenta, that air is disengaged and passed in little bubbles out of the incision. He repeated this experiment four times. He concludes, that the placenta is a double organ, formed in part by the chorion, and in part by the decidua, and consists of maternal and fœtal vessels, inextricably interlaced, and united the one to the other.

MATERNITY HOSPITALS.—It follows absolutely from the statistics of M. d'Espine, that wealth, which is favourable to the ordinary duration of life, gives very little advantage to women in the puerperal state; that mortality through the puerperal state is twice as great in towns as it is in the country; and that the mean mortality of puerperal women is trebled in the best kept Hospitals; that it increases with the number of women received into the Hospitals; and that it may in certain years be 16 times and even 23 times greater than the general average. British maternity Hospitals offer more favourable results than maternity Hospitals of any other country in Europe. The mortality per 1000 at the Rotundo is 12·5; British Lying-in-Hospital, 16·; City Lying-in-Hospital, 16·; Queen Charlotte Lying-in-Hospital, 18·. At Paris the mortality in the Maternité, between 1818 and 1829, was 18 to 20 per 1000; 1829 and 1836, 14 to 77; 1837 and 1849, 23 to 48; 1849 and 1850, 26 to 43. At Vienna, the mean mortality, between the years 1784 and 1849, was 38 per 1000. Deaths, therefore, seem to increase in proportion to the number of persons massed together in the Hospitals. In England fewer patients are put together in one ward than in other countries. In Vienna, where the mortality is greatest, the maternity is the largest in Europe. The maternity of Paris receives between 3000 and 4000 women a-year.

THYMUS GLAND.—M. Friedelben shows in his work on the thymus gland,—1st. That this organ may be removed without injury to the general health of the animal. 2nd. That animals deprived of their thymus take a larger quantity of food than natural. 3rd. That the increase of the body of animals operated on is absolutely greater than that of animals in a normal state, but that relatively to the quantity of food taken the growth is less. 4th. The sanguification of blood in them is more rapid; the blood is richer in albumen and water; the number of globules of the blood is absolutely greater, but that of the red globules absolutely less; the excretion of albuminous matters is increased, of carbonic acid lessened; the excretion of water by the skin greater, by the kidneys less. 5th. The growth and chemical constitution of the bones are also affected by the extirpation of the thymus. The pathological deductions from his physiological researches are:—1. That the thymus, neither in its normal nor in its hypertrophied state, undergoes turgescence, excepting after the taking of food; and that the pretended hyperæmic and periodical turgescence does not really exist. 2nd. That the organ never interferes with the respiration or the circulation, either in its normal or in its hypertrophied state, nor compresses the respiratory nerves; and 3rd. That in neither state, therefore, does it interfere with the cerebral circulation, or the innervation of the nerves of the glottis.

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THE GLORIOUS UNCERTAINTY OF COUNTY COURTS ON MEDICAL MEN'S CLAIMS.—Brompton County Court. Before F. Bayley, Esq., Deputy-Judge. Ellis *v.* Herbert.—This case afforded a notable instance of the glorious uncertainty of English law, so far as regards Medical claims; for, according to former decisions of the Judge of the Brompton County Court, had Mr. Adolphus, the Judge, presided instead of Mr. Bayley, who sits in the Westminster County Court, the plaintiff could not have recovered. Mr. Ellis is a surgeon of Sloane-street, and the defendant is a lady residing at 6, Royal Avenue-terrace, King's-road. The claim was £3 0s. 6d. for attendance, etc. after the defendant's confinement. The defence set up was, that a contract had been made with the plaintiff to attend the defendant for £3 3s. and this was to include everything until the lady got well out of her accouchement. The defendant, however, admitted that this stipulation had not been made upon former occasions. Mr. Keane, surgeon, of the King's-road, stated that Medical gentlemen generally charged a definite sum for an accouchement, which would also include all necessary medicine and a few visits; but when the patient was in danger, rendering it absolutely necessary for a medical man to more frequently attend—the case in the present instance—and where attendance and medicine were also requisite for the infant, then an additional proportionate sum was charged. In witness's opinion, Mr. Ellis's claim was fair and moderate. The Judge being of the like views, gave a verdict for the plaintiff, with full costs.

STATISTICS OF THE YELLOW FEVER AT LISBON IN 1857.—From the recent official reports of M. Pirito, it appears that between the 7th of September, when the first patients were received, and the 24th of December, there were received into the hospitals 5161 patients (4043 males, and 1118 females), of which number 1932 (1544 males and 388 females) died. *Age.*—Children were usually spared, so that there were only 31 below the age of 11 attacked, 7 dying; and the Foundling Hospital, in spite of its large population, only furnished 15 patients, one only of these dying. Between 11 and 20 years of age there were 1269 victims, and 1734 between 21 and 30; but above 60 there were only 253. Among the adults between 11 and 30 years of age there were 2512 males, and only 491 females; while among those above 60 years of age there were 148 males and 105 females, the proportion of females increasing in infancy, and in advanced age. The liability to the yellow fever decreased at the ages above 30, but the mortality of those attacked increased. It was 22·58 per cent. on children, 29·73 in adults, and 54·94 in the aged. *Constitution.*—Strong, robust, vigorous subjects were attacked to the number of 3270 (2443 males 827 females) but among 643 subjects of feeble, delicate, constitution there were 235 females. Of the first category 32·75 per cent. and of the second 42·16 died. *Marriage.*—Of 3486 single persons attacked, 1123 (32·21, died; of 1099 married persons 498 (45·31) died; and of 502 widowed (276 females) 263 (52·43) died. *Occupations.*—Persons pursuing manual and mechanical occupations furnished 3567 cases or 69·09 per cent. Among these were 2200 servants, and 87 nurses or assistants in the hospitals, 574 of the number being women. Of a total mortality of 1286 in these classes, 736 took place among servants, *i. e.* 32·16 per cent. and only 27·52 per cent. for female servants. *Localities.*—As in other epidemics the worst quarters of the town suffered most, the mortality there rising to 42 and 43 per cent. In several public establishments, as the mendicity, orphans, etc. notwithstanding great crowding, it was slight. *Vaccination.*—The favourable influence of vaccination and variola is shown by the following figures:—Of 1192 vaccinated patients, 351 died, and of 2308 non-vaccinated, 894 died. Of 2087 patients who had had variola 635 died, and of 1279 who had not had it, 556. *Duration.*—The mean duration of the sojourn in the hospital was six days. For patients cured it was eight days, a little longer for women than men; and in fatal cases four days, a little longer for men.

MICROSCOPE AND ITS REVELATIONS.—Five years ago Virchow pointed out, for the first time, the existence in certain of the human organs of abnormal products, analogous in their chemical qualities to cellulose and starch, and sometimes pretty closely resembling starch granules in form. Lately, Dr. Carter, in the *Edin. Monthly Journal*, announces that he finds starch granules in almost all the organs of man and the lower animals in their normal state—a proposition which seems supported by M. Luys, who has published a work upon the incessant production of starch granules on the surface of the skin. This startling and singular assertion has received a curious explanation from M. Robin, who gives a very simple account of the matter. Examining the epithelial glycogenic papillæ of the amnion, recently pointed out by M. Bernard; and endeavouring, by squeezing, to extract their contents, he found in the preparation a considerable number of starch-granules. He at first imagined that this was one of the facts announced by Dr. Carter, but on closer investigation he found that the granules only existed on the surface, never within the tissues examined; and that, in fact, the granules were always deposited from the fingers of the operator. However much the hands were washed, still starch granules adhere to them, and are deposited from them on a wet surface. M. Robin examined most carefully these sections of the skin, and never found the granules within its structure; they are deposited on the cutaneous surface from the surrounding media, dust in the air, linen, bread, etc. They are most abundant on those parts of the body—the hands and face—which are exposed. M. Babiani, finding that no degree of washing of his hands sufficed to remove these granules, washed one of them in a solution of potass, strong enough to dissolve the granules, and then at once covered it with a glove. Eight hours afterwards, upon careful examination of it, he could find no granule upon the surface washed with the potass. On the other hand, however, they were present in abundance. It is almost impossible, adds M. Robin, to make a microscopic preparation without finding these granules in it; they are therefore to be classed like filaments of cotton, etc. as mere accidental ingredients. There can be no doubt that Dr. Carter's observations refer to granules of vegetable starch; his description precisely corresponds with that of those granules. [The low specific gravity of these granules, their remarkable resistance to ordinary causes of destruction, and their presence in the greatest part of vegetables around us, sufficiently explain the abundant presence of these granules everywhere. A few weeks ago we related some curious observations in reference to their presence in all kinds of dust—"the dust of ages," and even in the bodies of mummies; at all times and everywhere they appear to be floating in the dust of the air.]

LEECHES are not used commercially till they are about eighteen months old. They are very numerous in the lakes and marshes in the neighbourhood of Nantes; and their collection is carried on throughout the whole year, but chiefly during summer. They are transported to Paris in linen bags, each containing about 500, placed in panniers, and surrounded by wet moss. During a favourable season the dealers of Nantes will sometimes receive at the rate of 50,000 every day; and a Parisian druggist informed M. Audouin, that in the summer of 1820 he received from Moulins 130,000 for his own share.—*Encyclopædia Britannica—New Edition.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, May 28, 1859.

BIRTHS.

Births of Boys, 966; Girls, 916; Total, 1882.
Average of 10 corresponding weeks, 1849–58, 1549·1.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	535	493	1028
Average of the ten years 1849–58	524·6	492 0	1016·6
Average corrected to increased population..	..	..	1118
Deaths of people above 90	..	..	4
Deaths in 15 General Hospitals	25	19	44

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	2	..	4	3	6	1	7
North ..	490,396	2	3	11	2	6	1	8
Central ..	393,256	1	4	7	1	15	3	2
East	485,522	9	3	5	3	4	1	10
South ..	616,635	5	9	23	4	4	4	15
Total . ..	2,362,236	19	19	50	13	35	10	42

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METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·791 in.
Mean temperature	56·1
Highest point of thermometer	73·8
Lowest point of thermometer	40·5
Mean dew-point temperature	48·5
General direction of wind	N.E.
Whole amount of rain in the week	0·13
Amount of horizontal movement of air in the week	345 miles.

TO CORRESPONDENTS.

Mr. R. Taylor's paper shall appear next week.

A Medical Student should make the inquiry of the Secretary of the College of Surgeons.

Pharmacopolo.—Real *savants*, says M. Robinet, do not prefer the preparation of iodised oil to cod-liver oil.

Inquirer.—The degree of St. Andrew's is the most likely one to meet the case of our correspondent. He cannot attach M.D. to his name without some University degree.

Querens.—The charge would depend upon the custom of the district as to visits; but we should say thirty or thirty-five guineas would be a very moderate charge indeed, and that fifty guineas would be about the ordinary charge of a General Practitioner of good standing.

G. Pract.—Sugar in the urine has hitherto been considered a pathological condition. According to Prof. E. Brücke, however, this principle is a normal constituent of the urine. The pathological state, therefore, consists in the entire absence of sugar in the urine, or in its presence in too large a quantity.

Dr. W. M.—The injection of carbonic acid into the vagina is not always harmless. M. Le Juge relates the history of patients in La Charité under M. Charles Bernard who were subjected to this treatment, and in consequence suffered from symptoms of poisoning from carbonic acid, viz. Singing in the ears, nausea, headache, drowsiness, giddiness, feebleness, and even slight delirium.

COURTESY *v.* RIGHT.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—As you have stated in several of your Journals that Licentiates of a College of Physicians can only use the title of Dr. by courtesy and not by right, I, with several others, have taken the opinion of two eminent Counsel on that point, and they have both distinctly stated that the title of Dr. belongs by law to a Physician.

May 30, 1859. I am, &c. Extr. L.R.C.P., Lond.

[Perhaps our correspondent will name the Counsel he has consulted, and send a copy of their opinion. As our correspondent has not sent his real name and address, he will excuse us for not attaching much importance to his note.—ED.]

EDINBURGH LICENTIATES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Having observed in the *Medical Times and Gazette* of the 14th inst. an extract of the *Newcastle Chronicle* of the 7th inst., which stated that I had been elected a Licentiate of the Royal College of Physicians of Edinburgh, I beg to inform you that the announcement in question was inserted in the Newcastle paper without my knowledge.—I am, &c.

Blyth, May 26. O. CARMICHAEL, L.R.C.P.

DISCHARGE OF AIR FROM THE BLADDER.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—A case in which air was discharged from the bladder, per urethram, came under my observation some years since, when practising in Dublin. The patient, a revenue officer, after having undergone unusual fatigue, was attacked by severe abdominal pains, for which he was actively treated. When he came under my treatment, general morbid sensibility, with vesical irritation, had set in. I ordered him calmatives, with small doses of oxide of silver, and with good effect. The details of this case, were, I believe, published by my friend, Dr. Aldridge, to whom I furnished them. I am, &c. RALPH N. MCDERMOTT.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your last number, Mr. Dick reported a case where air is discharged from the urethra, and requests your readers to furnish similar cases, if they know of them. I am at present attending a lady who requires the use of the catheter in consequence of paralysis of the bladder. In this case, there is a considerable quantity of air discharged, through the catheter, from the bladder, every time the instrument is used. I have placed the external extremity of the catheter in a basin of water, and found that the air constantly raised the water in bubbles in the basin. In order to make sure that the air was not carried through the catheter into a flaccid bladder, I have pressed the bladder firmly with my hand; but this makes no difference. I am, &c.

Coleraine, Ireland, May 31, 1859. JAMES C. L. CARSON, M.D.

ACTION OF JELLY ON CALOMEL.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your number of the 9th April last an extract is given from one of the foreign journals, in which the writer cautions us against giving children calomel in jelly, or allowing them any acid drink along with that medicine, a death having occurred, he says, from the conversion thereby of the calomel into a bichloride.

Now it is highly important to know, on authority, if such a thing is at all likely to occur, as nothing is more common than this administration of powders to children (and adults as well), in jelly; in fact, in many places, it may be said to be the medium; and I never heard of any accident occurring that might reasonably be ascribed to such a cause. At the same time, if there is even a chance of the occurrence, the practice ought to be strictly prohibited.

In the same article M. Wahu speaks of giving children of two years old seventy grains and more of the trisnitrate of bismuth twice a-day. Surely the stomachs of Continental children must be differently constituted from ours. At least, I should hesitate to shovel such quantities of bismuth into any child of mine. If he is in the habit of giving calomel in corresponding doses, it were no great wonder if it wrought mischief occasionally, even although no jelly were used along with it! I am, &c.

Q. R.

THE MEDICAL ACT AND ITS APPLICATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—On the 9th ult. I applied for a summons against J. H. an unqualified person in my immediate neighbourhood, who styles himself (in large letters on his window-blind) "Surgeon," and who is in repute as a "bone-setter," and moreover, "is very skilful over women's complaints." The summons was duly forwarded to me, signed by a magistrate, and served on the individual alluded to. The case was to be heard. The day arrived, and I was on my way to the Court, when a County policeman stopped my vehicle saying, "he had a letter for me, and I was not to go." I found the communication to be from the Magistrate's Clerk, and it informed me that "as he had discovered the registration of Medical Practitioners had been extended to July 1st the magistrates could not hear the case against H., so I need not attend." I did not attend, but the defendant and his friends did; and finding there was no case against them concluded they were victorious, and returned with every demonstration of joy, flags flying, etc. etc. I have referred the case to my solicitor, and will only remark for the guidance of your readers that the defendant has openly boasted "One of the Magistrates would pull him through," and that one is, I am sorry to say, a retired member of the Medical Profession.

I am, &c. A COUNTRY SURGEON.

COMMUNICATIONS have been received from—

Dr. SIMPSON; Dr. CONOLLY; Dr. G. JOHNSON; Mr. R. TAYLOR; Dr. ROUTH; Dr. MCWILLIAM; Dr. BURGESS; Dr. BARKER; Dr. LANDER LINDSAY; Dr. A. REED; Dr. CARPENTER; Dr. MITCHELL; Mr. WADE; Mr. NICHOLSON; REGISTRAR-GENERAL; Dr. CARSON; Mr. CROSKERY, Jamaica; Mr. KINGSCOTE; Mr. CARMICHAEL; Mr. VINCENT; Mr. GROVE; Mr. BOWLEY; Mr. JEFFS.

APPOINTMENTS FOR THE WEEK.

June 4. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. J. P. Lacaita, Esq. "On Modern Italian Literature."

6. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

ROYAL INSTITUTION, 2 p.m. General Monthly Meeting.

EPIDEMIOLOGICAL SOCIETY, 8 p.m. H. Cameron, Esq., Indian Artillery, "Practical Remarks on Cholera Morbus."

ENTOMOLOGICAL SOCIETY, 8 p.m.

7. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL INSTITUTION, 3 p.m. Professor John Morris "On Geological Science."

8. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

NORTH LONDON MEDICAL SOCIETY, 8 p.m.

METEOROLOGICAL SOCIETY, 7 p.m. Anniversary.

9. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

ROYAL INSTITUTION, 3 p.m. Austen H. Layard, Esq. "On the Seven Periods of Art."

10. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

ROYAL INSTITUTION. (Meeting at 8, Lecture at 9 p.m.) Professor Tyndall "On the Transmission of Heat of different qualities through Gases of different kinds."

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

By Mr. Ferguson—Lithotrity; Removal of Tumour from Breast; Operation for Hæmorrhoids.

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Wines from the Cape of Good Hope. W. and A. GILBEY'S SOUTH AFRICAN PORT, SHERRY, &c. &c., 20s. per Dozen. First growths only. Two samples for 12 stamps.
Wine Importers and Distillers, 357, Oxford-street, London (W.); 31, Upper Sackville-street, Dublin; and 12, St. Andrew-square, Edinburgh. Medical Reports, Price Lists, &c. sent post free.

Newbery's Cod-Liver Oil Cakes.— "The gingerbread is extremely light and pleasant, the flavour of the oil being completely covered."—Medical Times and Gazette, 12th February, 1859. Packets, 1s. 9d. and 3s. F. NEWBERY and SONS (Proprietors of the "PULVIS JACOBI VER., NEWBERY'S"), 45, St. Paul's-Churchyard, London. ESTABLISHED A. D. 1746.

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Superphosphate of Iron and Super- PHOSPHATE of IRON and LIME. New Remedial Agents introduced to the notice of the Profession at the Meetings of the Medical Society of London, and now extensively employed by the most eminent members of the Medical Profession. The Syrup is the most eligible mode of administering these valuable Remedial Agents. Mr. GREENISH will be happy to forward a variety of cases which have been furnished to him, where its success has been most marked, and which will serve to indicate where it may be most advantageously employed.—20, New-street, Dorset-square.

Bastick's more Certain Forms of REMEDIES. LIQUOR COLCHICINÆ, LIQUOR HYOSCYAMINÆ, LIQUOR SMILACINÆ, &c.
These preparations are manufactured by processes which guarantee that each dose of these liquors contains an uniform quantity of the active constituents of colchicum, hyoscyamus, and sarsaparilla respectively, in their most effective forms.
"We shall be glad to see such solutions of the active principles of our most important drugs placed in the British Pharmacopœia."—Medical Times, January 29.
Pharmaceutical Laboratory, 2, Brook-street, Bond-street, London.

W. Twinberrow begs to draw the attention of the Medical Profession to his EXTRACT of INDIAN HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible. Also to his MEDICINAL EXTRACTS, prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropo, Belladonna, Cotyledon Umbilicus, etc.) Also to his Liq. Taraxici, Liq. Galli Aparinis (a valuable alterative), Liq. Parietariæ (diuretic), and Liq. Belæ (prepared from the Ægle Marmelos, or Indian Bael), for dysentery and diarrhœa. W. T. has a large supply of INDIAN BAEL on hand. 2, Edwards-street, Portman-square.
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For prices or samples apply to Mr. HESKETH S. DAVIS, 24, Leaden-hall-street, London, E.C.

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Second Edition of Boudault on "Pepsine," with Remarks by English Physicians. Edited by W. S. SQUIRE, Ph. D., published by J. Churchill, London, may be also had of the Author, 277, Oxford-street, price Sixpence.

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ORIGINAL LECTURES.

LECTURE ON
THE CHRONOMETRY OF LIFE.

DELIVERED AT THE

Royal Institution of Great Britain.

By JAMES PAGET, F.R.C.S. F.R.S.
Assistant-Surgeon to St. Bartholomew's Hospital, etc. etc.

GENTLEMEN,—The design of the discourse was, to illustrate the law that the processes of organic life are regulated with a regard to time, as exact as that which is observed by them in respect of size and weight and quantity of material employed in them; and to show that such an observance of time is characteristic of life, depending essentially on properties inherent in the living bodies themselves, and not on conditions external to them. Laws indicating the limitation of the organic formative processes, in respect of quantity, are evident in the facts that, in the ordinary conditions in which each living being is found, it and all its parts have appropriate size and weight and mutual proportion. These may, indeed, be modified by the variations of external conditions, or by events that are of the nature of accidents: but the range of possible variations is, in nearly all cases, comparatively narrow; and the boundaries are soon reached, in which changes of external conditions become incompatible with life. An instance of a corresponding limitation of the organic processes in regard to time might be noted in the natural duration of each creature's life. It is, indeed, not possible to assign any exact number of hours, days, or years, as the constant limit of life in any species; but it is enough to prove a law of time, as limiting the total duration of the organic processes in each, when we see that, in man, and in other species, the length of life, when not diminished by disease or violence, is as fixed as the natural weight or stature is, and that the term of life is marked by changes whose source is inherent in the living body. Watching these changes in the senile degenerations of the human body, it is evident that life does not cease, naturally, because of any change in the external conditions of living; and that the body is not, with advancing years, gradually worn out, as if there were a gradual consumption of a store of material or of force; but that, as, at a set time, the development of the body ceases and growth goes on, and then growth ceases and the body is only maintained in its perfection, so, after a time of such maintenance, the method of the formative processes in the body changes, it slowly degenerates, and through degeneracy dies. And all these stages are alike natural, constant, timely; all, too, are together, characteristic of life; there is no such succession of events to be traced in any form of dead matter. Observance of time may, again, be noted in the formative processes concerned in any of the organs whose changes mark the divisions of a life into its chief periods; *e.g.* in the teeth. Considering merely the conditions in which the teeth of the first set are placed before they project from the gums, there appears no reason why one should be cut before the other, or why they should not all grow with equal speed. Yet while they all grow alike in regard of structure and composition, they have very different rules in regard to the time-rate of their formation. And a yet more marked instance of time-regulation is in the contrast of the teeth of the first set with those of the second. In all essential characters, except those of strength and size, the two sets are much alike; yet there is the widest difference in the rates at which they are formed, and in their duration. The second teeth require as many years for their formation as the first require months; the first live but a few years, the second should live as long as the rest of the body, and sometimes do so. Now there appears nothing to which, as to an efficient cause, this difference can be referred. Its utility and final cause can be discerned; but, as to that which verily determines the rates of growth, and the durations of the teeth, it can only be referred to a First Cause; or it may be said, as of other things subordinate to a First Cause, that it depends on some of those properties which each living being inherits from its parents, and through which it results that, in respect of time, as well as of method and quantity, the formative processes in the offspring are a repetition of those of the parent. The observation of the development and changes of the teeth affords, moreover, an excellent instance of the punctuality with which time-work is regulated in the organic processes, and of the manner in which several different, and really independent, processes, being set to the same time-rate, are made to co-operate to the end of utility in the economy. This is evident in the coincidence of the development of the teeth of the second set, with the removal of those of the first; and in the coincident growth of the jaw, and all its muscles and other apparatus for mastication. In all of these (and the same might be said of any other system of organs in any species) the formation of every part is achieved with an admeasurement of time as precise, and as perfectly designed as that of its shape, or size, or structure. For examples of organic processes, adjusted to be complete in definite periods of time, the germination of seeds and the hatching of eggs could be cited. In plants, and in cold-blooded animals, the time varies according to temperature, yet not without evidence of a proper time-rate; but among birds, each species has its own time for incubation, as fixed as its other specific characters. In other words, the development of the structures of an egg into those of a young bird, appropriately fitted for life in the open air, is timed to a certain rate of progress; so much work is to be done in so many days, neither more nor less; and on each day its appropriate and special portion of the work. And it is evident that the time occupied in the process is determined by the inherent properties of the egg itself. For if the eggs of any number of species be exposed to the same heat and other conditions in a hatching machine, then, as surely as the bird produced from each will be like its parents, so surely will it be hatched in the same time as its parents were; in other words, the observance of a specific time-rate in the process of development is as exact as that of any other specific character. With this observance of time in the development of the young might be noticed that which is, commonly, coincident in the parent. Not to cite the example of all the mammalia, that of pigeons might be taken, in which, during the incubation of their eggs, the crops of the parents are remarkably developed, so that they may be fitted for the secretion of a fluid destined to make the food of their young offspring more suited for the sustenance. The correspondence of these time-rates, observed at once, in the development of the young pigeons, and in that of the crops of the parents, demonstrates, in both, a provision for chronometry in their organic processes, as clearly as the faces of two clocks, constantly keeping time together, would prove that they both have some apparatus for chronometry within. Further, the provisions made by parents for their future young afford evidence of the time-regulation of organic processes, in so far as those provisions seem to indicate a reckoning of the time necessary for their completion. For example, certain turtles lay their eggs in hollows made in the sand, leave them there to be hatched, and at the time of hatching return to them for the sake of their young. It might be asked, how can these creatures, and many others in similar cases, reckon the passage of time? Most probably, they do not reckon it at all; but just as the timely attained fitness of their organisation for preparing and filling their nests impelled them to those acts, so some time-regulated organic processes, taking place in them after the laying of their eggs, bring about at length a new condition, of which a dim consciousness becomes an impulse to them to return to their nests. Such an explanation would involve little guess-work; for changed organisation is, manifestly, often the source of impulse to instinctive actions, and the parental organisation does commonly change at a rate commensurate with that of the development of the offspring. And a similar reference to chronometric processes in the body, might explain many, though probably not all, other instances in which animals seem to have a power of reckoning the passage of time. The phenomena of disease, especially in fevers, agues, the consequences of injuries, and many cutaneous eruptions, would afford abundant instances of the observance of time in the organic processes. The vaccine disease might be generally watched as an illustration, being characterised by a vesicle at each place of insertion of the virus, which vesicle begins to appear on the third day, and on the following days passes through changes which are as exactly regulated in time as they are in visible characters. The changes in this vesicle

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are, moreover, indicative of a coincident succession of events in, or produced by, the virus inserted, which, in the blood of the vaccinated person, increases, and, incorporating itself in the vesicle, reaches its highest development and greatest inoculating power on the eighth day, and then degenerates. The vaccine might, in most essential points, be regarded as a type of morbid poisons, *i.e.* of such as are the products of disease. Whether inserted in the blood by inoculation or bred therein, they commonly occupy definite periods of time in their development, and increase, and decline; as with a life which is chronometric in all its phases and in its total length. The instances of morbid poisons would supply examples of organic processes timed to various numbers of days; and many that are completed in a day, or in given portions of a day, are traceable in the events of sleep and waking in animals (and, perhaps, also in plants), in the daily variations of the pulse, and of breathing, the returns of hunger and thirst, the regulated times of the digestive functions, etc. In man, indeed, consciousness and will are so concerned in some of these functions, that they may seem to lack that regularity which belongs to merely organic processes; but, if studied generally, and in other species as well as man, they all tell of such processes accomplished with regular measurement of time, and not determined by the external events or conditions of the day or night. Thus, for sleep and waking, and the times of hunger and thirst, man's independence in regard to day and night, or light and darkness, and the habits of different species whose times of activity are, severally, in the early or later day, in twilight or at night, may prove that the earth's diurnal changes are not the causes of these diurnal peculiarities of animal life. The very cause of sleep, and of that which is yet more mysterious, waking, may be unknown; but they are evidently connected and correlated with those alternating conditions of the structures, of which men, and probably all animals that sleep and wake, are conscious in the sensations of fatigue and of refreshment. The ordinary activities of one portion of the twenty-four hours, the activities, especially, of the muscles and nervous centres and the senses, produce an amount of structural, or chemical, change which is exactly repaired in rest during sleep. In other words, the organic processes for the repair of structures changed (as all structures are) by exercise, are adjusted to such a rate, that in general, and on an average, in the time of sleep, they may completely restore the parts that are impaired in the activity of waking time. And so, of that replacement of substances in the several structures and in the blood, which is the purpose of feeding; the processes of digestion and of the several stages of assimilation are so timed, as to accord exactly with the times of daily taking. The most minute observances of time in organic processes might be noted in organs that have rhythmic motions, as in hearts and breathing muscles, ciliæ, the vacuoles of certain zoospores, as Volvox and Gonium. In the Croonian Lecture at the Royal Society, in 1857, the speaker had endeavoured to prove that these and other rhythmic movements in plants, as well as animals, are due to corresponding time-regulated nutrition. He had expressed his belief that "rhythmic motion is an issue of rhythmic nutrition, *i.e.* of a method of nutrition, in which the acting parts are, at certain periods, raised, with time-regulated progress, to a state of instability of composition, from which they then decline, and in their decline may change their shape and move with a definite velocity, or (as nervous centres) may discharge nerve-force." And this would be still maintained; but whether it were true or not, the rhythmical nutrition of rhythmically acting muscles would be certain. If not a cause, it must be a consequence of such acting; for it is inconceivable that the heart (for example) or the diaphragm, or any other rhythmic muscle, should be free from waste or impairment in its action, or from the necessity of being renovated in its rest. Difference of mode of action could not determine a difference in the immediate effect of action. With long exercise, muscles become so changed that their changed state can be felt in the sensation of weariness, and proved by chemical analysis. But the change thus proved is only the accumulation of the changes wrought in many muscular actions, each of which has contributed a share to the whole amount, just as each revolution of a wheel contributes to the final wearing out. Similarly, every action of the heart, or of the breathing muscles, is attended with change or impairment of composition; but the impairment is repaired in the next following period of rest or relaxation. In other words, the alternating actions in shortening, and rests in lengthening, of the muscular fibres are correlative and synchronous with their alternating impairments and repairs of composition. The chronometry of such organic processes seems perfect; nutrition is in them divided, as it were, into units; and for each unit, there might be reckoned a unit of time. Two results of this constant maintenance of rhythmic muscles are remarkable; namely, the enormous power they are capable of exerting, and their freedom from fatigue when only naturally acting. The latter result is proved to depend on the constant maintenance of the muscles, in their timely intervals of rest, by the weariness which is produced in the same muscles when they act otherwise than rhythmically, as in the muscles of respiration when employed in any voluntary movements, or in coughing, or other violent respiratory acts. The instances adduced thus far might supply examples of organic processes adjusted to periods of time varying from the length of human life to less than a second. They were all examples of large classes of facts, from which might be filled up the instances of observance of other and very diverse periods of time; and in all of them, the time-rate is essentially determined, not by external conditions (though these may, in some measure, modify it) but by the inherent properties of the organic bodies themselves. In another large group of instances, those, namely, in which vital processes are completed, or attain some climax, in a year or in a set portion or season of a year, an independence of external conditions appears less evident. The higher organisms, chiefly by reason of their having in themselves the power of generating heat, may manifest their own time-laws with comparatively little disturbance from without. But in the vegetable world, and in the lower animals, the organic processes are, for the most part, suspended during part of the year, for want, chiefly, of the heat which is a necessary condition of their activity, and the variations of which, for the rest of the year, very greatly affect their rate. Yet even in these, there appear sufficient indications that the times in which the processes of organic life are accomplished depend, essentially, on the specific properties of the several organisms themselves. Thus, under the same external conditions, each species observes a proper rate of its own. All the plants, for example, of a given locality are subject to the same temperature, and other seasonal conditions; but their rates of living, like those of various eggs placed in the same heat, are different; each reaches the chief events of its life at a certain period of the year. Variations of the seasons may affect all of them; but their method of succession is not thereby changed; they observe the same proportions in the times severally required for their organic processes; and this unaltering proportion indicates a time-rate specific for each, though equally variable in all. Moreover, among plants, there are numerous examples of varieties, which differ from the general characters of their species only, or chiefly, in regard to the times at which their vital processes are accomplished. Such are the variations that are known as "late," and "early," among flowers or fruits; of which some may be propagated by seeds. [Specimens were shown from two horse-chestnuts growing opposite to one another by the great gate of the Kew Gardens, of which one is, every year, three weeks earlier than the other, in all the processes of its life; and of varieties of Erythronium Dens Canis, from the same gardens, the plants of which, growing side by side in the same bed, always present a similar difference in their times of flowering, etc., though in all other respects alike.] It would be difficult to imagine a variety thus marked only by a peculiarity in rate of living, if temperature, or the influence of the seasons, alone determined the rate of life in the species. The simplest explanation seemed to be that, as there may be varieties in size and number of organs, and almost all the other properties of a species, which together make up its specific character, so there may be also varieties in regard to that time-rate of the processes of organic life which, even by this variability, is indicated as essentially dependent on the properties of the organism itself. Again, there are some species in which there seems to exist a singular independence of external conditions. Instances of this are found in the Eriogaster lanestris, and the other moths mentioned by Kirby and Spence. If pupæ, formed in June or July, be "selected of the same size, and exposed to the same temperature, the greater number of them will disclose the perfect insect in the February following; some not till the February of the year ensuing, and the

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remainder not before the same month in the third year." (Vol. iii. p. 264.) The design of so singular an arrangement is, as they observe, to secure that insects, coming into active life in February or March, may not be utterly exterminated by the ungenial weather of a single season, or of two such seasons in succession; but the very cause of the differences among the pupæ, in their relations to the same external conditions, must be in their own properties. A somewhat similar instance of apparent complete likeness among seeds in all respects except that of time, is in those of a Begonia, which, if taken from the same pod, and all planted together, and all kept in the same conditions, will germinate, some in a day, some at the end of a year, and some at various intermediate times. To these indications of self-dependent time-rates in the lower organisms, might be added all the facts of another class, which show punctuality in the adjustment of several distinct processes. Scarcely an event of life could be watched which would not show it. [The instance by which it was illustrated, was that of a Saxifraga, whose stamens, like those of Parnassia, arrive at their very maturity, not all together, but in pairs, and in pairs bend upon the pistil, each pair rising again before another pair bends down.] And, lastly, the influence of temperature on the rate of the formative processes in the lower organisms is scarcely, or not always, greater than that of nutriment and other external conditions, is on their quantity. The occurrence of "good" and "bad" seasons indicates the latter influence, as that of "early" and "late" seasons does the former. Plants of the same species growing, some in an arid, others in a rich soil, differ exceedingly in size; the one are stunted, the others exuberant; here nutriment modifies the quantity of formation, as, in other instances, varieties of heat will modify its rate. But this being so, it may be held that as a certain average size or quantity of growth is a characteristic of each species, and an issue of its very nature, so is a certain average time or rate of growth. Quantity and rate may alike be varied by external circumstances, but the standard or medium of both, as well as the limits of variation compatible with life, are determined by the natural and inherent properties of the species. Whatever evidence these and the like facts might supply, that, in connexion with the seasons, the time-rates of the organic processes in the lower organisms are essentially dependent on the inherent properties of each organism, similar evidence might be adduced for the case of the higher, and especially the warm-blooded animals. In these the varieties of seasons have less influence in modifying the rate, as well as all the other measures, of life; and the less influence, the higher the species, or the degree of development of the individual. Moreover, there are in birds some instances in which organic processes have a tendency to observe certain times of the year even when the seasons are changed. Thus among those brought from Australia to this country, some of the parakeets breed here in December; the black swan sometimes breeds in November as well as in May; the New Holland Cereopsis-goose has bred at the Zoological Gardens every February for five or six years (a). Among migratory birds, also, it has been observed that when they are kept in confinement, and removed from all the circumstances that might be supposed to induce or necessitate their journeys, they yet become restless at the return of the season for their migration. In these and the like facts there appear indications of a chronometry in the organic processes of warm-blooded animals, which corresponds with that of the seasons, but is essentially independent. And, if it be so, these might form a group of facts, in addition to those of the diurnal variations of the organic processes, in which vital changes are set to the same rules of time as changes of the surface of the earth, yet have their own proper laws; and concerning which it might be said, that the cycles of life, and of the earth, do, indeed, correspond, but only as concentric circles do, which are drawn round one centre, but are not connected, except in design and mutual fitness. But, however this might be, all the instances of time-regulation cited in the discourse (all being examples of large groups of facts), would seem sufficient to prove that the observance of time in organic processes is as exact and as universal as that of any other measure; that each species has a certain time-rate for the processes of its life, variable, but not determined, by external conditions; and that the several phenomena commonly studied as the periodicities of organic life, are only prominent instances of the law which it was the object of the discourse to illustrate.

(a) Mr. Sclater, to whom the speaker was indebted for this fact, supplied also dates which tend to prove that the Australian parakeets, in this country, breed less often in December than in the months from May to September, inclusive; but even a minority of instances of the observance of times, and a general tendency towards it, when the force of such external conditions as those of the seasons is strong against it, is good evidence that inherent properties are the mainsprings determining the rates of life.

ORIGINAL COMMUNICATIONS.

STRICTURE OF THE STOMACH, RESULTING FROM THE ACTION OF BURNET'S DISINFECTING FLUID.

By Dr. MARKHAM, F.R.C.P.
Physician to St. Mary's Hospital.

S. O. aged 46, came into St. Mary's Hospital under my charge, on the 1st February, 1859. She was very wasted, and was suffering from continued vomiting.

About seven weeks before her admission she had accidentally swallowed half a wineglassful of Burnet's Disinfecting fluid—a quantity which contains about 100 grains of chloride of zinc. Immediately after taking it, she was seized with pain in the stomach, and with vomiting, which she encouraged by drinking plentifully of warm water. The vomiting gradually ceased in the course of a few days; so that she soon completely recovered her health, in fact, felt just as well as usual. She remained well for two or three weeks; but at the end of that period vomiting again returned, with pain in the stomach, and became constant and severe. For this reason she sought admission into the Hospital.

At this time she was extremely reduced and feeble. All kinds of food were rejected some little time after being taken, and often mingled with an extremely acid secretion. No palliatives or other remedies arrested the vomiting, so that she sank exhausted about three weeks (on February 22) after her admission. During that time she was kept alive by beef-tea injections, and wine, which was in great part usually retained in the stomach.

The diagnosis, which I made of the state of her stomach during life, seemed clearly indicated by the history and symptoms of the case. I concluded that there existed somewhere about the pyloric portion of the stomach a serious obstruction to the passage of the food out of the organ. The continuous and unyielding nature of the vomiting, and the fact of the entire recovery of the woman (in the first instance) from the immediate effects of the poison, plainly showed that the vomiting was not the result of mere gastric irritation. The nature of the obstruction I concluded was contraction of parts, resulting from cicatrisation consequent upon ulceration, which had been occasioned by the corrosive action of the chloride of zinc.

This view, too, gave an explanation of the progress of the case. The extremely and rapidly corroding action of chloride of zinc is well known; and we can well understand, notwithstanding the vomiting which occurred so soon after the taking of the poison, that some portion of the poison may have been retained in the pyloric portion of the stomach, probably through a spasmodic contraction of some of the circular fibres, and have thus produced destruction of the tissue. We can also understand, why the food passed as usual through the stomach, after the first—irritating—effects of the poison had ceased. While the destroyed portion of tissue was separating, and so long as the ulceration remained unhealed, there would be no mechanical obstacle to the passage of the food through the pylorus. The difficulty and obstruction would arise as soon as the ulceration began to heal, and the tissue surrounding it to contract.

This view was entirely confirmed by post-mortem examination. In the pyloric end of the stomach, about 1½ inch above the pyloric valve, the stomach was so constricted as not to admit the passage of a probe thicker than a crow's quill to be forced through it. The constriction clearly resulted from the formation of a cicatrix. A cicatrix, about ¼ inch wide, was also found running along the lower border of the pylorus from the seat of the stricture down to the valve. There was no other disease found in the body.

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The case is, I think, worthy of record. I have not been able to meet with any other recorded case, in which death has resulted from a similar injury of the stomach produced by chloride of zinc. One interesting physiological fact was observed on several different occasions, in this case, viz. the production of vomiting and the secretion of gastric juice consequent upon the injection of beef-tea into the rectum. The injections manifestly occasioned a considerable flow of gastric fluid, which was then ejected from the stomach. The fact was carefully noticed; the vomiting following quickly upon the injection, when no food had been for some time previously taken into the stomach, and when the organ had been in fact quite tranquil before the injection was administered.

A PECULIAR APPEARANCE

OF THE CORNEA, SEEN WITH THE OPHTHALMOSCOPE.

By R. TAYLOR, F.R.C.S.
Surgeon to the Central London Ophthalmic Hospital.

THERE is a peculiar appearance which I have frequently observed in making ophthalmoscopic examinations, and which I have not seen described in any writings on the subject. It is this. The structures at the fundus of the eye have a watery appearance, which I can only compare to that assumed by a landscape when seen through a window on a rainy day, the panes being covered with rain drops. This comparison will convey a more accurate idea of the phenomenon than any more elaborate description.

When only slight, it may escape observation, especially if attention be directed to the deep-seated structures only; but I have never failed to demonstrate its presence by instructing the observer to examine carefully the superficial tissues, when it will appear to localise itself on the back of the cornea.

I have seen it associated with several forms of disease of the retina and choroid, but in every case there has been morbid activity of the intra-ocular circulation. As the hyperæmia disappears, so does this condition of the cornea cease.

It has occurred to me that it might be caused by distension of the epithelial cells lining the cornea, their shape being altered from flat to globular, an event not improbable under the circumstances in which it is seen. But I mention this merely as a suggestion, my object being to elicit the opinions as to its nature and signification of those who may have witnessed the phenomenon in question. Any one who, with ordinary opportunities, seeks for it, is sure, ere long, to meet with numerous examples.

George-street, Hanover-square.

PLACENTA PRÆVIA.— AIR-PESSARY USED TO PLUG AND DILATE THE OS UTERI.

By J. JARDINE MURRAY, M.R.C.S. Eng.
Lately Resident-Surgeon in the Royal Infirmary, and formerly House-Surgeon in the Royal Maternity Hospital of Edinburgh.

ON April 16, 1859, Mr. Picard requested me to visit Mrs. M. A., aged 29, who had previously been four times delivered at the full term, twice at the sixth month, and once at the seventh month. She was now in the seventh month of utero-gestation. Nine weeks previously profuse hæmorrhage from the vagina had come on suddenly while she was resting on her return from a walk. Cold applications and rest were enjoined by her friends, but the bleeding did not entirely cease till eight hours afterwards. Four days later the hæmorrhage had recurred, and she lost a large quantity of florid blood. Since this time three days had never passed without bleeding, which was invariably aggravated by exertion, and she had therefore avoided all active movements.

During the night of April 15, labour pains had set in, accompanied by great loss of blood, and Mr. Picard had properly judged it expedient to plug the vagina. After this only slight dribbling hæmorrhage had occurred; but the patient had fainted repeatedly, and her friends were now much alarmed.

When I first saw the patient on the evening of April 16, the skin was cold, the pulse weak and rapid, and the lips extremely blanched. Labour pains were recurring at regular intervals of ten or fifteen minutes, each pain accompanied by hæmorrhage. On examination, the os uteri was found to be little more than the size of a shilling, its margins thick and firm. The tip of the finger encountered the spongy placental substance overlying the patulous os. Sweeping the finger round the external surface of the placenta, I broke down its uterine adhesions within an inch and a-half of the margin of the os uteri; and, detecting the membranes towards the right side, I at the same time evacuated the liquor amnii. During an hour there was very little bleeding; but at the expiration of this period, another gush of blood accompanied a pain. On examination, it was found that the os uteri was still insufficiently dilated to admit two fingers. Alarming syncope occurred; and though the patient was plied with diffusible stimulants, she did not rally for some minutes. It was evident that her only safety lay in speedy delivery. With the double object of controlling the hæmorrhage and dilating the os uteri, I now introduced a flattened caoutchouc air-pessary between the wall of the uterus and the presenting surface of the placenta; and, retaining the pessary in its place by the tip of the finger, I cautiously inflated it by means of the attached syringe. A portion of the surface of the expanded pessary could be felt closely opposed to the margin of the os uteri. During thirty minutes no bleeding ensued. Then the pains became more powerful, and blood began to trickle over the thigh of the patient, who lay on her left side. More air was pumped into the pessary, and with its increased dilatation all hæmorrhage ceased. From time to time we had demonstration of the value of the air-pessary as a plug; for whenever the trickling of blood recurred, it was effectually checked by further dilatation of the pessary by a few strokes of the syringe. About two hours after the first introduction of the pessary, the os uteri was ascertained to be nearly the size of the rim of a wineglass; and the air was permitted to escape from the now considerably inflated pessary, which then quickly collapsed, and was withdrawn. During a gush of hæmorrhage which ensued, the hand was introduced, and the shoulder being found to present, the feet were seized, and the fœtus extracted. The placenta was immediately detached and removed, and the uterus became firmly contracted.

From its unusually large size the placenta must have extended over the greater portion of the internal surface of the uterus. Over the edges of a portion of the uterine surface of the placenta there was a thin indurated crescentic layer of decolorised coagulum, four inches in length. This coagulum had probably been formed after the first onsets of hæmorrhage, nine weeks previous to delivery.

The lochia were somewhat more copious than usual; but the patient recovered without a bad symptom.

Remarks.—From the exanguine and occasionally pulseless condition of our patient, this case was one of much anxiety. The midwife in attendance did not solicit medical assistance till the patient had already lost much blood, which may be partly explained by the fact that she had been delivered prematurely on three previous occasions. That the hæmorrhage did not cease after puncture of the membranes may have been due to the transverse presentation of the fœtus. It seems well established by the lamentable results of numerous cases on record (a) that in placenta previa forcible dilatation of the rigid os uteri by the hand is extremely dangerous,—probably from the risk of lacerating the dilated uterine vessels at the site of placental attachment. The gentle and uniformly applied expansive force which the air-pessary is fitted to exert differs widely from forcible dilatation by the introduction of the fingers or hand. But I should doubt the propriety of applying even the equable dilating force of an air-pessary to a rigid, unyielding os uteri in a case of placenta previa. In the case now under consideration the os uteri, though thick and firm, had not the rigid unyielding character sometimes met with even after profuse loss of blood; and the application of the air-pessary was so simple and effective that I venture to hope that in similar cases its employment may be followed by the same beneficial results. While the inflated caoutchouc bag acted

(a) The Physiology and Treatment of Placenta Previa, being the Lettsomian Lectures on Midwifery for 1857, by Robert Barnes, M.D., pp. 83—89.

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admirably as a direct plug and dilator of the os uteri, and also as a powerful stimulus to reflex action, it may possibly have been of service in further separating the placenta from the uterine walls.

It is possible that the use of the vaginal plug might have been equally effectual in saving our patient's life. The advantages of this method of treatment seem to have been first clearly indicated by M. Leroux, in 1776:—"Par ce moyen on déterminerait beaucoup plutôt le travail; l'orifice de la matrice aurait le temps de se dilater, sans que la femme perdit son sang. Lorsqu'il serait assez ouvert, ce qu'on pourrait reconnaître par le genre et la manière d'être des douleurs, on ôterait le tampon, on percerait les membranes si elles ne l'était pas, et on irait chercher les pieds, ou on laisserait venir l'enfant dans la situation naturelle si cela paraissait possible" (b). This expedient is still generally resorted to in cases similar to that now under consideration(c). Its most approved application, as practised in the Dublin Lying-in Hospital, is thus detailed in the most recent work on Practical Midwifery, published by the Physicians to that institution:—"The tampon made use of in the hospital was invariably a sponge, which, being wrung out of water, was nearly twice the size of the closed hand. In order to introduce the sponge it was thickly coated with an unguent composed of olive oil and sweet lard, the ordinary pomade used for examinations; and one end of the tampon, so anointed, having then been compressed as much as possible, it was pressed through the vulva, and the remainder made to follow by screwing, while at the same time it was pushed in the direction of the pelvic axis. When in position, it was to a certain extent untwisted. During the continuance of the tampon in the vagina, the bladder was attended to; and, if necessary, the catheter was had recourse to. Uterine action, as a general rule, determined the length of time that the plug should be retained, but it was usually removed when about six hours had elapsed, under any circumstances. After the removal of the tampon, should the os uteri have been found sufficiently dilated, version was performed, or the membranes ruptured, as the case might be; but on the other hand, should the first stage have been found not to have made the desired progress, the tampon, after having been thoroughly cleansed, was re-introduced" (d).

Now, in cases of uterine hæmorrhage in which direct plugging and dilatation of the os uteri may be deemed improper, I believe the inflatable caoutchouc bag used as a vaginal plug will be found to possess advantages over the tampon of sponge, cotton, or tow; for,—

1. The material of the caoutchouc bag does not absorb; and it therefore acts more immediately and more efficiently in arresting hæmorrhage than such substances as sponge, linen, cotton, or tow.

2. When uninflated the bag is small in bulk, and its introduction is therefore easy and painless.

3. When inflated to the requisite extent, it adapts itself to the surface with which it is brought into contact.

4. Whenever it is desirable to ascertain the condition of the os uteri, the air may be permitted to escape from the inflated bag, which then quickly collapses, and is readily withdrawn without pain to the patient.

The caoutchouc air-pessaries, which are made of various strength, shape, and size, were invented by M. Gariel, who, however, advocated their use only in the treatment of displacements of the uterus (e). I believe that to Dr. Keiller, of Edinburgh, we are indebted for extending their application to the dilatation of the passages in primiparæ, and in the induction of premature labour.

The case which forms the subject of this paper appears to be the first in which the air-pessary has been used in the double capacity of plug and dilator of the os uteri.

Brighton.

(b) Observations sur les Pertes de Sang des Femmes en Couches, et sur les Moyens de les Guérir. Par M. Seroux. Dijon, 1776. Pp. 234-5.

(c) Compendious System of Midwifery. By W. P. Dewees, M.D. of Philadelphia. London: 1825. P. 459.

System of Midwifery. By Edward Rigby, M.D. London: 1853. P. 260.

(d) Practical Midwifery: comprising an Account of 13,748 Deliveries which occurred in the Dublin Lying-in Hospital, during a period of Seven Years, commencing November, 1847. By E. B. Sinclair, A.B. T.C.D., and G. Johnston, M.D. Edin. London: 1858. Pp. 368-9.

(e) Applications Médico-Chirurgicales de Caoutchouc Vulcanisé. Par M. le Dr. Gariel.

Comptes Rendus, tome 32nd, 1851, p. 467; et tome 34, 1852, p. 428.

The construction and use of the air pessary are very well figured and described in the woodcut and text of pp. 612-3 of the "Eléments de Chirurgie Opératoire, ou Traité Pratique des Operations, par Alphonse Guérin, 2nd ed. Paris, 1858." "Le pessaire à air consiste en une vessie de caoutchouc qui communique avec un tube de la même substance; à ce tube est adaptée une virole qui permet ou interompt à volunté la communication de la vessie avec l'air extérieur."

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

ST. THOMAS'S HOSPITAL.

SYPHILITIC KERATITIS AND SYPHILITIC TEETH.

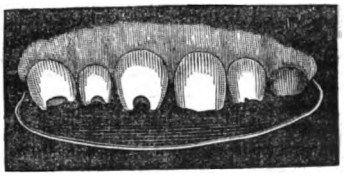
(Under the care of Mr. LE GROS CLARK.)

In the last volume of the *Transactions of the Pathological Society* is a paper by Mr. Hutchinson, on the subject of certain modifications in form, size, etc. which he believes that the permanent incisor teeth receive in the subjects of hereditary syphilis. The doctrine is a novel one, and, if well founded, of considerable importance, since the peculiar teeth described furnish a means of recognising the subjects of inherited taint at an age when but few other symptoms are present to guide our conclusions. It is desirable, however, that statements on such a subject should be received with the utmost caution. An over-confident reliance on a supposed sign of such antecedents might induce the surgeon to entertain unfounded suspicions which, if expressed, might cause much family unhappiness.

We shall not here attempt any recapitulation of the series of facts on which the author of this view has sought to substantiate it; but propose merely to describe a single case of some interest in respect to it.

There are at present under the care of Mr. Le Gros Clark, in one of the wards of St. Thomas's Hospital, a girl aged 12, and her mother. The girl was admitted with both eyes severely affected with that rare form of interstitial inflammation of the cornea known as "Strumous Corneitis," but which, as Mr. Hutchinson insists, is a direct consequence of inherited syphilis, and has no connexion with "struma," properly so called. His assertion is, that this interstitial keratitis is almost always found coincident with notched incisor teeth, and that such is indeed the clinical fact (whatever its explanation may be) any one may ascertain by a few weeks' observation at one of the Ophthalmic Hospitals. In Mr. Clark's patient the pathognomonic signs of the keratitis are well marked, and some of her teeth are undoubtedly notched in a very peculiar manner. The conjunction of these, each in so typical a form, had already induced a convert to the theory of their dependence upon inherited taint to express a very positive opinion that the girl must have had such a history. The value of the case to a great extent consists in the fact that this opinion had been given very confidently before the mother of the child had been seen, and prior to any knowledge having been obtained as to her history.

M. A. B. the daughter is a fairly grown but rather pallid girl of 12 years old. The bridge of her nose is rather wide, but not remarkably so, and there are but few scars in the skin of the face. There is, in fact, nothing very noticeable in her physiognomy apart from her teeth and eyes. Her upper front teeth are represented in the appended woodcut.



It shows the right central incisor with a peculiar notch in its edge, and much narrower from side to side at its edge than it ought to be. In the right lateral incisor are similar features, and in the right canine is a small outgrowth in the centre, which by breaking away at some future period will leave it also notched. The incisors on the left side show no deviation from what is not infrequent in healthy persons. They are not quite of average size, but their edges do not show any notches whatever. The permanent canine on this side has not yet been cut, and the temporary one remains in place. Both eyes were attacked about a fortnight ago, having previously been

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perfectly healthy. At present both corneæ are infiltrated with deposits of lymph in their structure, and superficially are reddened by the extension of fringes of capillary vessels over their surface. There is great intolerance of light, and much lachrymation, and the girl is practically blind.

The mother of this patient occupies the next bed, and is a thin cachectic woman aged 29, whose scalp is seamed over by the cicatrices of old ulcerated nodes. The ulcerations by which these were left occurred, she states, nine years ago, and she was then treated for them in St. Thomas's Hospital by Mr. McMurdo. Last summer she was again under care in Dorcas Ward for an abscess in the right arm, after which extensive ulceration of the skin occurred. The cicatrix left by this abscess is very thin, and adheres to the surface of the bone itself. At present she is under treatment for very large serpiginous ulcers, covering the right shoulder, about the nature of which no doubt is possible. She states that she has been the mother of four children, of which the patient above referred to is her eldest and only remaining one. The three which are dead, however, are stated to have died, one from an accident, and two from measles, and all history of suspicious symptoms in infancy is denied, both as regards them and the patient. One of them is admitted to have been weakly, but the others are said to have been healthy infants.

Here then we have an instance in which the mother of a child who has interstitial keratitis and notched upper incisors is herself beyond all doubt saturated with constitutional syphilis. In face of such evidence as her own present condition affords, her denial of infantile symptoms in her child, and of primary ones in herself, goes for nothing. Mr. Le Gros Clark has considered that as regards the child the diagnosis of specific taint is sufficiently well made out to warrant a cautious use of mercurial treatment in conjunction with tonics. In the mother iodides and mercurials have of course been prescribed.

For fear of misleading it may be well just to append to this case the remark that the want of symmetry in the upper incisor teeth of syphilitic type, is decidedly unusual. The type of teeth which Mr. Hutchinson describes as by far the most frequent in the children of syphilitic parents is one in which the upper incisors are symmetrically dwarfed and notched in the manner represented in the appended cut.

The upper central incisors of a girl, aged 15, in whom there was a clear history of infantile syphilis. The teeth are narrow, especially at their free edges. Their corners are rounded off, and in the middle of the edge of each is a wide notch, which extends upwards, and is lost in a vertical furrow, which is prolonged up the whole length of the shaft of the tooth. The teeth are also short and stumpy.

GREAT NORTHERN HOSPITAL.

RECURRENT FIBROID TUMOUR OF THE LEFT RAMUS OF LOWER JAW—DISARTICULATION.

(Under the care of Mr. LAWSON.)

Margaret H. aged 17, was re-admitted into the Great Northern Hospital on June 1, suffering from a tumour of the lower jaw. She had been operated on by Mr. Lawson about eight months previously, when a fibrous-looking tumour, growing from and apparently limited to the periosteum of the lower maxilla of the left side, was removed, and portions of the bone to which it seemed attached were taken away with the aid of bone forceps.

The girl made an excellent recovery, and left the Hospital in a fortnight. The tumour, however, soon began to return, and from the rapidity with which it was growing, and from the pain and inconvenience it caused, another operation was demanded.

Condition on Re-admission, June 1, 1859.—There is now a firm mass occupying the front of the ascending ramus of the lower maxilla of the left side; it extends backwards into the parotid region, forwards close to the ala of the nose, and passing upwards beneath the zygoma is again recognised in the temporal fossa.

It is apparently intimately connected with the tissues of the cheek, and is perfectly immoveable.

The girl is unable to open her mouth at all, as the jaw seems wedged by processes of the tumour, which pass round the temporo-maxillary articulation. She has much improved in health during the last six weeks, having gained flesh; and is now looking remarkably well. She complains of pain in the parotid region, and of some difficulty in deglutition, probably from the disease passing into the pharynx.

As the case was presenting urgent symptoms, and as the tumour was found at the last operation to be enveloped by a capsule, and not to be an infiltration into the tissues, although somewhat adherent to them, Mr. Lawson determined again to operate, and to remove from its articulation the portion of the lower maxilla from which it had its growth.

June 2.—The girl having been first put under chloroform by Dr. Anstie, an incision was made through the whole cicatrix in the cheek, and extended along the ascending ramus of the jaw to about the level of the auditory meatus. The flaps of the cheeks were then reflected, and a large fibrous-looking tumour exposed. As much as possible was then removed to enable the saw to be applied to the lower maxilla.

The jaw was divided just in front of the angle, and with a pair of Mr. Fergusson's Lion Forceps, dragged away from its articulation.

The whole of the diseased mass was then removed as far as possible, but unfortunately it had formed so many attachments to the bones of the skull, that it was found impossible to help leaving some behind.

The edges of the wound were then brought together with wire sutures: only one vessel, the internal maxillary, required a ligature.

On examining the tumour it presented all the appearances of a fibroid recurrent growth, springing from the periosteum of the bones. The periosteum covering the portion of the lower maxilla, which was removed, was exceedingly thick, easily detached from the bone, and thoroughly incorporated with the tissue of the tumours.

The girl has progressed most favourably since the operation. For the first few days she was kept moderately under the influence of opium, and her strength maintained by a liberal diet of milk, eggs, and beef-tea.

HOSPITAL NOTES.

A CASE OF TRUE DIPHTHERIA OF THE CONJUNCTIVA.

We have several times during the past year stated that no well-characterised example of diphtheria of the conjunctiva had as yet been observed at the Ophthalmic Hospital. The disease, as most of our readers are aware, has been described by several Continental writers, and also by one or two in England. At length a well-marked instance of it has come under our own observation; and so peculiar were its features that there was no possibility of confounding it with any other affection.

The patient was an infant of six months, admitted on Monday last under Mr. Dixon's care at the Moorfields Hospital. Scarlet fever was in the family, but the child herself was stated not to have had any rash or sore-throat. The swelling of the eyelids was extreme, and the conjunctival surface, both ocular and palpebral, was covered in every part by a thick membrane, like that of croup, but softer. The membrane in both eyes extended up to the corneal circumference, but did not pass over it. The nostrils, especially the left one, were also affected with diphtheritic inflammation.

FRACTURE OF THE PELVIS IN AN UNUSUAL POSITION.

A man, aged about 30, was admitted the other day into Guy's Hospital, under the care of Mr. Bryant, having been crushed by the falling of a heavy tank. Blood had passed by the urethra, and there was evidence of a considerable collection of fluid in the perineum. The presence of crepitus and of undue mobility about the pelvis made it clear that some fracture of the bones had also occurred. It was found quite

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impossible to introduce a catheter further than the perineum, at which part its end seemed to escape into a large cavity. Mr. Bryant, under these circumstances, made a free incision into the perineum upon a full-sized staff, and turned out the blood-clot, urine, etc. which had accumulated. Not much urine escaped at the time, but soon afterwards the bladder was freely relieved. The poor fellow seemed at first in a fair way to do well, but subsequently sank, and died about sixty hours subsequent to the receipt of his injuries. An opportunity was thus afforded for making an examination of the parts, and a very curious form of fracture was found. The fracture was a double one, and symmetrical, extending on both sides through the body of the os pubis in a somewhat oblique direction. The splinters, which on both sides projected inwards, were very sharp; and it appeared that the vessels about the neck of the bladder had been much lacerated by them. Much blood had been extravasated. The urethra was, as had been supposed, torn completely across.

VERMIFUGES FOR YOUNG CHILDREN.

Whether the time-honoured powder of scammony jalap and calomel, will be superseded as a remedy for thread-worms in children, by the new favourite, Kamala, there is no foretelling. The latter remedy is beyond doubt very efficient in bringing away these lesser plagues, as well as their relatives the tænia. In one of the cases which we published some months ago, a child, who had, under the care of Dr. Peacock, taken the powdered kamala on account of tape-worm, expelled a very large quantity of dead thread-worms under its action,—as many, her mother said, as would have filled a tea-cup. Dr. Ramskill also informs us that he has often administered kamala to young children, with success and without ill-results. That the purgative "worm-powder" above alluded to is very irritating in its action, often causing the child to be ailing for a week after its administration, all who have used it much will testify. Dr. Peacock mentioned the other day that he often ordered turpentine injections in these cases, and found them efficient, and not liable to be followed by undue irritation. The fact that these annoying little creatures have their home in the lower intestine only, is in favour of treatment by injections. It must be borne in mind, however, that they often pass up as high as the sigmoid flexure of the colon, and that distension of the whole rectum with the vermicide fluid is therefore desirable. To give castor-oil, or other mild purgatives, beforehand, is a good plan.

While on this subject we may just state that in noticing the administration of kamala by Dr. Peacock a few weeks ago, and stating that in conformity with Dr. Leared's views, he had of late employed much larger doses, the word tincture was by mistake inserted instead of powder. It is the powder in doses of two drachms or more, which he has recently found so efficient. Dr. Peacock states that (and in this he agrees with Dr. Leared and Dr. Ramskill) he has found full doses of this drug are less irritating than small ones.

FRACTURE OF THE HUMERUS BY MUSCULAR ACTION.

A man is now under the care of Mr. Le Gros Clark, in St. Thomas's, for a fracture of the left humerus, which was caused by muscular action, and without any blow being received. He was getting down from the top of an omnibus, when the vehicle moved, and he held on by his arm, which he states at once snapped. The fracture was in the middle of the shaft of the bone. The man is a sailor, aged about 35; and it is worthy of note, that he had but recently landed from a long voyage, during which he had suffered from scurvy.

INJURY TO THE EAR, AND PERFORATED MEMBRANA TYMPANI.

A man was admitted a few weeks ago into St. Mary's Hospital, having received an injury to his right ear from a piece of a wire. The wire, which consisted of the pendulum of a clock, was indeed still projecting from the ear, and it required some force on the part of Mr. Lawrence, the House-Surgeon, who took charge of the case, to withdraw it. It appeared that the man was a clock-hawker; that he was passing down the street, picking his ear with the hook end of a clock-pendulum, when a man carrying a basket reeled heavily against him, and drove the wire into the ear, causing at the time great pain. A sound of hammering, and subsequently of the ringing of bells, was produced by the injury, and continued as long as the pendulum remained impacted, being increased whenever it was moved. Great pain was caused by the extraction, and a little bleeding followed. Much swelling of the meatus was present during the following week; and when this had subsided sufficiently to allow of an examination, Mr. Toynbee found the membrana tympani red, and its dermoid layer so thick that the malleus could not be distinguished. At a later date it was ascertained that the membrane had been perforated, since, although the seat of perforation could not be seen, yet, when the patient blew air through the Eustachian tube, it could be heard rushing out at the external meatus.

Mr. Toynbee's view of the case was, that the upper part of the membrana tympani had been detached, by the round end of the pendulum being driven against it. In exhibiting a dissected specimen of fracture of the handle of the malleus, at a recent meeting of the Pathological Society, he mentioned the above case as exemplifying the kind of injury from which such a lesion might result.

SEQUEL TO A CASE OF IMPAIRED VISION AFTER DIPHTHERIA.

The case in which a girl, aged 12, was under Mr. Dixon's treatment at the Ophthalmic Hospital, on account of that peculiar form of defective vision which is not infrequently observed as following attacks of pharyngeal diphtheria, has repeatedly come under observation since our notice of it at page 389 of this Journal. It will be remembered that the important question as to treatment was, as to whether spectacles should be employed. Mr. Dixon advised that they should not, grounding his recommendation on the belief that the want of adjusting power in the organ, was due only to temporary causes, and would pass off as the girl regained her strength more fully. The result has fully justified this expectation. After about a two months' course of quinine and steel, with almost entire rest of both eyes as regards small objects, the girl was discharged the other day quite well, and able with either eye to read small print. These cases are evidently rare, and we are not aware that any similar ones have hitherto come under treatment at this Hospital.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

THE BRADFORD INFIRMARY.

POLYCYSTIC OVARIAN TUMOUR.—OVARIOTOMY.—DEATH.

(Under the care of Mr. TERRY.)

The following particulars of the woman's previous history have been kindly supplied to us by Mr. Terry:—

"Mrs. D. of Bowling, Bradford, came under my care as a private patient on the 7th of March, 1858. She was a pale, emaciated woman, aged 28 years, and had been reduced to a state of extreme debility. She had been married for a period of five years, and was in very good health up to her confinement, which took place about four years ago. About twelve months after marriage she had very difficult labour, and was delivered by a midwife of a male living child. On the third day after her confinement, she began to shiver, had vomiting and diffused pain over the abdomen, but more in the right iliac region; and from that time gradual enlargement of the abdomen followed, more especially on the right side. On making an examination I found her to be suffering from ovarian disease, with also much ascites. The tumour was very large, filling the whole abdomen. There was a little overlapping of the abdominal walls, over the crista ilii, from the presence of ascitic fluid. Fluctuation distinct in every region; percussion note dull in every part; and on percussing slightly on one side, the thrill or wave could be perceived on the opposite side. She could not lie down in bed, and complained of deep-seated pain over the region of the stomach, which was exceedingly irritable. The urine was scanty, and contained a small quantity of albumen; there was also great œdema of the legs. She had had but one child, and no miscarriage. The catamenia had disappeared about two years after the birth of the child. She was exceedingly low: on making further inquiries into the case, I learned

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that she had been under the care of Mr. Teale, of the Leeds Infirmary, and that he had suggested an operation to her, as nothing else would relieve her. Her health began to give way while in the Infirmary, and Mr. Teale recommended her into the country for a short time, and then to have the operation performed if a little better. On paying my first visit she was so feeble, that I told her that an operation was out of the question. I then continued to visit her from the 7th of March to the 22nd of April, 1858. She was still pressing for an operation, that I took my colleague, Mr. Parkinson; and after a brief consultation, we were of opinion, that by removing the ascitic fluid we might relieve the poor woman, and prolong life. On the 10th of April, in conjunction with Mr. Parkinson, I performed paracentesis abdominis, and removed about twelve pints of thick albuminous fluid, which would scarcely run through the ordinary sized canula. After the paracentesis, the abdomen subsided a little, so that we could distinctly feel a solid mass. I then continued to visit her for a week; she went on very well, and on the 10th day she was up, and able to do a little housework. On the 3rd of July of the same year, I was requested to visit her again, which I did, and found her suffering as on the former occasion, previous to the paracentesis abdominis. Mr. Parkinson, who accompanied me a second time, was of opinion that we might again relieve her a little; accordingly we performed paracentesis a second time, and removed about three pints of thick albuminous fluid. We did not apply the usual bandage, but simply a little adhesive plaster, and in the night the wound broke open and discharged about twelve pints, as she supposed. She did well, and was apparently much relieved by the second tapping. Mr. Parkinson himself strongly dissuaded her from any operative proceeding, but still she was very desirous of having the tumour removed, although the danger of the operation was freely put to her; and as her health was now good, though evidently suffering from the rapid accumulation of ascitic fluid, with gradual enlargement of the tumour, I called in Mr. Meade; and we agreed in consultation on the 26th of March, 1859, that we should accede to her wish."

The operation was performed on Friday the 8th, 4 p.m. A mixture of ether (six parts) and chloroform (one part), was given as the anæsthetic, but its effects were so tedious that chloroform alone was resorted to, and acted well. A small trocar was first used to let off a small quantity of ascitic fluid, in the peritoneum. The incision having been made, some adhesions were found in front of the cyst, the result of previous tappings. These were broken down with the fingers without much difficulty. A very large trocar was then used, but as the cyst was multilocular, containing a vast number of others of various sizes, but little fluid escaped. Two or three incisions were therefore made into the tumour with a scalpel, causing it to collapse somewhat. The cyst having been dragged out through the wound, the pedicle was found to be small, and the clamp applied. The latter instrument answered very well. The fluid which had escaped into the abdomen having been carefully removed, silver wire sutures were put in. The patient had borne the operation very well: a little brandy was given her with ice, and a grain of opium at night, besides the three grains taken prior to the operation. There was slight vomiting; catheter passed. She passed a fair night, sleeping for about three hours; the pulse was about 120 and not very weak. In the morning the pulse had become weaker, 146. Catheter passed. Another grain of opium was given, as she complained of pain in the back. A little weak arrowroot and brandy was taken. At 11 a.m. she complained of a burning pain in the abdomen; vomiting still continued, but was very slight; another opium pill was given and retained; but from this time she gradually sank, and died about 2 p.m. No post-mortem was allowed by her friends. The tumour weighed ten pounds, independently of the fluid which had escaped when the incisions were made with the scalpel. The fluid corroded deeply all the steel instruments with which it came in contact, and was very viscid.

The above case bears a remarkable similarity to several others which we have recently had to record. The patient evidently did not die from the direct shock of the operation. Indeed, it appears to be decidedly exceptional for death in collapse from which there has been no attempt at rallying, to follow ovariotomy. Even in the rapidly fatal class of cases there is usually the statement that the woman had for some time appeared quite as well as could be expected, and that she had slept fairly. About fifteen or twenty hours after the operation, however, a change for the worse ensues, pain is complained of, and rapid sinking follows. At the autopsy, signs of peritonitis are found. It may seem to some as almost unreasonable to refer the fatal event to peritonitis, when it has occurred within twenty-four hours of the operation, and before any of the usual signs of such inflammation have been developed. Still we believe that the fact is so. In the outset of all violent inflammations of important organs, there is a stage of shock which precedes that of febrile reaction. Every one is familiar with this in cases in which an ulcer of the stomach gives way. Wounds of the knee-joint and of the pleura, also, although less frequently, supply examples of it. It is in this stage of collapse, premonitory of peritonitis, that ovariotomy patients often sink; and it is very important on practical grounds, to distinguish this mode of death from that resulting directly from the depressing influence of the operation itself.

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Medical Times & Gazette.

SATURDAY, JUNE 11.

THE COLLEGES OF PHYSICIANS.

We publish to-day a letter from an Office-Bearer of the College of Physicians of Edinburgh. It contains, according to the writer's intention, a vindication of the conduct of the College in the matter of their new licensing system. It is the production of a gentleman who holds a high official position in the College, and requires, therefore, a few remarks from us. We need scarcely tell those who peruse it that there runs throughout an unpleasant animus against the London College, although honeyed words of friendship are professed on every page. Neither need we say that the matter is put in a light most favourable to the Edinburgh College. We have more than once spoken our mind pretty freely on several items affecting this discussion between the Colleges; and therefore, to be consistent, feel bound to point out certain errors into which the writer has run, and also to vindicate the conduct of the London College.

The Office-Bearer is evidently angry with the remonstrance sent to the Edinburgh by the London College; he speaks of it as "the memorable, and, allow me to say, unfortunate letter;" and also talks of the London College "having (thereby) unwittingly lent itself to the support," etc. Now we must hereon observe that the Office-Bearer very unfairly and incorrectly states the case. He shall be judged by the words of Dr. Alexander Wood, the President of his College. From those words every candid person will at once see that the London remonstrance was not only a fortunate remonstrance, but that the London College would have been greatly wanting to itself had it been silent on the occasion. Here is the opinion of the Edinburgh President sent in answer to the London letter:—"The College (of Edinburgh) begs to tender to the Royal College of London its thanks for the temperate terms in which the President of the London College has couched the remonstrance of his constituents, regarding a subject which this College can easily understand may have excited strong feelings among them." Again, Dr. Wood, as mouth-

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piece of the College, goes on to say, "The College (of Edinburgh) has, in the first place, to express its extreme regret, that owing to an inadvertence and precipitancy, the causes of which it is unnecessary to enter into, *the new regulations of the College respecting Licentiates were made public before having been duly considered, according to practice, and when they contained articles in a shape which may have been distasteful to the London College of Physicians!!*" Now really we must be permitted to express surprise that an Office-Bearer should venture, in the very teeth of this public confession of Dr. Wood, to accuse the London College of having "lent itself, etc." and to speak of its remonstrance in such light terms.

Those who are not acquainted with the whole history of this affair, will not learn from this rather disingenuous epistle, the very important fact, that it was only *after* the remonstrance of the London College (and partly in consequence, we may venture to think, of observations made by ourselves in these pages), that the original advertisement issued by the Edinburgh College "in inadvertence and precipitancy" was withdrawn. We repeat that it is disingenuous on the part of the Office-Bearer to make it appear as though the London remonstrance were directed against the *present*, and not, as is the fact, against the *withdrawn* regulations of the Edinburgh College.

Another conjectural statement made by this high functionary also demands notice. Being merely conjectural it should never have been made by one in his position, for as we happen to know, it is not founded on fact. He states that the London College lent itself to the movement, in consequence of being unwillingly drawn into it "by a Fellow who was in close correspondence with one of the least scrupulous of the University party." There is no truth whatever in this statement. The Fellow in question brought the matter before the College without previous communication with any one—*proprio motû* entirely. His attention was called to the point by the accident of being asked to sign a certificate by a friend desirous of obtaining the Edinburgh Licence; this caused him to read the "inadvertent and precipitate" regulations. Having read them he, as in duty bound, brought them at the earliest possible moment before the notice of the London College. He assures us that when he first took up the matter, he had not the smallest idea as to what views were held by the "University party" in the Edinburgh College on the subject, or that the regulations had already met great opposition in the Edinburgh College itself. The Office-Bearer is quite mistaken. The London College was not taken by surprise; nor did it act through impulses communicated from Edinburgh. The original advertised regulations were placed before the College, and they, then and there, met with universal and unmitigated condemnation, especially from those gentlemen who are the Office-Bearer's countrymen.

Another statement of the Office-Bearer must not be passed over. He asserts that the President of the London College, on an occasion to which he refers, declined to meet a deputation from the Edinburgh and Dublin Colleges. This statement is perfectly inaccurate. If the Office-Bearer had made due inquiry, he would have found that the meeting did not take place, simply because of the faulty arrangements which had been made for the meeting, by Dr. A. Wood, the President of the Edinburgh College. Dr. A. Wood writes to the President of the London College, proposing a meeting, and without awaiting an answer, also sends off to Ireland; and he and the Irish deputation arrive in breathless haste, before the President of the London College has been able (although using every despatch) to call a meeting of his College! And *this* the Office-Bearer calls declining a meeting!!

At another part of his letter, also, we see a mystification which, if left as the Office-Bearer has put it, cannot fail to cause prejudice to the London College. He states that there is a proposition from a committee of the London College which will one day be discussed, and is now lying on the table of the College. He then quotes the terms of it, and asks, "Have we gone a step further than this?" "Was it wise to remonstrate with us for passing a similar regulation?" Here, as we have already hinted, and throughout his letter the Office-Bearer conceals the fact that the remonstrance was addressed to regulations very different from those *now* adopted by the Edinburgh College—*i.e. subsequent to the receipt of the remonstrance.* He also does not put the case fairly, when he speaks of *similar regulations;* for there is all the difference in the world between the meaning of the words, "*engaged in Pharmacy,*" as used by the London and as used by the Edinburgh College. We have already asked the Edinburgh College to define clearly what they mean by the words in clause 8 of their adopted regulations—"provided that they do not derive any profit from the sale of drugs or medicine;" and we now ask the Office-Bearer, once and for all, to tell us what the College wishes the world to understand thereby. There is, as we are forced to see the matter, clearly a subterfuge here; for the truth is, that at least three-fourths of those to whom the Edinburgh College now gives its licence do at this moment derive profit from the sale of drugs and medicines, either directly or indirectly. Special pleading and jesuitry apart, and to those who are accustomed to call a stick a stick, it is clear as the day that men who sell their services *and their medicine* for a certain sum, do actually "derive profit from the sale of medicine." They are paid for their advice *and their physic;* and unless the latter formed an ingredient in the contract, they would not be paid at all. Now, the London College, on this point, has no kind of "similarity with the Edinburgh College;" it utterly refuses to admit, under any circumstances, members who have any dabbling whatever in the making up, and sending out, and vending (after the indirect manner referred to) of drugs or medicines.

What the London College may do at some future day as regards the admission of men who practise Pharmacy, it would be idle to argue now. But the Office-Bearer on this point also is *not* ingenuous when he asks, "What more has our College done" than what the London College are to be called upon at some future day to argue whether or not they will do?—when he asks this, he must be well aware that even on the hypothesis of the proposal he speaks of being adopted by the London College, that even then the cases differ widely. The proposal is, to make an entirely new class of Practitioners, *apart both from the Fellows and the present Licentiates of the College.* Is this what the Edinburgh College has done?

We cannot, for want of space, now enter into a discussion of the main facts involved in the new Edinburgh regulations; we have here merely thought it right to do them justice right and left, which we cannot say our correspondent has administered, either to his own or to the London College. And we should ask him, when he discusses this question in future, and accuses the London College and those who differ from him of all kinds of odd motives, not to forget this important item: that the resolutions he defends met, from first to last, with the most strenuous opposition in the body of the Edinburgh College itself; and that the names of the gentlemen (Dr. Christison at their head) appended to the published protest to those resolutions, are the names of Fellows of the College, who stand in the front ranks as illustrative of its scientific position. The Office-Bearer, moreover, cannot and should not forget, when he speaks as he does of the London Remonstrance, that the Council of the Edinburgh College—he and his brother officers—thought it of such importance that they carefully kept the document from the Fellows of their College, when met to take a final vote upon the Resolutions; they kept it secret, although the Remonstrance was in the hands of the Council; although it was asked for by

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Dr. Christison and other Fellows of the College; and although it was sent by the London College for the very purpose of giving to the Edinburgh Fellows the opinion of their London brethren before the Resolutions were finally put to the vote. If there were no power or virtue in it, why was it thus carefully held back *until the vote was taken?* If its arguments were all so inopportune and wide of the mark—if it contained so little sense and reason as our correspondent would have the world think—why was it not permitted to work its reasonable influence on the reasonable minds of the distinguished men who compose the body of Edinburgh Fellows? Surely, Dr. Christison and his party were not mere children to be bamboozled by any claptrap of the London College!

There is one more point which deserves a remark. The Office-Bearer repudiates the idea of the Edinburgh College having granted these new licences for money: the College has acted throughout, he asserts, out of pure love for the Profession generally, desiring to see it elevated and yet more highly honoured. So be it. The world must judge. This only we will say: that the College is an Edinburgh college, neither a university nor a national college; yet that out of forty-six gentlemen admitted to its licence, one only was a Scotch practitioner. So much for Scotchmen's estimate of the Edinburgh licence. The *Edinburgh* College, therefore, is manifestly interesting itself solely with the affairs of the General Practitioners of *England*. Scotland (through this college) is actually crying aloud for "Justice to England"! The good things which it possesses she will partake with her selfish sister—with that sister who robs her, even down to her lion's tail. All this Edinburgh will do for *our* General Practitioners, not because she needs or desires £10 per head for the doing of it, but solely out of her exuberance of philanthropy. There are people who believe in clairvoyance, in spirit-rapping, and the sea-serpent; and we doubt not there are people who will believe even *this*.

In conclusion, we will tell the Office-Bearer a secret which he clearly is not up to, viz. why our people go to get his licence, and why his own countrymen don't go for it. *Our people go because when they have paid their £10 they mean to call themselves Doctors.* They care no more about the Edinburgh College than they care about the College of Health; but they know that they pay £10, obtain a respectable licence, forwarded on payment *per post*, be it understood (for personal appearance is not necessary), and will call themselves Doctors. Scotchmen don't take the Licence, because they are already M.D.s. "*Now*, our readers will understand why there is a "University Party" in the College. The University men, we think, neither unreasonably nor unnaturally object to the College usurping the function (as it virtually does) of granting degrees. Let the College publicly declare whether it does or does not patronise the adoption of the title of Doctor by its Licentiates who possess no degree!

THE WEEK.

Her Majesty, on Wednesday, placed the Victoria Cross of Valour on the breasts of two members of our Profession:—

"Staff-Surgeon Anthony Dickson Home, late of 90th Regiment, now of a Dépôt Battalion, for persevering bravery and admirable conduct in charge of the wounded men left behind the columns when the troops under the late Major-General Havelock forced their way into the Residency of Lucknow, on the 26th September, 1857.

"Assistant-Surgeon William Bradshaw, late of the 90th Regiment, now of 32nd Foot, for intrepidity and good conduct in removing the wounded men left behind the column that forced its way into the Residency of Lucknow, on the 26th September, 1857."

Such a reward for meritorious conduct is the best encouragement to all to "go and do likewise."

The University of Oxford has given its final sanction for the formation of a regiment of Volunteer Rifles. Why should not some of our Medical Schools and Corporations follow the example?

The Yankees have subscribed £6400 to enable M. Agassiz to publish the Natural History of the West Coast of America. This reminds us of his treatment by the Edinburgh Baillies. These worthy individuals, who then had the entire patronage of the University, as the tale goes, refused to admit M. Agassiz as a candidate for the natural history chair of the Edinburgh University, because he had published geological statements which were not consistent with their interpretation of the first book of Genesis.

A "druggist and tooth-extractor" in Ratcliff-highway has had a verdict given against him in the Bail Court, with ten pounds damages, for breaking the jaw of a workman in the Docks, and extracting two teeth instead of one.

"The learned judge, in summing up, said that a man was bound to bring ordinary skill and care to perform that which he undertook to do. The question was whether the defendant had exercised that ordinary care and skill. The plaintiff and his witnesses said that the defendant had broken his jaw—the defendant said he did not do so. It was for the jury to say which side they believed."

There was a good deal of "cross-swearing" in the witness-box, so that we only allude to the case to record the Judge's exposition of the law as to malpraxis.

The *Times'* Correspondent at the Austrian Head-quarters gives the following account of the Medical Service of the opposed armies. The freemasonry of scientific brotherhood alluded to in the last paragraph is very interesting:—

"I have visited the hospitals in Pavia a second time, and, though I did not find them in parade order, as I did on a former occasion, still the arrangements are excellent and the patients as comfortable as possible. The University has been converted into a temporary hospital, and in its lofty rooms, though I was there in the afternoon, just at the time for dressing the wounds, had I shut my eyes no other organ would have informed me where I was. The French, you are probably aware, introduced into their service a few months ago a new musket bullet, the hollow at the back of which is pyramidal in shape. This form was supposed to give greater strength to resist the effect of travelling, but it has another property. When the point of the bullet strikes a bone, the back of the bullet opens out at the angles of the pyramid, and inflicts a frightful wound, what my companion the doctor called *sehr schoen*. This surgeon and another had visited the field of Montebello after the fight in search of wounded. They went quite alone, and met some French surgeons accompanied by an escort of cavalry, which, however, they at once dismissed, the surgeons proceeding afterwards together to bind the wounds of friend and foe indiscriminately."

The fetid gases evolved from the Thames last autumn, from the putrefaction or fermentation of the organic matters poured into the water through the sewers, are again becoming most offensive and dangerous, yet the mean temperature of the atmosphere has not reached by 15° that of the period of the greatest annoyance last year. What we may expect when the autumnal heat is attained only a professed Koprologite—to borrow a word from the Greek for a sewer-scraper—can imagine. If we are to wait for the Board of Works and their monster system of drainage, we must not only let this year pass, but 1860 and the year after also. The lime used last year was not only useless, but worse than useless; and everybody is asking, What is to be done? In reply, we would suggest that a temporary system of interception should be

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immediately set in action. At the mouth of every large sewer covered barges should be placed to receive the contents of the sewers. Each barge should be removed as soon as filled, and replaced by another; while at stated times a steam-tug should take them by turn, and tow them down the river out of harm's way. There are plenty of barges, lighters, and tugs to be had; and it is very clear that a large proportion of the filth now poured into the Thames might be intercepted; but as the plan is simple, not very expensive, and one dictated by plain common sense, there is very little probability that it will be carried out until some of our legislators, commissioners, common councilmen, and one or two leading engineers, have been poisoned by the filthy emanations from the foul sewer into which ignorance and apathy have converted our noble river.

Our correspondent Dr. James addresses us again on the subject of the Licence of the College of Physicians of London. We are glad to be able to assure him again most positively that there is nothing in the world, excepting their own inclinations, which need prevent the class of gentlemen he refers to presenting themselves to the College for the Licence. Graduates of Medicine who practise Surgery are most clearly eligible for the Licence. Midwifery Doctors practise Surgery. If our correspondent will look at the last list of Licentiates made by the College he will see, that one of them was Surgeon of the *Arrogant*, R.N. . To put this matter in a still stronger light, we will give a clause from the Act of 32 Henry VIII. c. 40 :—

"And forasmuch as the science of Physic doth comprehend, include, and contain the knowledge of Surgery as a special member and part of the same; therefore, be it enacted, that any of the same company or fellowship of Physicians being able, chosen, and admitted by the said president, etc. . . may from time to time, as well within the city of London or elsewhere within this realm, practise and exercise the said science of physic in all and every his (sic) members and parts, etc."

The other objection made by Dr. James is clearly one about which men may legitimately differ. We are certainly of opinion that the College of Physicians would lose, instead of gain in estimation, if it lowered its age of admission from 26 to 21. Really Dr. James, after all, cannot think this any great hardship.

The notorious "Dr. Watters," one of the advertising aurists who lately figured with the Bennetts, when the "British and Foreign Infirmary for the Diseases of the Eye and Ear," came before the public with its universal panacea of urine and alum, has been remanded at the Lambeth Police-office, on a charge of conspiring to defraud a retired tradesman of Mount-street. Another prisoner, named Claude Edwards, was also classed as one of the "Spring-garden gang." Inspector Young said that the prisoners took possession of a house in Mount-gardens about the time they had been routed from Spring-gardens; and he had no doubt when sufficient time was given to him to examine the various documents found in the house of the prisoner, he should be able to supply other and more important evidence against them. The prisoner Watters complained of not having been fairly treated, and said he did not consider it any offence to put a name on a door for advertising purposes, that he had his diploma from Apothecaries' Hall on 30th January, 1830, and also his diploma from the Royal College of Surgeons on the 31st March, 1843, and was therefore amply qualified to dispense Medicine. We trust the time is coming when not only the whole class of advertising aurists, but the entire tribe of Kahns, Lamerts, Curtises, etc. will be prevented from exciting the fears and fattening on the demoralisation of the public.

The Members of the College of Dentists met on Tuesday night to hear the report of a committee appointed by them in October last year, to inquire as to the value of electricity as an anæsthetic in Dental operations. The meeting was well attended, and the interest evinced was considerable. The committee, after a long and laborious inquiry, conclude that the only benefit arising from the electric current is due to a diversion of sensation. The committee seem to have traced out with great clearness an explanation of the cause of the apparent successes which have been so grandly lauded. In the cases where the committee obtained seeming success there was produced a form of hysterical syncope, and a resulting degree of general insensibility and unconsciousness, by which the pain of the operation was obscured. This is the leading fact in explanation of reputed painless operations; and taken in conjunction with accidental circumstances, connected with the mode of operating, and differences as to fixidity of teeth, explains fairly the disparity of statements which have been recorded.

REVIEWS.

A System of Dental Surgery. By JOHN TOMES, F.R.S. With 280 Illustrations. Small 8vo, pp. 599. London: 1859.

FOR some time past the want of a concise and yet comprehensive hand-book on Dental Surgery has been felt, not only by the members of that very respectable body who are by strict professional creed dentists proper, but by members of the Medical Profession who, living at a distance from cities and large towns, and consulted constantly on subjects connected with the teeth and their ailments, are naturally anxious to obtain the latest guide as to the pathology and treatment of a class of diseases very rarely noted in the current literature of Medicine.

We notice that it is always a good commercial illustration of demand for any given book when Mr. Churchill adds such a book to his list of Manuals; indeed, the success which attends the publication of these Manuals is accounted for in great measure by the fact that the publisher feels the pulse of the reading world and forms his judgment with the knowledge of an old practitioner. On the present occasion we think Mr. Churchill has again made an excellent prognosis.

Every one who has been at all conversant with modern scientific literature will recognise at once in Mr. Tomes, the author of the work in hand, the name of a dentist who in science, at all events, may be considered as standing pre-eminent among his brethren. He has crossed a lance with Owen, and made that philosopher first wildly irate and then coldly apologetical. He has followed closely the footsteps of Nasmyth in the study of structure, and has published lectures which in practical value are equal to those of Bell; and he has left his own direct path to investigate with Mr. De Morgan various points connected with osseous structure and development. We were bound, therefore, with this knowledge before us, to expect in this last effort of Mr. Tomes a work of considerable practical value and interest; nor have we been mistaken.

The article on Teething, with which the work opens, is exceedingly full. The development of teeth, the irregularities, the shedding of the temporary teeth, the eruption of the permanent, together with many minor topics, are explained with all the authority which industry and knowledge can give to the writer. We make, first note of a point of practice referred to by Mr. Tomes, which we sometimes hear discussed by members of our own Profession, viz. the propriety of extraction of the temporary teeth at an early period.

"It has been usual," says our author, "to assume that the premature extraction of the temporary teeth occasions contraction of the jaw; but I do not think that any anatomical facts can be brought forward in support of the supposition. If a temporary tooth be removed, the crowns of the contiguous teeth may lean towards each other, and give an appearance of contraction, but it does not really involve a diminished size of that part of the jaw from which the tooth has been lost. In the case from which the accompanying illustration is taken, the two central incisors were lost long before their successors were ready for eruption; hence the sockets became obliterated

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and the alveolar ridge made good; but we do not see the slightest trace of contraction in the jaw. Then again, if specimens be examined in which the two sets of teeth are present, it will be seen that the implantation of the temporary teeth occupies but a very small space in the alveolar ridge as compared with that occupied by the crowns of the permanent teeth. Now, it is extremely difficult to conceive how the removal of the temporary teeth can induce the jaw to contract upon the crowned and growing permanent teeth. Organs in an active state of development induce the expansion of parts about them, and there is no good reason for supposing that the jaw forms an exception to this rule. The persistence of the first, which are placed immediately in front of the second set, may, and frequently does, interfere with the outward progress of the latter; but I cannot see how the removal of the temporary can produce a prejudicial influence upon the arrangement of the permanent teeth. In the case shown in Fig. 52, the temporary incisors have been shed some time prior to the eruption of their successors; yet there is no indication of contraction of jaw. A case came under my notice recently, in which the child had been destitute of temporary teeth, excepting only the second temporary molar on the right side of the lower jaw; the maxillæ were, notwithstanding, well formed, and the permanent teeth appeared with an unusual regularity of arrangement. Had the development of the jaws depended upon the presence of temporary teeth, we should surely have seen in this case some amount of contraction. Subsequently, however, there may be some amount of practical inconvenience resulting from the premature removal of the temporary teeth; but it is altogether independent of contraction of the jaw. The newly-cut incisors, in the absence of adjoining teeth, will sometimes lean away from the median line, leaving a central opening between them. This is, however, an evil that generally cures itself. The canines and bicuspids, when they appear, force the slanting teeth into the vertical position, and the space becomes obliterated. It may in some respects be disadvantageous to remove the temporary teeth prematurely, but the disadvantages will not be shown in the mal-position of the succeeding teeth at the period of their eruption. But should the first teeth be retained beyond the normal period, the mischief resulting from their presence will be sufficiently obvious."

We may add, that throughout the entire chapter on Teething, as in other parts, the modern Sharpe in medical illustration, Mr. Bagg, has thrown in the skill of his perfect pencil, and put on every picture a stamp of truth which is inimitable in art. William Hunter would have pensioned Bagg, had he known him.

In the second division of the work are taken up the subjects of the Dental Tissues, and their diseases. The histological history of the teeth is here entered upon as matter preliminary to the pathological. There are various parts of this chapter eminently practical, mixed up, nevertheless, with theoretical views which require time for their establishment or destruction.

The following extract on caries, as produced by the action of external agents, well deserves quotation :—

"Experiments of this character lead to the conclusion that within the mouth agents are present which, under favouring circumstances, are capable of decomposing the dental tissues, and the source of these agents becomes the next question which naturally suggests itself. The secretion from the mucous membrane is ordinarily slightly acid, while the salivary fluid, when normal, is alkaline. The result of the admixture of these, if equally proportioned, would be a neutral fluid. In certain conditions of health even the saliva may be acid, and the mucus would then retain its original character after the mixture of the two fluids. Again, the degree of acidity of the mucus may be increased beyond the normal amount, and its tenacity may enable it to remain in certain situations unmixed, and consequently, uninfluenced by the alkaline character of the salivary fluid. The quantity of the mucus may be excessive either from a local or a general cause. We not uncommonly find in mouths tenanted by numerous carious teeth, the gums thickened and vascular, and covered with a coating of thick adhesive mucus capable of being drawn from the gum in long strings. A case is fresh in my memory in which the teeth were rapidly destroyed by caries, and coincident with the destructive process the salivary fluid was scanty in amount. The mouth owed its moisture to the secretion of the mucous membrane. The patient complained of great discomfort from the dry and clammy condition of the mouth and throat. The teeth that were first lost decayed in those situations in which we usually expect caries to show itself; but at a later period the whole of the remaining teeth were almost simultaneously attacked near the edge of the gum, producing round each tooth an angular belt of softened tissue. The patient suffered from long-standing dyspeptic symptoms; and among these, a vitiated condition of mucus secreted from the surface of the mouth, and a diminished amount of saliva, formed prominent features. In the foregoing case there could be no doubt that the state of the oral fluids was dependent upon the general condition of the body; but in many cases it is by no means easy to determine how far the disorder of the teeth is dependent upon a general derangement of the system having a coincident existence, or how far the general disturbance of health may be dependent upon the diseased condition of the teeth. Young people are often brought to us in whom, coincident with the extensive development of caries, we find an abundant flow of saliva, and a free secretion of mucus; but I think the latter is usually in excess, and is found clinging to the teeth, instead of becoming dissolved in the saliva. In cases like those just cited, I believe we must regard the mucus as furnishing the agent by which the dental tissues are decomposed; and this opinion has been strengthened by the results which followed upon treating several teeth in a manner calculated to test the capability of the mucous membrane to furnish an agent destructive to the teeth."

"A disordered state, local or general, of the mucous membrane, must not, however, be regarded as the only source from whence may be produced agents capable of decomposing faulty enamel or dentine. For instance, examples present themselves in which the teeth rapidly decay in mouths free from any increased vascularity, local or general—free from adherent mucus about the teeth, and also from any sign of that fluid being either excessive in quantity or vitiated in quality. If in such cases the oral fluid be carefully examined, I believe it will be found that the saliva itself has at intervals lost its alkaline character and become acid. Several patients (females) returning after a prolonged residence in India, have presented the foregoing conditions of the mouth. They have been pale, bloodless and greatly debilitated, though not necessarily greatly attenuated subjects."

While we give full assent to these views of Mr. Tomes, respecting the influence of external agents in the production of caries, we cannot admit the correctness of his hypothesis given at pages 321-2, on the vitality of the dentine. At this point, he observes :—

"In speaking of the predisposing and exciting causes of caries, allusion has yet to be made to those agents which may be regarded as capable of acting in the double capacity of depriving the dentine of its normal powers of resistance, and of producing its immediate decomposition. In considering the subject from this point of view, we must be prepared to admit that the dentine is possessed of vitality, and that that vitality must have been lost before the tissues undergo decomposition. If we take, for example, the effect produced on the skin by the application of caustic potash, the immediate result is the destruction of vitality in the part with which it comes in contact; and its secondary effect will be the disorganisation of the part destroyed. But had the power exerted by the potash been incapable of depriving the skin of vitality, the secondary effect—that of producing decomposition—would have been successfully resisted. In the case of a tooth, the application of potash would not produce conclusive results; but the use of a mineral acid would be followed by consequences similar to those mentioned with respect to the skin. The vitality of the part would be destroyed, and decomposition would succeed the loss of life. It may be said that agents of this active character are not applied to the teeth, but such as have sufficient power to destroy are applied; and it is by taking an extreme case that we are best able to examine the mode of action and the ensuing results. Litmus paper applied within the cavity of a carious tooth almost invariably gives strongly-marked acid reaction, and thus furnishes evidence of the existence of an agent capable, if unresisted by the vitality of the dentine, of depriving that tissue of its earthy constituents, leaving the gelatine to undergo gradual decomposition, favoured by the heat and moisture of the mouth."

To employ terms such as are used above, for the explana-

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tion of a simple chemical phenomenon, is to our minds only to add mystery to a simple fact. When caustic potash is applied to the skin, there is nothing more nor less set up than a new series of chemical affinities. The tissue and the chemical agent, by virtue of the chemical changes exerted between them, enter into new combination, and the product being decomposable, putrefaction is the result; but the first process is as purely chemical as the second. If, indeed, we were to grant the existence of a force which in its obscurity should be called vital, the argument advanced by Mr. Tomes would have no sound basis. For if such force is above chemical agency, a chemical agent could in no way destroy it. If, again, the force be under the influence of chemical agency, it is itself a chemical agent, *i.e.* a substance, however subtle, having affinities and combinations like any recognised body, such as oxygen or sulphur. We regret that Mr. Tomes is not the only man who, being for the moment unable to explain by known laws some simple fact in the organism, and not content to admit, "I am ignorant," mounts mystery straightway, and gives an explanation which is profound because it carries the mind beyond all appreciable laws and observed natural ordinances.

The chapter on Diseases of the Gums, while containing nothing but such as the student of Dental surgery should know, is certainly meagre in information, when compared with the preceding parts. The premonitory signs of mercurial ptyalism are, however, given with care and with novelty of description. Let our readers judge:—

"The state of gum I am about to describe is, in fact, a premonitory sign of ptyalism, for should it appear, and the mercury be immediately discontinued, yet salivation will come on. The sign is this:—the adherent portion of the mucous membrane of the gums assumes an opaque white colour, contrasting strongly with the non-adherent portion, which preserves its natural hue or becomes more red. The free edge of the gums is moveable, but that part which lies over the edge of the alveoli is firmly tied down to the periosteum; and as the edges of the alveoli present a festooned line, so the whitened mucous membrane presents corresponding undulations. Again, where the mucous membrane is loosely reflected from the gum to the cheek, the natural colour is preserved. The whiteness of gum is produced by an increased secretion of epithelium, which, from being thicker and more opaque than in the healthy state, renders the colour given by the vessels to the subjacent tissue less apparent. The surface of the mucous membrane, when deprived of epithelium, is studded over with innumerable small conical elevations, or papillæ. The thickened epithelium is readily rubbed off the tops of the papillæ, while it retains its full thickness in the intervening depressions; hence, if closely inspected, the gums will not be seen to present a uniform white hue, but a mottled aspect. With the increased thickness there is a decrease of tenacity between the scales that form the epithelium, for the surface may be much more readily rubbed off than when in its natural state."

Should another edition of this work appear—and we doubt not but that it will before long—there are many subjects omitted in the present volume to which the labours of our author may well be directed, and without which his manual can scarcely be considered as perfect. Neuralgia as dependent on diseased conditions of teeth, is a matter untouched. Hæmorrhage is but nominally treated on. Anæsthesia passes with less than a page. Phosphorus necrosis of the jaw is unnamed; and the facts lately brought out in relation to syphilis and dental disorders have no comment. These are serious imperfections; but with them all, we are bound to say that the book is a most useful addition to our literature, shows hard and honest work, and is so arranged as to admit of being improved as re-issues are required. Now that a new Metropolitan school is opened for the special teaching of dental science in all its branches, we hope that the book will find its way into the hands of the student as well as the practitioner, and become the recommended text-book of the day.

On Dislocations and Fractures. By Joseph Maclise, F.R.C.S. Fasciculus IX. London: 1859.

This fasciculus completes Mr. Maclise's beautiful Illustrations of Dislocations and Fractures. It contains plates 33, 34, 35, and 36, admirably representing the Fractures of the tibia and fibula, dislocations and fractures of the foot, with a number of varieties of false joints and anchylosis.

Now that the work is completed we feel bound to extend the recommendation we gave of the earlier parts to the entire volume. It is one of the most beautiful, and, at the same time, one of the cheapest of medical illustrated works.

Contributions to the Surgery of Diseased Joints, with especial reference to the Operation of Excision. No. 1—*The Knee.* By P. C. Price, Surgeon to the Great Northern Hospital. 8vo, pp. 48. London: 1859.

Mr. Price has already made himself well known to his professional brethren by his enthusiastic advocacy of the operation of excision of the knee-joint. He has himself adopted the practice in several instances with considerable success, and has had ample opportunities of observing the results in the hands of other surgeons. He has collected together all the cases of excision of the knee-joint which have been performed since the revival of this operation by Mr. Fergusson in 1850. From these statistics we learn that it has been practised on 160 occasions, and out of this number thirty-two proved fatal, or one case in every five. This proportion of deaths is smaller than that which usually follows amputation through the thigh; and had the author not done more, he would have effected good service in giving us what appear to be correct data regarding the results of this important point in surgical practice; but he has gone further than other writers on this subject. He has clearly pointed out the distinctive pathological features of the incurable forms of diseases of the knee which require operative measures. He shows that in the diffused form of strumous disease, excision should not be attempted, as it will generally fail; whereas in the circumscribed variety of the same disease, the proceeding may be well substituted for the graver operation of amputation.

A careful analysis is also given of the fatal cases, and we are informed that in one-fourth of the deaths, the event was due to pyæmia—the great scourge of the surgeon after most of his operations.

Among the unsuccessful cases, also, must be enumerated eighteen in which amputation was required after the operation of excision had been performed; but in only one case did a fatal termination occur.

Mr. Price has made some very practical observations on the after-treatment to be employed, and speaks highly of the advantages to be gained by securing the limb in a perfect state of repose. We can highly recommend this little work to all practical surgeons, as one which will go far towards dispelling the doubts which are yet entertained by some regarding the propriety of the operation in question.

Retirement of M. Ferrus.—M. Ferrus, Inspector-General of Lunatic Asylums, and of the sanitary conditions of Prisons, has just retired from his onerous post, and has been named Honorary Inspector. M. Constant has been promoted to the Inspectorship, and M. Anthelme has been appointed Assistant-Inspector. M. Ferrus, during his brilliant career, has done much for the amelioration of the condition of the insane, and would have done yet more but for the opposition and indifference to the subject he has had to struggle against.

Prize Questions.—The Geneva Medical Society proposes two prize questions of 1000 and 500 francs each, for the two best essays concerning Variola, Varicella, Varioloid, and Re-Vaccination. The points the candidates are chiefly required to attend to are,—1. To examine, by a comparison of the principal epidemics which have broken out in Europe during the 19th century, whether this disease again tends to increase in frequency, and under what forms it is observed at the present time in those who have been vaccinated. 2. To determine whether re-vaccinated subjects are definitively and completely preserved from variola; and if not, to indicate the amount and durability of such protection. 3. To sum up in the form of practical conclusions the results furnished by the solution of the preceding questions. The essays may be written in English, French, German, Latin, or Italian, and must be forwarded before June 1, 1860, to M. Duvor, Secretary of the Society, Grande Rue, 202. The Society reserves the right of publication in the French language.

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PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE IDENTITY OF THE MECONIUM AND VERNIX CASEOSA.

By Professor FORSTER.

The general opinion respecting the meconium is, that it consists in a mixture of bile, intestinal mucus and intestinal epithelium; but microscopical examination shows that besides the colouring matter of the bile it is composed chiefly of the vernix caseosa. For the most part it consists of small flat scales, which present all the characteristics of horny epithelial plates completely corresponding to the horny scales of the vernix. Under the microscope, the meconium only differs from the vernix by the presence of the yellow colouring matter and the smaller number of fat globules. A proof of the identity is its containing minute hairs in just the same numbers as the vernix, which, indeed, without the microscope, may be separated from it by a needle. The horny scales could have no other source than the vernix, for the stomach and intestinal canal are lined with cylinder epithelium, and the mucous membrane of the mouth and œsophagus does not give rise to them. Besides these scales, we observe in the meconium fatty globules of different sizes, crystals of cholestearine, and irregular yellow and brownish clodlets, which give the dark colour to the meconium, and are doubtless biliary colouring matter. The fatty globules are evidently of cutaneous sebaceous matter, and the cholestearine is in part derived from the bile, and in part from the decomposition of the vernix during its passage to and deposit in the rectum.

The fœtus swallows from time to time some of the liquor amnii having the vernix swimming in it, and the hairs and horny scales pass unchanged along the intestinal tract. Whether any of the sebaceous matter is taken up by the lacteals may perhaps be determined by microscopical examination of the intestinal villi of the fœtus; and it would be interesting to determine, by numerous examinations of the intestinal canal, at what period this swallowing of the liquor amnii commences. As the elements of the vernix are only suspended in the liquor in small quantities, a large quantity of this must be gradually swallowed to lead to the amount of meconium usually present. The water must be soon absorbed from the stomach, as it is never found in it. The greater portion is probably excreted by the kidneys, and again reaches the amnios. That it in nowise contributes material to the nourishment of the fœtus has been shown by Bischoff; but that does not prevent it serving some purpose in the economy A regular examination of the entire contents of the intestinal canal in numerous fœtuses of different ages, is required to elucidate these points; and especially would such examination be of interest in the case of monsters. That the acephalæ have no meconium has long been known, and has usually been attributed to the absence of the liver. This would, however, only explain the absence of its dark colour; and the meconium will only be wanting when, by reason of the malformation of the intestinal canal, the reception and transport of the liquor amnii holding the vernix caseosa are prevented.—*Wien Wochenschrift*, 1858, No. 32.

ON THE INDUCTION OF PREMATURE LABOUR BY UTERINE CATHETERISATION.

By Professor BRAUN.

Professor Braun, of Vienna, states that he has for several years given a preference to this mode of inducing premature labour; inasmuch as it is very certain, operates rapidly and safely, brings on the pains with gradual energy, gives rise to no ill-consequence, such as congestion or injury of the uterus, or detachment of the placenta, and is performed by the single application of a simple instrument. One disadvantage of the procedure is, that the membranes may become somewhat easily ruptured, especially in primiparæ. In order to prevent this accidental rupture, the author softens in hot water the end of a well-oiled catgut bougie, a foot long, and from two to three lines thick, and passes it along the index finger with a twisting movement into the uterine cavity, until only a portion, equal to two fingers' breadth, remains in the vagina. The bougie so passed always excites pains in from six to twenty hours, does no injury to the membranes, and is to be removed only just before the discharge of the waters, or the birth of the child. The employment of a gum catheter, having a very thin flexible stilette, is usually also attended with good effect. Its application is difficult, however, when the vagina is narrow, and deviates from the pelvic axis. During the session 1857 and 1858, Professor Braun employed catheterisation 12 times, 11 children being born alive, and 5 dead—three being twin-births. Of the mothers 8 recovered, and 4 died during the puerperal process, pneumonia, tubercle, and Bright's disease, having been respectively the causes of death. The labour was terminated at an average period of twelve hours after the introduction of the catheter. Brief accounts of these twelve cases are subjoined.—*Wien Méd. Wochenschrift*, 1858, No. 46.

ON LOCAL SWEATING OF THE EYELIDS.

By Professor A. Von. GRAEFE.

During several years' practice Professor Graefe has observed this occurrence in four instances to an excessive extent, and in several others in a lesser degree. To superficial observation these patients appear to be the subjects of an ordinary conjunctivitis, with secondary intermarginal and palpebral excoriation; but the disproportion between the slight degree of the conjunctival irritation and the great amount of secretion on the surface of the eyelid is at once obvious. The outer surface of the lids, and especially of the upper one, is somewhat reddened, and permanently covered with a layer of fluid, the moisture being confined within the limit of the orbital ridge. In the author's first case, immediately after drying the lid, another thin layer of fluid was reproduced, so that with every care the skin could scarcely be kept dry for a few minutes. The fluid at first, too, was quite transparent, and only became turbid some time after its deposit. Examination with a lens showed that it issued from many minute, punctiform apertures in the skin, and gradually collected into drops. When we consider the rich supply of the lids with sudoriporous glands, no surprise need exist at this local ephidrosis. The conjunctivitis in these cases is only secondary, arising from the flowing of the sweat from the upper lids in at the angles of the eyes. In two of the cases the affection was connected with general ephidrosis, all circumstances, such as active movement, inducing especially the sweating of the eyelids. It is an exceedingly obstinate affection, and is liable to be mistaken for conjunctivitis. Local applications, as lead, or nitrate of silver lotions, diminish the secondary irritation of the skin, and temporarily heal up the excoriation induced, but exert no influence on the secretion. Ointments usually increase the evil. In one case smearing the lids with *pix liquida nigra*, after healing the excoriations, was very useful. Those general means seem to be of great consequence in this affection which influence the activity of the skin, such as cold bathing, frictions, etc.—*Graefe Archiv.* Band. iv. p. 254.

EXCERPTA MINORA.

Traumatic Diabetes.—Dr. Plagge reports a case brought on in a young man by a blow on the occiput, which, besides a swelling, seemed to produce no effect. In two or three days, however, the youth was seized with amblyopia, thirst and craving for food, while he passed a large quantity of urine which yielded much sugar. There was no uneasiness about the liver nor jaundice. Tannin and opium together, with flesh diet, were prescribed during a week, with little effect, three or four quarts of urine being passed daily. Under the use of bicarb. of soda, with flesh diet, however, the sugar gradually disappeared from the urine, although this fluid continued to be passed in too great abundance, as simple polyuria, for two months longer.—*Virchow Archiv.* B. xiii. p. 93.

Chloroform in Traumatic Tetanus.—Dr. Taramelli relates the case of a woman, aged 36, who was brought into the Milan Hospital, on the 6th October, on account of lacerated wounds. On the 22nd, she was seized with symptoms of tetanus, which soon assuming an important character, she was ordered chloroform inhalations six times per diem, without much amelioration until the 5th November. The chloroformisations were then repeated only four times, and after a while, three times and twice a-day—the whole quantity of chloroform consumed amounting to eight ounces, of which some was lost during its administration. She completely recovered.—*Annali Omodei*, vol. 164, p. 323.

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PROVINCIAL CORRESPONDENCE.

IRELAND.

DUBLIN, May 21, 1859.

A MEETING of the Governors and Guardians of Steevens' Hospital and Medical College, was held in the theatre of the Institution, on Thursday, May 19, for the purpose of distributing the exhibitions and honorary certificates awarded at the close of the session 1858-59. The chair was taken by the Right Honourable the Lord Chancellor of Ireland. After some remarks and a report by Dr. Hamilton, the Lord Chancellor conferred the exhibitions and honorary certificates upon the following students :—

Exhibitions—Senior: Mr. Joseph Halpin. Middle: Mr. John W. Jones. Junior—Mr. Abraham A. Stewart.

Honorary Certificates—Mr. Flood, Mr. Frazer, Mr. Hepburn, Mr. Martin, Mr. Murphy, Mr. Purcell, Mr. Sheedy, Mr. Thorp, Mr. Wilkinson.

His LORDSHIP then said: He was convinced that the system of competition, which had been encouraged in that institution, was one which must prove most useful to those who were preparing themselves for the Medical Profession; for the students were compelled, if they desired to succeed in obtaining an exhibition or a certificate, not to devote themselves to the study of one particular branch of Medical science, to the exclusion of the others, and were made to feel that it was by close attention to every department, that they were to hope for these honours. The system did not stimulate the pernicious practice of "cram," which had prevailed too long among students for the Medical as well as for other professions, and the result of which was that a man acquired a hollow and superficial kind of knowledge which was of no use, and often most mischievous. In the Medical Profession the same rule which applied to the other professions held good —the student should be acquainted not merely with all the departments of Medical science, but should possess the varied and important information, the intelligence and moral worth which a man was assumed to possess when it was said of him that he had a good general education. In his opinion the Physician needed, for the performance of his duties with credit to himself and with advantage to his patients, much higher qualifications than the member of the legal profession, for the duties of the advocate were merely to explain and apply the principles of an artificial system of jurisprudence to the case in which he was concerned. It was therefore necessary for him to understand the law and the principles of this system of jurisprudence, and to know and understand the history of those legal changes which had taken place from time to time in the constitution of his country and its code; and having taken the view of the law which was most favourable to the interest of his client, to advocate this. Another barrister concerned for an opposite party took a different view, and the judge mediated between them. The student of Medicine, or the Surgeon, had to proceed in quite a different manner. He had, by a judicial process, by diagnosis and observation, to get at the truth of the case into which he was making an examination, with a view to determining upon the method of treatment which was suitable to the disease or malady whose symptoms he had observed. But the Physician had even more to do than this; for in cases where special phenomena presented themselves—where the symptoms were different from any he had before observed—he had to deal with special facts—to abstract, to generalise, to take a comprehensive view of the case, in order that he might be enabled to determine what the disease really was, and to decide upon the best mode of treatment. He was often placed in a position where he could display all those talents that adorn the man, and the varied store of information which enlightened the intellect. He thought a better day was dawning for the Medical Profession. It was a matter of congratulation that at present the Medical appointments in the army and the navy were becoming open to public competition. The public service was, by the introduction of the competitive system, slowly becoming one great liberal profession, which would soon be open to the talent and virtue of the country. The system of patronage had, to a large extent, been abolished, and stupidity and ignorance were no longer in many branches of the public service, put before industry and ability. He saw before him many whose duty it would be in after life to stand by the bed of sickness and to soothe the approach of death, to mitigate the pains of disease; and when he thought in how many sorrowing families they would be called upon to employ that information and skill which they were now acquiring, he felt deeply how much they needed all that could dignify humanity and elevate the man. It would be their office to labour that the hand of death might be arrested and the sufferer restored to health, or to soften the anguish of disease or the agony of departure from life; and when he called all this to mind, he felt convinced that there was no Profession which, though it had few public honours, contained within itself greater rewards for the pure and enlightened and benevolent mind. (Loud applause.) He would not detain them any longer, and he desired to be excused for the time which he had occupied their attention, but the subject had borne him before it. He had merely to congratulate the young gentlemen to whom the prizes had been awarded upon their success, and to express his best wishes for their future happiness and usefulness. (Loud applause.)

Sir HENRY MARSH moved a vote of thanks to the Lord Chancellor.

Mr. TABUTEAU seconded the motion.

The LORD CHANCELLOR said he felt deeply gratified by the expression of their thanks to him, which was enhanced in his estimation by the fact that it had been proposed by an old friend, and one whom, in making the remarks he had offered to them, he had in his mind's eye as a perfect model of what a physician should be. (Applause.)

The proceedings then terminated.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At a meeting of the College, held on Monday, the 6th inst., the following officers were elected to serve for the ensuing year, viz.—President—Christopher Fleming. Vice-President.—Robert Adams. Secretary of the College — Edward Hutton. Council—Arthur Jacob, Thomas E. Beatty, William Hargrave, Andrew Ellis, Robert C. Williams, James Barker, William Colles, John H. Power, Hans Irvine, Edward Hutton, Robert Pentland, Samuel G. Wilmot, Augustus E. Tabuteau, Thomas L. Mackesy, Awly P. Banon, Peter Shannon, Rawdon Macnamara, George H. Porter, Hamilton Labatt.

MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—The seventeenth annual meeting of the society was held on Monday, 6th June, in the New Examination Hall of the College of Surgeons, Dr. Fleming, President of the College, in the chair. The number of applications for relief from the country part was thirty-eight, in aid of which the sum of 272*l.* was granted. The highest granted amounted to 20*l.* the lowest to 3*l.*: 20*l.* were given to a member of the profession now in his 85th year, and it was stated that should the grantee survive until the period of the next annual meeting, this sum must constitute his sole support. The applications brought before the Dublin Committee, and unconnected with branch associations, were thirty-five, to meet which 240*l.* were voted. Of this sum the highest grant made was 20*l.* towards the support of a gentlemen in his 77th year; the lowest 1*l.* to a foreign Physician in want of the common necessaries of life. Of the Dublin applications, three, and of the country applications, five, were refused; not because they were undeserving of aid, but because, after serious consideration of the state of the funds of the Society, it was concluded that the condition of the applicants was less destitute than that of others. Nine pounds were received from Irish Medical men in Calcutta. Dr. Stewart handed in a donation of fifty guineas. A further donation of 30*l.* from Dr. Purdon, of Belfast, already a liberal contributor, was announced. A rule of the society being that all donations should be funded, the amount available for distribution was 531*l.* out of which the grants already mentioned were made. Dr. Mackesy having been moved to the second chair, the thanks of the meeting were voted to the President of the College for his kindness in presiding.

IRISH MEDICAL ASSOCIATION.—The annual meeting of this body was held on Monday, June 6, in the New Examination Hall of the Royal College of Surgeons in Ireland, Dr. Mackesy, of Waterford, in the chair. The report, which was read by Dr. Quain, the Honorary Secretary, alluded to

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the improvement effected, through the instrumentality of the Association, in the Vaccination Bill of last year, but showed that even the amended rate of remuneration adopted at their suggestion, had been found insufficient, and was less than half that paid for the performance of the same duty in England and Wales. The subject of Parliamentary representation, so ably brought before the Profession by the president, was also referred to, as was the bill for the Registration of Births, Marriages, and Deaths (Ireland) introduced into the late Parliament. Special allusion was made to the objectionable clause in the latter measure, against which the Council of the Association had taken active steps. The necessity for an amendment of the Medical Charities Act was also brought under the notice of the meeting. Resolutions to the effect that £100 per annum should be the minimum salary of Poor-Law Medical officers, and that efforts should be made to obtain proper remuneration for professional evidence, were adopted. A committee was appointed to carry out the suggestion of the Chairman, that a testimonial should be presented to Dr. Jacob, for his able advocacy of the interests of the Medical Profession. Dr. Mackesy having been re-elected president for the ensuing year, the meeting broke up.

GENERAL CORRESPONDENCE.

LICENTIATESHIP OF THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

[To the Editor of the Medical Times and Gazette.]

Sir,—The numerous attacks which have been made upon the recent regulations of the Royal College of Physicians of Edinburgh; the evident misconception which prevails regarding their real nature and intention; the strong, and somewhat unusual step which has been taken by the London College in remonstrating against them, have seemed to me to demand on the part of some one connected with the Edinburgh College a fuller and more complete vindication of them than any of those which have from time to time appeared in your columns. Admirable as these have been they have been confined to isolated portions of the scheme; and, with the exception of the letter addressed by the Edinburgh to the London College in reply to the remonstrance of the latter, and which is also, of necessity, somewhat limited, there has been no attempt on the part of any Fellow of the Edinburgh College to vindicate the entire policy of that body. For this reason, I am induced to request your insertion of the following correspondence; for, long as it is, I think the subject justly claims the space in your columns which it will occupy, as it is of importance to all classes of Medical men, each of which is more or less affected by it.

The first letter is part of a communication addressed by a Fellow of the London College to an Office-Bearer in the Edinburgh College, and the second is his reply: your insertion of these will oblige. I am, &c.

An Office-Bearer in the Edinburgh College of Physicians.

No. 1.

Extract from a Letter addressed by a Fellow of the Royal College of Physicians of London to an Office-Bearer in the Royal College of Physicians of Edinburgh.

London, May 30, 1859.

My dear Doctor,— . . . . . I admit that I most heartily disapprove of the late movement of your College in respect of the manufacture of Licentiates from any, the worst tyros in the Profession.

I say frankly, that to me it appears nothing else than an acknowledgment of poverty, and a flimsy attempt to enrich your exchequer by a questionable mode.

I really wish you knew the parties who are aspiring to the honour. I am plagued with applications for testimonials as to character, and have in every instance refused, and given my reasons without reserve.

I am sorry that you have sanctioned this movement; for, however much the University party are to be blamed for the active steps they have taken against the corporations, there were certainly other modes of doing battle than ruining the reputation of your College.

You have lost immeasurably in the opinion of the London College by this false step; and I really think the sooner you blot out this stain the better for all.

Believe me, yours truly.

You have not even the safeguard of the ballot.

No. 2.

Letter in reply from an Office-Bearer of the Edinburgh College of Physicians.

Edinburgh, June 1, 1859.

My dear Doctor,—Do not be alarmed at the size of this sheet. When I first read the memorable, and allow me to say, unfortunate letter addressed by your College to that of Edinburgh, I felt certain that our recent regulations had been misunderstood, and now, when I see by yours of the 30th ult. how completely you, a leading Fellow of the London College, misconceive them, I gladly embrace the opportunity afforded by your letter to enter on a full discussion of them, being satisfied that if I succeed in removing your prejudices you will do your best to set us right with your colleagues, and endeavour to get them to reply in a suitable manner to the letter of our College. I need not tell you that the remonstrance of your College, instigated as it was by members of the University minority in ours, has proved a heavy blow and great discouragement to all your friends, and a source of unfeigned joy and triumph to the supporters of the University monopoly among us.

Our regulations necessarily divide themselves into two parts. 1. Those which are to be permanent. 2. Those which are only to continue in force for one year—the year of peace, as it has been termed. I shall consider these separately.

Every candidate for the licence of our College must prove by examination his competent acquaintance with Latin, English and Mathematics, Greek, or one of the modern languages, Natural Philosophy, or Logic and Mental Philosophy; and he is besides recommended to study Comparative Anatomy, Natural History, and Geology. I think then, that as regards Preliminary Education, our requirements are sufficiently high.

In regard to our scheme for Professional Education, it is as high as that demanded by any other examining board in the three kingdoms. In addition to undergoing the examinations, the candidates must produce certificates of character; and all these having been laid before the Fellows of the College, he must then be balloted for by them, which is clearly shown in the regulations, though judging, from the postscript of your letter, it would appear to have been overlooked by you.

Should a candidate, either by original talent, or by more assiduous application than his fellows, be fit to undergo these examinations at the age of 21, he may then apply; and this question of age seems to be a very sore point with you and your brethren in the London College.

You will remember, however, that the licence of the College is not henceforth to be conferred as an honour, but is intended to become a portal for entering the Profession—a portal which it is believed will be chosen by all those who prefer to commence practice under the auspices of a Medical rather than a Surgical body, or who, requiring a double qualification, prefer that their medical one shall be derived from a Medical Corporation, rather than from an Apothecaries' Company.

If then the licence of the College is to be held as a warrant for entering the Profession, it must be conferred at the age which other learned Professions adopt as the suitable one for commencing the business of life; and as in Scotland 21 is the age fixed by the bar and the church for admission, and is the age at which Universities confer the degree of Doctor of Medicine, it seems the suitable age for admitting to the licence of the College those who are then able to obtain it.

I know it is the fondly-cherished wish of those who have been most active in promoting the passing of these Regulations, that they may be the means of introducing as family practitioners throughout the country a class of men who, keeping free from the trade of druggists, will, by their superior character and attainments, be the means of elevating the Profession.

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But, in the second place, let me call your attention to the exceptional admissions now taking place, during "the year of grace."

You will observe that, by Regulation 8, every candidate for admission during that year must first have passed one or more of the existing licensing boards; second—must give up the sale of drugs, if he has previously dealt in them; third—must produce certificates of his fitness to be a Licentiate of a College of Physicians from Hospital Physicians or others of eminence; fourth—must have his claims and character carefully scrutinised by the Council of the College; fifth—must be subjected to a ballot by the Fellows, "a majority of two-thirds of those who vote" being necessary for his admission.

Now, fully to understand these Regulations, you must have regard to the different state of the Profession in Scotland and England. North of the Tweed, we do not believe that even the magical age of twenty-six can make a man a Physician, nor can any amount of general or professional education manufacture the article.

For several years back our most eminent consulting Physicians in Scotland have, with few exceptions, been trained in the school of family practice, and have only become consultants when they have proved their knowledge and skill. I might instance Abercrombie, Thomson, and the last two Presidents of the College of Physicians. Begbie and Maclagan, who all began life as family practitioners, became Fellows of the College of Surgeons; but eventually rising in repute, and finding their advice sought for by their less experienced brethren, relinquished family practice, joined the College of Physicians, and restricted their attendance to visits in consultation with the family practitioner. At this very time, with two or three exceptions, the whole Fellows of the College of Physicians are family practitioners—all Doctors of Medicine, practising Physic, but not Pharmacy.

The Medical Act, however, has made men consider more carefully their *status* in the Profession; and there exists throughout the empire a large body of men, of mature age, who having begun life as Surgeons, Apothecaries, or General Practitioners, but having established their fame as sound Practitioners, are naturally anxious to correct themselves with a body of a higher position than that of a trading company, and are therefore willing to have nothing to do with the sale of drugs, and to confine their practice very much to the higher branches of Medicine. All these are aspirants in the right direction for the elevation of the Profession, and these it is the object of our College to foster and encourage. Men of this age cannot be expected to submit to examination like tyros just off the irons, and therefore the College agreed to rest satisfied with proof of their having been already examined by a competent Medical board, and with requiring from them testimonials of undoubted character and qualification.

There is no doubt that many *young* men have applied for admission; but with few exceptions these have all been told that they must be examined, as the clause was intended for the admission of Practitioners of more mature age. The question has often been put why such a large proportion of those who apply are English, not Scotch Practitioners? The answer is easy. North of the Tweed we have no Apothecaries' Company, and almost every Practitioner with us is already either a Graduate in Medicine of a university, or connected with the College of Physicians or Surgeons.

It may surprise you who have doubtless heard of the keen discussions to which these regulations gave rise in the College, to be told that the only difference was whether the licence should be free to all who were duly qualified, or whether it should be restricted to University graduates. The adherents of the University were naturally anxious for the latter, which would have left the licensing power in Medicine almost exclusively in their hands. If the London College remains true to its traditional policy, this is an arrangement I would scarcely expect it to consider desirable; and yet I have every reason to believe that the movement which ended in the remonstrance which it addressed to us, originated with a Fellow who was in close correspondence with one of the least scrupulous of the University party in our College, smarting under recent defeat, and that your College thus unwittingly lent itself to the support of the "University party," who, as you justly say, "are to be blamed for the active steps they have taken against the Corporation."

I think, then, that I am entitled to assume that, with the restrictions which I have explained, and with a thorough and conscientious application of all the rules, no one is likely to be admitted as a Licentiate of the College of Physicians of Edinburgh who is unworthy of the honour. I cannot but look upon your systematic refusal to give certificates to aspirants for this honour as unjust to them, and injurious to us.

I think you are certainly deficient in charity when you accuse our College in taking this step, of "Nothing else than acknowledgment of poverty, and a flimsy attempt to enrich our exchequer by a questionable mode." Our finances fortunately are, and have been for years, in so flourishing a condition as to place us quite beyond the reach of such a temptation; the plan is one which successive generations of our Fellows have had in contemplation for the last hundred years, and which has only now been accomplished by the energy and determination of those in office, and by the changes effected by the Medical Act. What do you say to your own College, with an exchequer admitted not to be overburdened, who have in the last few weeks admitted nearly three hundred applicants with qualifications not at all superior to those of ours, unless you hold that the examinations of Universities are necessarily of a higher class than those of corporations?

And now I am entitled to ask an explanation from you in my turn. On the table of your College the following proposal is lying—not yet adopted, it is true, but still open for discussion, and recommended by a committee of great weight and influence:—

"VIII. That any person who shall not be engaged in the practice of pharmacy, and who, by examination or otherwise shall have satisfied the said Corporation touching his knowledge of medical and general science and literature, and complied with such other regulations as are or shall be required by the bye-laws of the said Corporation, shall be entitled to receive a licence to practise as a Physician and to become a member of the said Corporation."

Have we gone a step further than this? And until such a proposal had been rejected by your body was it wise in it to remonstrate with us for passing a similar regulation and thereby strengthening the hands of those who wish us no good, and enabling them to speak of the "Battle of the Colleges," as if we were ranged against one another in an attitude of determined hostility. "Divide et impera," has long been the motto of our opponents; let us not forget the fable of the bundle of sticks.

I shall conclude this too long letter by a few remarks on that singularly ill-constructed and unwarrantable clause in the Medical Act (xlvii) commonly called the Hadfield clause, which enables any Fellow, Member or Licentiate of our, or of the Irish College, who may be practising as a Physician in England, to demand admission as a "Member" of your College on the payment of a registration fee of two pounds.

The introduction of such a clause was not sought for by the Edinburgh College, and they have stated that its modification or abolition would not be opposed by them. It is manifestly imperfect, as the three grades in the Scottish and Irish Colleges can demand admission only into one grade in the English, and by it the lowest grade in the Scottish might enter the middle grade in the English.

This clause must be altered, and the sooner the better; and I have no doubt that when that alteration is effected, "the battle of the Colleges" will be ended, and we shall again stand shoulder to shoulder prepared to oppose an united resistance to those at whose hands we have already suffered such grievous wrong.

It is much to be regretted that mutual consultations had not preceded the alteration of the laws of any of the Colleges. Our President has stated that he made a written proposal to your College and the Irish one for such a consultation, but that, although accepted by the Irish College, your President declined it.

I regret, if it be as you say, that we "have lost immeasurably in the opinion of the London College" by our recent regulations; it only convinces me of how great the power of misrepresentation may be; but, much as I value the good opinion of the London College, I trust we shall never seek to purchase it by abandoning a course of action which I firmly believe will do more to elevate the Profession of Medicine than any Medical Act which we have obtained or are likely to obtain for a hundred years to come. I am, &c.

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THE BATTLE OF THE COLLEGES.

Letter from Dr. James.

[To the Editor of the Medical Times and Gazette.]

Sir,—I regret that my last was so hastily written as to leave room for some misconstruction. As an excuse I plead the pressure of urgent engagements, hoping you will afford me space for explanation.

My object, as stated at the outset, was to place before you some important considerations you seemed to have lost sight of in arriving at your conclusions—and especially the one, that a "New Board should be established to License General Practitioners." If, as you aver, "the College of Physicians is accessible to General Practitioners," such a Board is not desirable, because it would only prevent gentlemen renouncing Pharmacy, and becoming Physician-Surgeons. The College of Physicians may almost, and eventually perhaps entirely, supersede the Society of Apothecaries by encouraging the abandonment of Pharmacy by the great body of the Profession. For a long time a part of the public will demand medicines as well as advice from their attendants; and in villages where no pharmaceutist is established there is no alternative. But in many places at the present moment, graduates in Medicine, who are also members of the College of Surgeons, are engaged in general consulting practice, and yet they hold aloof from the College of Physicians—their chief reason for doing so being, I believe, the impression that this body forbids the practice of Surgery. This impression, you now say, is erroneous; and yet I know many estimable Physicians have had no other reason for not taking the Licence. Moreover, in discussing this supposed prohibition with some of the most distinguished Fellows of the College, I have frequently been assured that it remained in full force. Besides, only last year, Professor Laycock of Edinburgh, in an address at a scientific meeting of the Pharmaceutical Society, publicly counselled the London College to imitate her Edinburgh sister in tracing the progress of Pharmacy from the time "when the two Royal Colleges were the exponents of exclusive views, and not only solemnly required their Fellows to abstain from Surgery, Midwifery, and Pharmacy, but refused to admit any to their Fellowship who had, at any time, practised them,"—he pointed out, that the London Corporation had remained exclusive, and thus brought into existence the powers of the Society of Apothecaries; while at Edinburgh liberal views had prevailed until "no restrictions were placed on the practice of the Fellows." It is worthy of remark that to this very step Professor Laycock attributes "that general separation of Pharmacy from the practice of Medicine in Edinburgh," which now exists, since it "broke down the wholly conventional line of demarcation which was drawn between the practice of Physic, and Surgery, and Midwifery." The address (which may be seen in the December number of the *Pharmaceutical Journal*), will repay the perusal of those interested in this subject.

Another cause of the prevailing notion respecting the attitude of the College towards Surgery may be found in the phraseology of its proceedings: an example appears in the *Medical Times and Gazette* for February 19, where the resolution of the College to admit graduates and others, "practising as Physicians," is reported. I think, therefore, the Profession may justly expect an official statement of its intentions from the College, which, in its own interest, ought to make public its willingness or unwillingness to allow its Licentiates to practise all departments of the healing art.

My statement, that the admission of "all graduates who renounce Pharmacy would settle the question," or rather "these questions," as it should have been printed, is not so "strange" as you seem to think, because "such an arrangement is" not "actually in operation at this moment," as will just now appear. Nothing will so happily terminate all disputes between Graduates and Licentiates as a mutual concession between the Universities and Colleges, inducing all Graduates to join a college. By admitting all Graduates—and Graduates only—the College would make every Physician both a Graduate and a Licentiate. If the practice of Surgery really does not exclude, many consulting Practitioners are eligible—but not all, for Graduates under 26 years of age must still wait for the benefit of association with the College. You say they "do wait, and do not forego the benefit." I answer, some wait, but others go to Scotland, where the Graduate is admitted without restriction as to age; and if by sending young Englishmen to Edinburgh the London College impoverishes itself, few will be found to pity it. You say, speaking of the London College, "the value set upon the licence is shown by the numbers of gentlemen who now seek it;" but this argument equally applies to the Edinburgh diploma; and all your endeavours to show its inferiority at once fall to the ground before it. I admit that it is highly desirable that all English Physicians should belong to the London College. Indeed, to promote that object these remarks have been dictated. Let that venerable and learned body open its doors to all worthy aspirants, and it will soon gain the sympathy of the Profession; and, if prepared to meet fairly the proposals of Edinburgh, a liberal and united policy might be agreed upon, which would secure that harmony so needful for the advancement and honour of the several sections of the Profession. I am, &c.

Braintree, May 30, 1859. M. Prosser James, M.D.

SELENITE A SUBSTITUTE FOR QUININE.

Letter from Mr. Clark.

[To the Editor of the Medical Times and Gazette.]

Sir,—I beg to send you the following notes on the medicinal effects of selenite, which I have found very useful as a febrifuge and general tonic. In the month of September, 1858, while investigating the use of some preparations of arsenic much in vogue among the natives in this part of India as remedies in fever, I found that the one most valued as a febrifuge—a fine impalpable white powder under the name of Hurtal (the common native name of arsenic) was not arsenic, but some other substance insoluble in any of the strongest acids at my disposal at the time. I, however, commenced its use as a febrifuge, in small doses at first; and the results have been so satisfactory that I consider it my duty to bring so cheap and useful a remedy to the notice of the Profession.

On further inquiry I found the substance was the product of a mineral in a calcined form; procurable in most bazaars; and subsequently pronounced by Dr. Macnamara, chemical examiner to the Government, to be selenite.

The natives calcine the mineral in combination with the fresh pulp of the Indian aloe. About equal parts of each are put into two small earthen pots luted together, and placed in a slow fire. This rough crucible is allowed to cool gradually as the fire burns down, the whole process taking about twelve hours.

I prescribe the medicine in five to ten-grain doses for adults, and one to three grains for children, every four hours, in intermittent fever, and in other cases requiring tonics; and find it an excellent substitute for quinine, both alone and in combination with other medicines.

I have now been in the habit of prescribing it almost daily for some eight months, and I believe any one who likes to give it a fair trial will find it a very useful addition to his list of tonics. I am, &c. S. Clark,

Civil Assist.-Surg. Bengal Medical Service.

Allygurk, April 4, 1859.

Artesian Wells at Naples.—M. Laurent has furnished to the Académie des Sciences an account of the successful completion of the Artesian Well at Naples. Water was not reached until 482 metres had been bored, and after the granite layers had been traversed. On its first issue it was accompanied by a large proportion of carbonic acid gas, which has also reappeared at irregular intervals. The success in this instance has led to the resuming the boring of other wells there which had been abandoned. The borings of one of these had been discontinued at 220 metres, but on resuming them water was reached at some metres deeper.

Population of Egypt.—The census of the population of Egypt, taken by order of the Viceroy on the French method, has just been completed, and gives the following results:—The population, which in 1798 was 2,500,000, amounted in 1817 to 3,700,000; in 1847 to 4,250,000; and is now 5,125,000. The inhabitants of Alexandria, which in 1798 only amounted in number to 30,000, had increased in 1817 to 230,000, and now are near 400,000.

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REPORTS OF SOCIETIES.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, May 2.

Dr. BABINGTON, President, in the Chair.

A Paper by GAVIN MILROY, M.D. F.R.C.P. was read, on

THE SUCCESSIVE EPIDEMICS OF YELLOW FEVER AMONG THE GARRISON, etc. IN BERMUDA DURING THE LAST FORTY YEARS.

The history of an epidemic, and still more of several epidemics of the same disease, in small detached islands, must always be singularly instructive, if the descriptions be only exact and sufficiently detailed. The development, spread, and progress of the disease are more easily studied in such a locality, than in any part of a continent, or even a large island near a continent. The Bermuda islands are in lat. 32° N. and therefore nearly on the same parallel as Madeira to the East, and Charleston in South Carolina to the West. They are about 600 miles distant from the American coast. Four or five only of the group are inhabited; the rest, upwards of 200 in number, are bare rocks. Besides the garrison, which of late years has usually been from 1200 to 1400, there is a large convict establishment, numbering about 1800 persons. There is also an extensive dockyard and naval hospital on one of the islands, the general population, half of whom is black or coloured, amounts to between 1000 and 1200. The prevailing diseases among the troops are bowel complaints, and then fevers and diseases of the respiratory organs, which are nearly equal as to frequency. The average sickness rate has been such that every soldier may be said to be in hospital once in eight or nine months. The usual death-rate in the course of the year has been between three and four per cent. of the strength of the garrison. Most of the deaths are from fevers. Diseases of the chest, and then bowel complaints are next in fatality. The type of the ordinary fevers is very generally synochal or syrochoid. Periodic fevers are rare; but besides the usual endemic fevers met with in all years, the Bermudas are subject to occasional visitations of yellow fever, which have been often most destructive. As the Medical returns of the army do not go further back than 1817, the first epidemic of which there is any notice is that of 1819. It appeared among the troops at the beginning of August, and in six weeks, from the beginning of that month to the end of September, a fourth of the entire garrison perished! As one in every second or third case proved fatal, nearly two-thirds of the troops were attacked. Unfortunately no particulars are given of the circumstances which preceded or accompanied the outbreak; nor are we told anything respecting the results of the pestilence among either the naval establishment, the convicts, or the general population. On that occasion, as on all other like occasions, some persons supposed that the disease had been imported by a vessel from the West Indies—and 1819 was a notoriously sickly year there—but without adducing any evidence whatever. The next epidemic visitation mentioned in the Army Medical Returns is that of 1843. It appears, however, that "early in October, 1837, when H.M.S. *Pearl*, direct from England, arrived in Bermuda, the island (Ireland Island, where the dockyard is situated) was in a very unhealthy state; and as the ship's company were allowed to go on shore, a considerable number of cases of (what was believed to be) yellow fever occurred among them." The disease was regarded as of indigenous development, and no mention is made of suspected importation by vessels, although it is certain that Jamaica, Cuba, and other West India Islands had suffered from it in the course of the year. Respecting the epidemic of 1843, the information in the Army and Navy Medical Returns is very meagre and unsatisfactory. Mr. Milroy had been told by Dr. King, who was then the principal Medical officer of the navy on the station, that the outbreak of the fever had been preceded by the prevalence of unusually-severe bowel complaints, many of the diarrhœa cases being of a well-marked choleraic character, and by a few cases of malignant and rapidly fatal cholera. The earliest cases of yellow fever occurred about the end of July, in St. George's Island, where the first cases had also appeared in 1819. It was again in August and September that the pestilence committed its great ravages—the two months, it is worthy of remark, that the ordinary endemic fevers are usually most severe and fatal. A seventh part of the whole garrison was swept away in the course of a few weeks. The type of this epidemic appears to have been less malignant than that of 1819, as the deaths were in the proportion of only one in every five or six cases. The medical chiefs of both services were decidedly of opinion that the pestilence sprang up spontaneously in the islands; and Sir William Reid, so well known to science by his works on Storms, who was then governor, has recorded his opinion that it could not be traced to importation. Respecting the last two epidemics, those of 1853 and 1856, we are fortunately possessed of much more exact and ample information in consequence of the colonial ministers having on both occasions ordered a special investigation by commissioners on the spot, and of their reports having been printed by order of Parliament. Both documents contain much valuable instruction, and especially upon those very points which stood most in need of elucidation, viz. the origin or development of the disease, its progress, with the causes which favoured its spreading, and the best means of mitigating its invasions in the future. In 1853 the appearance of the epidemic was preceded by an unusual prevalence of aggravated bowel disease and some fatal cases of cholera, as in 1843. The fever appeared first among the convicts, and proved very destructive—out of 1778, 161 perished. But the ravages among the garrison were much greater; for, out of 1517, no fewer than 365 died, and this in the course of six or seven weeks. The chief cause of this excessive mortality was proved to be the unwholesome state of the barracks. The details will be found in the official report. In the epidemic of 1856, the garrison suffered very little, although the convicts again suffered a heavy loss; and the disease proved fatal to the inhabitants in some of the islands. The preservation of the troops was greatly owing to removing them from the barracks at, or rather before the commencement of the epidemic, and camping them on healthy ground, and frequently changing the site of the camps. The history of the successive outbreaks in Bermuda accords in many respects with that of the repeated invasions of the disease in the early part of the present century among the garrison of Gibraltar. In both places it always begins about autumn, between July and October; and its manifestation was on no occasion traced to importation by sick or infected persons, although the arrival of foul and diseased vessels was very often believed to be connected with it; and the great importance of anticipative hygienic precautions in a threatened locality, and of early camping out troops in the sickly months, was strikingly shown.

Dr. MCWILLIAM, in the course of his remarks upon Dr. Milroy's paper observed, that although in neither of the Bermuda epidemics of 1853 and 1856 was the importation of the disease clearly traced to any of the inculpated vessels, and the case against those vessels stood therefore as "not proven," yet the history of both of these outbreaks furnished facts, which ought not to be hastily dismissed. For instance, of the evidences examined on the epidemic of 1853, by the Commissioners of Inquiry, thirty-eight were in favour of, and four against the doctrine of Communication. The course of the disorder at Bermuda appeared to furnish several instances of propagation by contagion, and the number of persons attacked by fever at the Naval Hospital (which in point of situation and sanitary condition is unexceptionable), was remarkable. His friend Hilditch, Inspector-General of the Hospital, who is a noncontagionist, in his evidence before the Commissioners, had stated that eight out of ten persons employed in the wards of the hospital were attacked, and two died. All the Medical officers were attacked; the steward of the hospital contracted the disease and died; his mother-in-law and brother-in-law, living in the house with him, were also attacked, and both died. The Commissioners, "without undertaking to affirm that yellow fever could not be imported, were not satisfied that on the occasion in question it was so introduced, and considered that the point was still involved in much obscurity." Towards the conclusion of their report they observe, "Considering the great preponderance of the opinion as to the communicability of yellow fever, of the type which prevailed here last year, and the certainty that small-pox and other

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eruptive fevers are contagious, and can be imported into this colony, the Commissioners are convinced that more stringent and effective quarantine regulations than those which now exist would be conducive to the public welfare." The Commission appointed to inquire into the epidemic of 1856, reported that the disease originated at Bermuda; the Attorney-General, one of the Commissioners, judging from his previous experience of yellow fever at Bermuda during several visitations, and considering it an established fact that the outbreaks of yellow fever there had been usually, if not invariably preceded by the arrival at Bermuda of some ship with yellow fever on board, qualified in some degree, on his own part, the opinion expressed in the report. The Governor and Commander-in-Chief also recorded the fact that "on no occasion has yellow fever appeared in Bermuda without having been immediately preceded by the arrival of ships infected with that disease." There was a variety of opinion among the Medical men examined; and Dr. Rees, the Deputy Inspector-General of the Naval Hospital, who is strongly opposed to the view of contagion, gave evidence to the following effect: "That out of 62 general patients (*i.e.* other patients than yellow fever patients) admitted between August 1 and December 13, 15 sickened of yellow fever and 4 died: and this proportion being too large to be ascribed to the epidemic constitution, and seeing that the sanatory condition of the hospital was unexceptionable, I can only infer that the emanations from the sick must have served either to contaminate the atmosphere within the hospital, or to give to the disease itself superadded infectious properties to a limited extent." Latterly Dr. Rees removed all the general patients out of the hospital into an empty house in the neighbourhood; and it is worthy of observation, at least, that none of these were attacked.

Dr. McWilliam considered that Dr. Rees's facts looked more like evidence, both positive and negative, in favour of contagious propagation than anything else.

After some remarks from Dr. Greenhow, Dr. Logan, Dr. Babington, Mr. Radcliffe, and Dr. J. Bird, the meeting adjourned at ten o'clock.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, June 1, 1859.

Dr. Rigby, President, in the Chair.

Thirty Fellows were elected.

The President exhibited a preparation of the liquid extract of ergot, made by Messrs. Curtis, which he had been in the habit of using with advantage for some time.

Mr. Pound, of Odiham, exhibited an "Encephalous Monster."

A paper by Dr. Tanner was read,

ON A CASE OF INFANTILE SYPHILIS, WITH REMARKS.

The chief points of interest in the case related are the following:—In August, 1851, a married lady was delivered of her first child, which was strong and healthy, and has since continued to be so. Soon after her labour the husband contracted a syphilitic sore from a prostitute, for which he put himself under the care of an eminent surgeon. He took mercury, and was salivated; but two months after an apparent cure he became affected with secondary symptoms, for which he again took mercury. Being nervous as to the consequences, he did not have intercourse with his wife until after the lapse of nine months from the date of his being primarily affected. At the commencement of 1853, the wife's health began to suffer, though not very materially; but on the 12th June of the same year she was delivered at the seventh month of gestation of a still-born child. Some months afterwards her health began more decidedly to fail; spots appeared on her skin; she had a sore-throat, and her hair came off. In May, 1854, she gave birth to her third child; it was dead, and she fancied she had not gone more than six months and a-half with it. In the November of the same year she aborted at the third month. In August, 1855, she had a child born dead at the sixth month; and in October, 1856, she was delivered at the eighth month of pregnancy of another dead child. In March, 1858, she first became a patient of Dr. Tanner, and was then put upon a course of bichloride of mercury for three months. On the 24th of last September she was delivered of a seemingly healthy live child; the labour took place some three weeks before its proper time. The infant only remained well about a fortnight, when it manifested all the symptoms due to constitutional syphilis. The treatment consisted in the inunction of mercurial ointment, no medicine of any kind being given by the mouth. In a month the child was apparently well in every respect, so that all medical treatment was discontinued; but a fortnight afterwards it died suddenly. At the post-mortem examination, every organ was found healthy, the brain, lungs, thymus gland, heart, etc. all presenting a perfectly natural appearance. The only change was in the blood, which seemed to be more watery than it ought to be. The paper concluded with some remarks upon constitutional syphilis in infants, and with the recital of a case partly resembling the foregoing, recorded by Wiseman.

A paper by T. Ballard, Esq. was read on

INVAGINATION OF THE INTESTINE IN A CHILD,

AGED TWENTY MONTHS, SUCCESSFULLY TREATED.

The child became affected with invagination of the intestine, in consequence, as the author believed, of "fruitless sucking." The facts in support of the theory of fruitless sucking, being a cause of this and other disorders of infancy, he had already brought before the Profession. In the instance now adduced, the child was cured, the sucking having been discontinued, and certain remedies administered.

A paper by Philip H. Harper, F.R.C.S. was read on

THE MORE FREQUENT USE OF THE FORCEPS

AS A MEANS OF LESSENING BOTH MATERNAL AND FŒTAL MORTALITY.

The author first examined the question,—What are the ill effects, either to the mother or child, produced by the forceps?—and endeavoured to show that not one of those usually ascribed to them could properly be attributed to the use of the instrument itself, but only to its abuse. He then showed, from various authorities, that the causes of maternal death after their use were the same as after unassisted tedious labour, and, therefore, that their origin must be sought in the delay, rather than in the use of the instrument, especially so long as it was only applied in the extreme cases of tedious labour. The causes of the large fœtal mortality are likewise to be found in the long-continued and violent efforts made by the uterus on the child previously to its application, and which are more fatal than the compression of the instrument in the proper direction. He then showed, from the cases of unassisted tedious labour reported by Johnston and Sinclair, that mere duration alone, without any abnormal circumstance, is a main element in rendering labour dangerous; fully confirming the law laid down by Dr. Simpson, and which holds good both in mother and child. He went on to examine the same works, and found that both the maternal and fœtal mortality in their cases was greater in tedious labour than in their forceps cases. The maternal mortality in their craniotomy cases was greater than in either. Having spoken of the general powers of the instruments, as extractors and rectifiers, he then examined them as compressors, in order to discover how much compression might safely be exercised upon the fœtal head. He mentioned some experiments of his own upon children still-born after footling, and other such cases, where he applied forceps immediately after birth, and fastening the handles together with india-rubber springs, had left them on for a time, with the effect of much altering the form of head, and diminishing its diameter, without any apparent injury to the brain. These cases, of course, only bear slightly upon the question of compression previously to the child's death. The brain must be pressed in a direction parallel with the base of its anterior lobes, to produce the dangerous effects spoken of Radford and others. In practice this is really not so easy, as it is to apply them so that the pressure may be excited upon the prominent parts of the frontal bone anteriorly, and the junction between the middle and lower thirds of the occipital bone posteriorly. When various statistical tables to prove the proposition, that "the earlier and more frequently the forceps are applied in proper cases, the more maternal and fœtal lives are saved," he separated all arm, breech, footling, and placental presentations,

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together with their maternal and fœtal mortality. It is necessary, also, to separate puerperal fever cases and those in which death arose from other labour causes, or from constitutional causes coincident with the occurrence of labour. The necessity for thus dealing with the statistics, in order to arrive at a just conclusion, prevented his using all the obstetric histories which have been published, as they do not all contain these data. He examined Collins, Hardy, and M'Clintock, Johnston, and Sinclair, and his own statistics, and from them considered the proposition confirmed and proved. He concluded by hoping that the Fellows would give his various propositions and statistics their calm consideration, and not reject them because the results were startling, and contrary to general opinions.

Mr. Harper, in answer to questions from Dr. Barnes and Dr. Druitt, stated that in his private cases there had been no maternal mortality; there was a mortality from all causes of 1 in 500. The class of cases was mixed; 4000 and upwards were in a mining district.

Dr. Tyler Smith thought it would be satisfactory to the Society if the facts related by the author were a little more fully substantiated, for the following reasons:—Those facts were peculiar. 6000 cases was a large number for one man to have attended, amounting to 300 per annum for twenty years. The results were gratifying in an extraordinary degree. There were 300 forceps cases and only 2 deaths. Usually the deaths were 1 in 20. In Johnston and Sinclair's recent work, with the worst cases eliminated, the mortality was 1 in 20. In Mr. Harper's cases it was stated to have been 1 in 250; and he appeared to have used the forceps with extraordinary frequency—once in 26 cases. Believing that the forceps might be much used, he yet considered this proportion far too frequent. There was an advantage in the statistics from public institutions, that they were perfectly reliable and open to investigation. He would certainly like to have some guarantees of the practice detailed in the paper. The consultation practice detailed was large.

Dr. Murphy was old-fashioned and sufficiently "parrot-like" to repeat the adage that a "meddlesome midwifery is bad." The forceps had been used by the author of the paper to an unwarrantable extent. He remarked on the absence in the paper of details as to the causes producing the prolonged labour. False figures were infinitely worse than false facts. He would ask, had the Fellows met with the high mortality from tedious labours, in their everyday practice, which was laid down by the author? In face-presentations the forceps was not necessary. Nature required time, and time should be given her. He believed that more lacerations were caused by the forceps than in any other way.

Dr. Barnes observed that in the Royal Maternity Charity, the statistics of which he would adduce, the mortality was very low: in 10,000 cases the mortality was 1 in 400 or 1 in 500, rarely over 1 in 400. In that charity the kind of practice detailed by Dr. Murphy was faithfully carried out. Nature is allowed to act, and the forceps are rarely used. He thought that, to serve a useful purpose, the author should have divided his facts into two kinds—those in which he did not, and those in which he did use the forceps extensively. Disposed to go as far as any one in reason, he still thought the use of the forceps once in twenty-six cases was far too frequent.

Dr. Granville had formerly much experience, and in many thousand cases directly or indirectly under his control he believed the forceps had been used only fifty times. He was astonished both at the number of cases and at the number of applications of the forceps.

Mr. Harper, in reply, stated that many questions put by Fellows would have been unnecessary had there been time to read all parts of the paper *in extenso*. With reference to the facts upon which comment had been made, he could only say that they were as stated. He had practised until lately in a large mining district, where it was not at all unusual for one medical man to put 500 women to bed in one year.

It has been discovered that the hero of the Ramsgate mystery had been a butcher by trade. This, we are told, adds greatly to the probability of the supposition of his having killed himself. No one, except acquainted with anatomy and the use of the knife, could have done himself to death so certainly, it is argued, in the manner here related of this German stranger.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

A meeting of the College to receive the annual report of the Council, was held on Monday, the 30th ult. The chair was taken at 3 p.m. by Mr. Cusack, President. The requisition convening the meeting and the report were read by the Secretary.

Dr. Benson moved the adoption of the report by that meeting. This resolution was about to be put from the chair, when Mr. Darby claimed the right of addressing the meeting, and complained that while the income of the College had been greater in this than in any preceding year since the supplemental charter came into operation, the Council had not only failed to add to its funded property as in former years, but also had largely drawn upon the floating balance. He considered that the expenditure of £224, included under the head of incidentals, was not satisfactorily explained. That the College, owing to its connexion with a Medical school, had paid £317 taxes, from which it should have been exempt were it rated only as a literary institution, and that the amount spent on deputations to London (£201) was excessive, and according to the report unproductive of benefit to the College. In his opinion it would be desirable to obtain an amended charter for the College, the present one being vague, and in many parts so obscurely worded as to be unintelligible; as an instance he mentioned that it was impossible from the charter to decide whether the present meeting had the power to reject or call for an amendment of the report before them. He stated that the Medical Bill had been allowed to pass without the Fellows being assembled to express an opinion upon it; that the principle of the Bill was to disqualify all legitimate practitioners, and reinstate them only on their submitting to a penalty of two pounds, while quackery was not interfered with and exempted from taxation. He complained of the assumption of the powers of the College by its Council, and that while its representative on the Medical Council had assured him that the fee for registration would not exceed a sum of five shillings, the full amount permitted by the law had been exacted.

Mr. Srudy spoke in support of Mr. Darby's observations, urging upon the Council the necessity of modifying its charter, and a resolution to this effect was, after some discussion, put from the chair and carried.

Mr. R. McDonnell then rose to enter a protest against the election of a representative by the Council under the provisions of the recent Medical Act. He had no fault to find with Mr. Williams, the present representative, but he thought the election should have rested with the Fellows at large. He was confirmed in this view by the opinion of an eminent barrister to whom, for his own satisfaction, he had submitted the case, which he read to the meeting. He did not wish that this mode of election should stand as a precedent; the Council before taking this step should have had proper legal opinion on the subject, and he, as a Fellow of the College, wished formally to enter his protest against it.

Mr. Williams alluded to the similarity of the case of the London College of Surgeons, on which the opinion of the Solicitor-General had been given in favour of the Council.

Mr. Jacob argued that the opinion read by Mr. McDonnell was of little value, the case not having been formally drawn up for the Council by a Solicitor.

Mr. McDonnell stated in reply that he only read the opinion for the purpose of showing that doubts did exist on the question, and, therefore, that the Council should have been legally advised before assuming to themselves the right of election—[at this stage of the proceedings the President vacated the chair, which was taken by Mr. Fleming, the Vice-President]—he therefore wished to record on the minutes of the College this protest with reference to future elections.

The Vice-President declined to receive Mr. McDonnell's protest, as not bearing upon the subject of the report now before the meeting.

Mr. S. A. Cusack said that it was his intention, at a future stage of the proceedings, to put a resolution for an amendment of another portion of the report; he could not, however, forego the present opportunity of expressing his concurrence in Mr. McDonnell's statement. The chairman had decided that Mr. McDonnell's protest was out of order,

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he (Mr. Cusack) therefore felt it necessary to put a formal resolution that the Council be requested to submit an amended report to the College, containing a legal opinion with reference to the right of electing a Medical representative. He stigmatised the conduct of the Council in thus taking the interpretation of the law into their own hand, as uncourteous to the Fellows whose representatives they are, and unjust to the Licentiates who had not the privilege of being present in that room to assert their rights.

Mr. R. McDonnell seconded the resolution.

Mr. Power was disposed to regard the resolution as an insidious attempt to reject the report.

The resolution having been put from the Chair was negatived by a large majority.

Mr. Maunsell and Mr. Power moved an adjournment.

Mr. Whistler objected, characterising the resolution as an attempt on the part of the Council to suppress free discussion.

The Chairman said Mr. Hayden had just caught his eye, and was entitled to speak.

Mr. Hayden proposed a resolution that the Council be requested to give effect to the ordinance providing for half-yearly meetings of the College. He regretted that this ordinance, which he regarded as of great value to the College, had been allowed to fall into disuse. He adduced as an instance, that had these meetings been regularly held, the question of electing a Medical representative would have been discussed by the Fellows at one of them.

Mr. S. A. Cusack seconded the resolution.

Mr. Ellis explained that the meetings in question had fallen into disuse owing to the non-attendance of the Fellows.

The resolution having been put from the Chair, was carried unanimously.

Mr. Maunsell and Mr. Power again moved the adjournment of the meeting.

Several Fellows stood up to oppose this resolution, but were not given an opportunity of speaking by the Chairman, who at once put the resolution, and adjourned the meeting *sine die*.

MEDICAL NEWS.

Royal College of Physicians.—At the Comitia Majora, held on Saturday, the 4th inst. the following gentlemen were admitted Licentiates of the College under the recently enacted temporary bye-law:—

Dr. James Whitehead, Manchester.
Dr. Forbes Benignus Winslow, Cavendish-square.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on the 3rd inst., viz.:—

Allinson, Anthony, Lynn, Norfolk.
Ayling, W. H., Great Portland-st., Portland-place.
Ayre, John J., Colne, Lancashire.
Garman, Henry V., Bow-road.
Garman, William C., Wednesbury, Staffordshire.
Harvey, Alfred, Tavistock-street, Covent-garden.
Horrocks, William H., Liverpool.
Howlett, William, Wellington, Shropshire.
Jacob, John, Goswell-road.
Kelson, Charles J., Bristol.
Kennedy, Angus, Stratford-hall, Essex.
Kingston, Robert, Woolsthorpe, near Grantham.
Leake, Jonas, Old Kent-road.
Love, John H., Brook-street, Grosvenor-square.
Massingham, Joseph E., Green-street, Bethnal-green.
Moody, John, Strabane, Ireland.
Morrison, James G., Edgware-road.
Paul, James T. Burton-crescent.
Rose, Charles, Barnes-place, Mile-end.
Wade, Henry T., Derby.
Walker, George R. P., Bow-lane, Cheapside.

The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on the 8th inst. viz.:—

Craddock, William, Bengal Army.
Denne, William, Bedford.
Jones, Richard, Brackley.
Marshall, W. G., Colney Hatch.
Markwick, Alfred, Trinity-square.
Shepherd, W. G., Claremont-square.
Simpson, James M., Southampton.
Stone, Thomas, Christ's Hospital.
Thorpe, G. B., Staveley.
Warwick, John, Stamford-hill.
Waterworth, H. Newport, Isle of Wight
Wells, Warwick W., Bengal Army.
White, William Todd, Kempsey.

Also as Members on the 27th ult.—

Blackstone, Joseph, Glocester-road, Regent's-park
Bright, John M., West Dulwich.
Bronner, Edward, Bradford.
Groves, William, Knaresborough
M'Kee, Richard G., Royal Navy.

At the same meeting of the Court, Dr. Augustus Bozzi Granville, of Curzon-street, who was admitted a member in 1813, and disfranchised in 1817, on becoming a Licentiate of the Royal College of Physicians, was readmitted a member of this College.

Apothecaries' Hall. — Names of gentlemen who passed their examination in the Science and Practice f Medicine, and received Certificates to Practise, on Thursday June 2, 1859:—

Chappell, John James, Axmouth, Devon.
Davies, John Sides, Oswestry, Shropshire.
Fennell, Charles, Bromley, Kent.
Paley, Edward, Leeds.
Palk, Henry, Southampton.
Reed, Thomas Sleeman, Helston, Cornwall.
Stevenson, James, Totnes, Devon.

The following gentlemen also on the same day passed their first examination:—

Davy, Richard, Chulmleigh, N. Devon.
Hudson, George, Newport, Yorkshire.
Truman, Edgar Beckit, Poultry, Nottingham.

APPOINTMENTS.

Babington.—His Excellency the Lord Lieutenant of Ireland has assigned the Commission of the Peace for the Borough of Londonderry to Thomas H. Babington, Esq. A.B. M.B. Trinity College, Dublin, Fellow of the Royal College of Surgeons of Ireland, Surgeon of the City and County Londonderry Infirmary.

Dr. Palk has been appointed Surgeon to the Borough Police Force, Southampton, in the room of P. Mackey, Esq. deceased.

DEATHS.

Black.—On the 21st May, at King's Lynn, James Black, M.D. Edin. one of the Surgeons to the West Norfolk and Lynn Hospital; aged 31.

Davidson.—On the 1st inst. at Kirkcaldy, Thomas Davidson, H.E.I.C.S.

Pring.—On the 3rd inst. in his native town, Taunton, Somerset, Daniel Pring, M.D. formerly of great eminence in his Profession, at Bath; aged 70.

Waddington.—On the 7th inst. at Margate, Joshua Waddington, F.R.C.S.E. in his 66th year.

The oïdium fungus has again appeared in the vineyards of the Gironde.

Hospitals are to be established in the Island of Sardinia for the use of wounded soldiers and sailors.

Dr. Letheby stated, a few days ago, that Father Thames is becoming very offensive again, and more pungently so than he was even last year in June.

The plague has again broken out at Benghazi; so that quarantine for ships coming from the coast of Tripoli has been again established at Malta.

Dr. Charles Jones, of Manchester-square, and Dr. Henry Hardinge were on Saturday last admitted Licentiates of the Royal College of Physicians of London.

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M. CANOUIL, of Paris, is now making matches without phosphorus or other poisonous substances, which are not injurious to the health of the workmen who fabricate them.

PROFESSOR NAPOLI, of the Academy of Naples, has discovered that in the lava issuing from Vesuvius there is a large quantity of the very rare metals, selernum and tellurium, combined with titarium, lead and iron.

EXTINCT ANIMALS OF IRELAND.—At a recent meeting of the Royal Irish Academy, Mr. Wilde stated that the remains of the true Elk (cervus alces), and the Reindeer (cervus tarandus), had been discovered in Ireland, and said that taken in connexion with the fact of their having been no vestiges of ferocious animals, such as the lion, tiger, and hyena, that now inhabit warmer climates, and the fossils of which abound in England, it afforded the philosophic mind food for speculation on the subject of the climate of Ireland at the time that these cervine animals existed.

AT a recent Meeting of the Metropolitan Board of Works, it was resolved:—That Dr. Hoffman and Dr. Frankland should advise the Board as to the various schemes for deodorising, and of dealing with sewage "at an expense not exceeding £100 each"; and that Dr. Miller should make observations on the state of the Thames during June, July, and August, and report thereon weekly to the Board, and advise the Board as to the best measures for guarding against nuisance and protecting the public health. Mr. Tite remarked that he believed the increased heat of the weather had already increased the mischievous influence of the sewage-water in the Thames.

CHARITABLE BEQUESTS. — Munificent bequests to the charitable institutions in the metropolis, amounting to £17,500, are left by the will of the late Joshua Drinkald, Esq., of Blandford-square, Marylebone, who died on the 30th of March, 1859—viz. to the Middlesex Hospital, Charles-street, Tottenham-court-road, £3000; the Free Hospital, Gray's-inn-road, £2000; the Western General Dispensary, Marylebone, £1000; the Dreadnought Seamen's Hospital Ship, Thames, of which his late brother, John Drinkald, was a most zealous working member of the first committee formed for promoting the object of this most useful charity, £1000; the London Hospital, Whitechapel-road, £4500; the Samaritan Society, instituted to assist those cases of distress in the London Hospital, which are so much need of it, £500.

THE VELOCITY OF LIGHT.—The velocity with which light travels is so inconceivable, that we require to make it intelligible by some illustrations. It moves from the sun to the earth in 7¼ minutes, whereas a cannon-ball fired from the earth would require seventeen years to reach the sun. Light moves through a space equal to the circumference of the earth, or about 25,000 miles, in about the eighth part of a second. The swiftest bird would require three weeks to perform this journey. Light would demonstrably require five years to move from the nearest fixed star to the earth, and probably many thousand years from the most remote star seen by the telescope. Hence if a remote visible star had been created at the time of the creation of man, it may not yet have become visible to our system.—*Encyclopædia Britannica—New Edition.*

CHLOROFORM.—Dr. Després, in a paper recently addressed to the Paris Academy of Sciences on chloroform as an anæsthetic, describes a method of his for removing the suspension of the respiratory functions, which is one of its effects. "The action of chloroform," he says, "may be divided into periods: 1. of repulsion; 2. of excitement or convulsion; and 3. of resolution. The suspension of respiration is a phenomenon, which may manifest itself in each of these periods; when it does, it is caused in the first period by the voluntary occlusion of the glottis, or opening of the windpipe, which the patient instinctively closes in order to avoid the disagreeable sensation produced by the vapour of chloroform from its first inhalation; in the second by the convulsive and involuntary occlusion of the glottis, owing to the muscular contraction which characterises this period—a contraction which extends from the general muscular system to the muscles of the glottis; in the third stage, by the mechanical and involuntary occlusion of the upper orifice of the larynx, which is closed by the forcing of the tongue against the back and upper part of the mouth when chloroform is administered to the patient in a sitting posture, or else by the falling of the base of the tongue on that orifice when the patient lies on his back. I obviate the suspension of respiration by a method which consists in introducing the index into the pharynx down to the base of the epiglottis, bending it in the shape of a hook, and thus raising the base of the tongue, and bringing it forward in the direction of a line supposed to be drawn from the base of the epiglottis to the upper part of the symphysis of the chin."

DOES THE LIVER FABRICATE SUGAR.—In the Guy's Hospital Reports Dr. Pavy has published a memoir on what he calls the pretended glycogenic function of the liver. He therein announces:—1st. That the blood taken from the right ventricle of living animals contains only an exceedingly minute quantity of sugar; 2, and that the liver itself in a normal state contains scarcely any sugar. Dr. Pavy shows, moreover, that when the liver contains much sugar, it has been subjected to causes which have altered and transformed the glycogenic materials which it contains. When much sugar is found in the blood of a living animal, the liver has been subjected to congestion, or compression, etc. From all which, it follows, according to Dr. Pavy, that the liver has not the function of forming sugar. In another memoir Dr. Pavy shows, that the liver enlarges notably in dogs fed on amylaceous matters, or flesh and sugar, and that in animals the quantity of glycogenic material in the liver becomes greater than in animals fed on flesh. From which it results that the glycogenic materials of the liver appear to be derived from feculent and saccharine foods.—*Journal de Physiologie.*

DR. LEARED ON HOMŒOPATHY.—You may perhaps think the bulk, taste, or form of administration of medicines comparatively immaterial matters. I am not of this opinion. I think the dread of nasty doses has been the cause of great accessions to the ranks of Homœopathy. I have repeatedly heard persons declare that dread to have been an inducement for adopting this system of delusion. Nor is it to be wondered at, if we consider how very few are capable of weighing the overpowering evidence against Homœopathy, and on the other hand of those who are capable, how few really take the trouble to do so. I would have you then to avoid bulky doses. For efficacy or safety, certain medicines absolutely require considerable dilution. But these cases are exceptional—if therefore one spoonful can take the place of two or three, always let it do so. If the choice lies between an electuary and a pill, give the latter the preference. The study of the taste of medicines is of wider consideration, and well worthy your close attention. It is no small aggravation of suffering in illness to be compelled to do violence to a sense usually morbidly sensitive. On the subject of the administration of substances under the name of medicines, for sake of the mental impression produced, I have a few words to say. It is certain that cases occur in which the practice is defensible. Instances are recorded in which faith in some inert substance has effected cures and even stayed a pestilence. The intimate relation between the corporeal functions and mental impressions is sufficient to explain this. It would be wrong to deprive ourselves of any means not merely of cure, but of relieving suffering. But instances in which these measures are necessary are altogether exceptional. Let them always be conducted without direct compromise of truth, and entirely avoided if possible.—*Introductory Lecture.*

MORBID INFLUENCE OF THE NERVOUS SYSTEM.—M. B. Séquard relates, in his journal, several interesting cases which illustrate the fact that the nervous system is capable of producing various alterations in the nutrition of different organs. These cases are used by Dr. Séquard to establish the distinction between two series of facts, which are daily confounded together by many physicians and physiologists. In consequence of this confusion, they erroneously maintain that the actions of different tissues and organs, as well as their nutrition, are dependent upon the nervous system. The comparison of the effects of compression of a nerve with the effects of its section shows that there is a great difference in the two cases. Section of nerves is followed simply by atrophy of the paralysed parts. Compression of nerves, *i. e.* irritation of nerves, causes ulceration of parts supplied by them, as has been shown by Surgeons. Mr. Paget relates the case of a man in whom the lower end of the radius was fractured, and a large quantity of bony matter thrown out, so as to compress the median nerve; the consequence of this

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pressure was ulceration of the thumb, the first and middle finger. The ulceration was cured by bending the wrist so as to remove the pressure; but it returned when the man was allowed to use his hand. This, says M. Séquard, was a case of irritation of the nerve, and the proper cure of it is section of the irritated nerve. The same remarks hold good in regard to the spinal marrow. Ulcerations of distant parts often follow rapidly upon injuries of the spine in some cases; but in others, the ulcerations come on at a long period after the injury. In the former case, the spinal marrow is compressed and irritated; in the latter case it is not. "Consequently, it is not the paralysis, or the absence of action of the nervous system, which causes the alteration of nutrition; but it is, on the contrary, a morbid action of the nervous system, the result of irritation, which occasions this alteration. We must, therefore, as physicians and physiologists, carefully distinguish the effects of morbid action from those of absence of action."

WORKERS IN MERCURY.—The whole population of Idria is subjected to the influence of mercury, not the workmen at the mines only. The air appears to be often saturated with metallic particles, thrown off by the furnaces. The annual mortality is 120 out of 4500 inhabitants. The hygienic conditions of the place are, in other respects, highly favourable to health. The cows also who feed near the furnaces are often salivated, become cachectic, and are subject to abortions. In women premature births and abortion are very common. The workmen exposed directly to the action of the metal suffer severely. In 1856, 122 out of 516 were seriously affected. Most of them have a cachectic look. Congestion and swelling of the liver are endemic there. Cachexia, salivation, neuralgia, especially of the fifth pair and the sciatic nerve, and gastralgia, are very common. Papules, vesicles, pustules, and chronic ulcers are also observed on the skin; and swellings, etc. of the lymphatic glands, periostitis, exostosis, necrosis, etc. Moreover the children of sick workmen are all scrofulous. The symptoms produced by the mercury will be found to resemble very closely those which are usually attributed to secondary and tertiary syphilis; and as syphilis is very rare at Idria, there can be no doubt that these diseased conditions are caused by mercury. From these observations M. Herrmann concludes, that there is no such thing as a syphilitic cachexia; but that the cachexia and other symptoms often ascribed to the syphilis, are in fact the results of the mercury which had been administered to cure the syphilis.—*Gaz. Hebd.*

PROPERTIES OF DEW.—The chief facts to be accounted for are these:—1. Dew (as distinguished from small rain, or the moisture produced by visible fog) is never deposited except on a surface colder than the air. 2. It is never deposited in cloudy weather; and so strict is its connection with a clear sky, that its deposition is immediately suspended whenever any considerable cloud passes the zenith of the place of observation. 3. It is never copiously deposited in a place screened or sheltered from a clear view of the sky, even if the screen be of very thin material, such as muslin or paper suspended over it. 4. It is most copiously deposited on all such bodies as are good radiants and bad conductors of heat, such as grass, paper, glass, wool, etc. but little or not at all on bad radiants, such as polished metals, which are also good conductors. And lastly, it is never deposited if there be much wind. All these circumstances, as Dr. Wells has shown, point to the escape of heat, from the bodies exposed by radiation, out into space, or into the upper and colder regions of the air, faster than it can be restored by counter-radiation or by conduction from contact with the warm air or with solid substances—wind acting in this respect with great efficacy, by continually renewing the air in contact. Hoar-frost differs only from dew by being frozen in the moment of deposition, and therefore accreting in crystalline spiculæ.—*Encyclopædia Britannica—New Edition.*

ILLEGITIMACY IN SCOTLAND.—The Registrar-General for Scotland reports that during the first quarter of 1859, there were 26,035 births. Of these, 23,549 were Legitimate, and 2486 Illegitimate. This gives the proportion of one illegitimate in every 10·3 births, or 9·5 per cent. of the births is illegitimate—a proportion somewhat higher than during the corresponding quarter of last year. The accompanying table, giving the number and proportion of the illegitimate births in the several divisions and counties of Scotland, shows a general accordance with the returns of the previous quarters, and that, generally speaking, the counties which are included in the North-Eastern and Southern Divisions of Scotland are those which exhibit the highest proportion of such births. Thus, while in the county of Renfrew only 6·8 per cent. of the births were illegitimate, and 7·1 per cent. in that of Lanark, in the county of Wigtown 14·3 per cent. of the births were illegitimate; in Dumfries, 14·4 per cent.; in Kirkcudbright, 14·7 per cent.; in Kincardine, 15·1 per cent.; while in the counties of Banff and Aberdeen, 16·8 per cent. of the births were illegitimate. The causes of this very high proportion in these counties is surely worthy of a searching inquiry. These reports can only point out the existence of the evil; it is for others to investigate the causes and suggest the remedy. The proportion of illegitimate births in the town and country districts differed considerably. Thus, in the 125 town districts, there were 1289 illegitimate births, while in the 875 rural districts, there were 1197 illegitimate births—giving the proportion of 8·8 per cent. of the births in the town districts, but 10·4 per cent. of the births in the rural districts, as illegitimate.

VITAL STATISTICS OF LONDON.

Week ending Saturday, June 4, 1859.

BIRTHS.

Births of Boys, 786; Girls, 807; Total, 1593.
Average of 10 corresponding weeks, 1849–58, 1485·2.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	507	491	998
Average of the ten years 1849–58	494·5	484·4	978·9
Average corrected to increased population..	..	..	1076
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	35	23	58

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	2	7	3	4	..	5
North ..	490,396	1	4	12	1	8	..	3
Central ..	393,256	..	8	3	1	15	2	6
East	485,522	8	4	6	..	5	3	5
South ..	616,635	3	1	14	2	5	1	10
Total . ..	2,362,236	13	19	42	7	37	6	34

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·563 in.
Mean temperature	62·3
Highest point of thermometer	79·0
Lowest point of thermometer	49·1
Mean dew-point temperature	56·6
General direction of wind	N.E.
Whole amount of rain in the week	0·71
Amount of horizontal movement of air in the week..	245 miles.

BOOKS RECEIVED.

The Psychology of Shakspeare. By J. C. Bucknill, M.D. London: 1859.

Five Essays. By J. K. Mitchell, M.D. Philadelphia: 1859.

Della Febbre Migliare, del Dr. G. Taussig. Rome: 1859.

Geschichte der epidemischen Krankheiten, von Dr. H. Haeser. Jena: 1859.

Epiphora, or Watery Eye. By J. V. Solomon. London: 1859.

How to Improve the Teaching in the Scottish Universities. By John Struthers, M.D. Edinburgh: 1859.

On Cancer. By M. H. Collis, M.B. Dublin: 1858. (A reprint of some excellent practical papers from the *Dublin Quarterly Journal.*)

On the Action of Hard Waters upon Lead. By W. Lauder Lindsay, M.D. F.L.S. Edinburgh: 1859. (A reprint from the *Edinburgh New Philosophical Journal*, showing the danger of using lead cisterns for storing water.)

The History of Sanitary Progress in Croydon. By A. Carpenter, M.B. Croydon: 1859.

Reports of St. Luke's Hospital—the Asylum for Idiots—the Asylum for Lunatics of the North and East Ridings of Yorkshire.

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On the Prevention of Consumption, by the Use of the Hypophosphites. By J. F. Churchill, M.D. London and Paris: 1859.

Contributions to the Surgery of Diseased Joints. By P. C. Price. London: 1859.

On Dislocations and Fractures. Fasciculus IX. By J. Maclise, F.R.C.S. London: 1859.

TO CORRESPONDENTS.

A Lecture by Dr. Simpson on the Treatment of Phlegmasia Dolens is in type, but is unavoidably postponed.

Dr. Upher.—Next week.

Dr. Leared's paper on Pepsine shall appear next week.

Mr. Moyle's question shall be answered in our next number.

H. P.—We have not a copy of the Act at hand, but will refer to it before next week.

Naval Surgeon.—It is proposed to have a bust of Sir John Pakington executed. Dr. McWilliam and Dr. Armstrong have "temporarily assumed the office of Honorary Secretaries" to the Pakington Testimonial.

Phrenologue.—Gall marked out on the Cranium 32 faculties. Dr. Arhenberg says that 22 out of these are quite uncertain; he has, however, made a new topography of the skull, and finds that 14 faculties are absolutely capable of mapping out. Even this, says M. Flourens, is a tolerable good number.

The multum in parvo bath, manufactured by Messrs. Griffiths and Browett, of Birmingham, possesses so many advantages as to render it a most desirable acquisition to invalids and to families—it is made of japanned oak, is portable, and sold at a reasonable price. We recommend it to the favourable notice of the Profession, as well as to the public.

Student.—The South Kensington Museum will be open free on Mondays, Monday evenings, Tuesdays, Tuesday evenings, and Saturdays. The Students' days are Wednesdays, Wednesday evenings, Thursdays, and Fridays, when the public are admitted on payment of 6d. each person The hours are from 10 to 6 in the daytime, and from 7 to 10 in the evening.

K. K.—The history of arsenic eating in Styria, as related by Dr. Tschudi has never yet been satisfactorily cleared up. The difficulty in getting at the truth seems to result from the fact, that the arsenicophages energetically deny the imputation, and even on their death-beds, when poisoned through imprudence in overdosing, it is hard to get the truth out of them. Many experiments, however, seem to confirm Dr. Tschudi's accounts. MM. Masselot and Trousseau have remarked that arsenic has produced in them unwonted vigour of the lower extremities, and facility in walking.

REGISTRATION ASSOCIATIONS.

A preliminary meeting has taken place, attended by Drs. Hart Viner (chairman), Robert Norton, Handfield Jones, Burke Ryan (treasurer and hon. sec.), Chowne, Tulloch, and Messrs. Wall, Royston, Clark, and Reece, for the purpose of calling a general meeting of the Medical Practitioners of Paddington, Bayswater, Notting-hill, and North Kensington, at Queen's Hotel, Queen's-road, Bayswater, on Wednesday, 15th inst. at 8 o'clock p.m. The object is to assist the Central Association in the repression of illegal practice.

MESMERISM IN 1859.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—May I recommend the following advertisement to the attention of the Royal College of Physicians.

MESMERIC INFIRMARY, 36, Weymouth-street, Portland-place.

President—His Grace the Archbishop of DUBLIN.

Treasurer—John Elliotson, M.D., Cantab., F.R.S.

The friends of Mesmerism and of the Institution are requested to attend the ANNUAL GENERAL MEETING at Willis's Rooms, King-street, St. James's, on Friday, June 10, 1859, at a quarter before 2 o'clock.

RICHARD MONCKTON MILNES, Esq., M.P., in the Chair.

June 9, 1859. I am, &c. A FELLOW.

THE TITLE OF M.D.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—One of your correspondents informs us that he has taken the opinion of two eminent counsel, and that they both agree in confirming his claim to the title of M.D. although he has no such degree. You remark that, as the correspondent has given neither his own name and address nor that of his learned advisers, you did not attach much importance to his communication. I quite agree with you; and I think your correspondent would have best settled the question for himself, by naming his eminent counsel: if it were the custom among barristers to claim or to assume the title of L.D. or LL.D., or of clergymen to take the title of D.D. or A.M., or what other dignities which they have not acquired in the usual way. It is true enough, that even the quacks and the bone-setters are frequently favoured by the vulgar and ignorant with the title of Doctor; and if your correspondent aspires to that dubious dignity, let him have and enjoy it by all means; but his attempts to elbow himself in that way into the highest rank of the Medical Profession will remain abortive.

For the information of your correspondent be it said, that according to the canonical law, a law established for centuries all over the civilised world, and still ruling in all its integrity on that point, the degree of Doctor, no matter of what branch of study, bestowed upon a person by a properly chartered University or body, is an indefeasible title, which cannot be annulled by any body or assumed at pleasure, and it differs little whether it has been conferred *in presentia* or *absentia*. If such an honour has been conferred without sufficient reasons, the blame rests with the body that did it, but the fact remains; and the government of the country has, as in the present case, to provide against the consequences of the abuse of the powers of the privileged bodies.

I am, &c. SUUM CUIQUE.

EXAMINATION OF THE LONDON COLLEGE OF PHYSICIANS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Will you kindly inform me what the nature of the examination is at the London College of Physicians for a qualified Practitioner of fifteen or twenty years' standing? I once heard of a candidate (a General Practitioner of long standing) who was rejected on account of failing in Greek. If the possession of a Diploma of Aberdeen or St. Andrew's Universities be considered sufficient by the London College to grant their licence to a possessor of either by giving up Pharmacy, surely it would be inconsistent at the present time to subject candidates to a more stringent examination than they do. I believe St. Andrew's does not insist on any classical examination (beyond the writing of prescriptions in grammatical Latin) to qualified candidates of fifteen years' standing, and I know Aberdeen does not, so that, on going to either University and taking up a Diploma, at a cost of probably £50, one could claim the London Diploma; yet if he presented himself for examination, he might be disgraced by being rejected in Greek or Latin. I am, &c.

ONE TIRED OF THE UNCEASING LABOUR OF GENERAL PRACTICE.

May 30.

[We have always understood, and believe, that in the examination for its Licence of gentlemen who have been many years in practice, by the College of Physicians of London due and proper allowance is made for age. Our correspondent is quite wrong in thinking that any one was rejected for failing in his Greek. A knowledge of the Greek language is not necessary; but we are sure our correspondent will not think it wrong that the College should demand a competent knowledge of Latin from its Licentiates.—ED.]

COMMUNICATIONS have been received from:—

DR. ALEXANDER WOOD; DR. LEARED; MR. COLE; DR. LANKESTER; MR. CLARK, Allygurk; MR. P. MATTHEWS; DR. BALLARD; MR. HAYNES WALTON; MR. RIVERS; DR. HAESER, Greifswald; DR. BURGESS; MR. VINCENT; DR. MARKHAM; MR. GAY; MR. TOYNBEE; MR. WADE; MR. TAYLOR; MR. MURRAY; DR. SCOTT; MR. P. BUTTER; MR. G. ADAMS; MR. LEY; MR. MOYLE; DR. UPHER; DR. A. de MADAI; MR. ADAIR.

APPOINTMENTS FOR THE WEEK.

June 11. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. J. P. Lacaita, Esq. "On Modern Italian Literature."

13. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

14. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. (Ballot 7½ p.m.) Dr. Goodfellow "On the Treatment of Empyema by 'Drainage.'"—Mr. John Birkett "On Strangulated Oblique Inguinal Hernia, 'Reduction en bloc un en masse.'"

ROYAL INSTITUTION, 3 p.m. Professor John Morris "On Geological Science."

15. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

GEOLOGICAL SOCIETY, 8 p.m.

ETHNOLOGICAL SOCIETY, 8½ p.m. (Anniversary.)

16. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

ROYAL INSTITUTION, 3 p.m. Austen H. Layard, Esq. "On the Seven Periods of Art."

LINNÆAN SOCIETY, 8 p.m.

CHEMICAL SOCIETY, 8 p.m.

17. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

ROYAL INSTITUTION. (Meeting at 8, Lecture at 9 p.m.) Professor Faraday "On Becquerel's Phenomena of Phosphorescence."

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

By Mr. Fergusson—Lithotomy (two cases); Ligature of Nævus. By Mr. Lee—Division of Cicatrix after Burn.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock:—

By Mr. Barnard Holt—Lithotrity; Internal Rupture of Stricture of the Urethra (two cases); Removal of Necrosed Bone from Carpus.

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Scottish Equitable Life Assurance SOCIETY.

THE TWENTY-EIGHTH ANNUAL GENERAL MEETING of the SOCIETY was held at EDINBURGH on 3rd May, 1859—

J. WHITEFOORD MACKENZIE, Esq., W.S., in the Chair.

From the Report by the Directors, which was unanimously approved of, the following particulars are extracted :—

During the year ending 1st March last, 461 Policies had been issued. The sums thereby assured amounted to £230,295, and the Annual premiums thereon to £7275 7s. 1d.

Eighty-four Members of the Society had died during the year, the sums assured on their lives being £54,850, with Bonus Additions of £15,375, amounting together to £70,225. These claims were fewer in number by 27, and less in amount by £21,000 than the claims of the previous year.

The following was the position of the Society at 1st March last :—

AMOUNT of EXISTING ASSURANCES ..	£5,272,367
ACCUMULATED FUND	1,194,657
ANNUAL REVENUE	187,240

The particulars of the Triennial Investigation into the Society's affairs for the Seventh Allocation of Profits were then detailed :—

First.—The GROSS FUNDS, ASSETS, and PROPERTY of the Society amounted at 1st March, 1859, to £2,804,349.

I. FUNDS REALISED, viz. :—	
1. Loans on Heritable Securities	£530,712
2. Do. on various other Securities	9,886
3. Do. to Members on the Society's Policies	131,775
4. Do. to Railways on Debentures	355,792
5. Do. to Glasgow Corporation Water Works	30,000
6. Bank of England Stock and Consols..	69,786
7. Reversions, Policies, and Government and other Life Annuities purchased	32,859
8. Outstanding sums, chiefly Premiums due on or immediately before 1st March, 1859, but not falling to be remitted till after that date	52,878
9. Balances due by the Society's Bankers	10,050
10. House and furniture, No. 26, St. Andrew-square, Edinburgh	5,250
11. Premises, No. 26, Poultry, London, and Furniture ..	3,000
SUM AS BEFORE	£1,231,438
II. PRESENT VALUE of CONTRIBUTIONS or PREMIUMS of ASSURANCE receivable by the Society, after deducting two and a-half per cent. for expense of collection ..	1,572,911
GROSS ASSETS	£2,804,349

Second—THE WHOLE OBLIGATIONS of the SOCIETY amounted, at 1st March, 1851, to £2,603,717, viz. :—

I. Various sums outstanding, chiefly Policies which had emerged at 1st March, 1859, but had not been paid at that date	£36,781
II. Present value of sums contained in, and to become due under, the Society's Policies	2,566,936
Total obligations	£2,603,717
Third—THE GROSS ASSETS of the SOCIETY thus amounting to	£2,804,349
And the total obligations to	2,603,717
There arises a surplus, as at 1st of March, 1859, of ..	£200,632

By the law regulating the division of surplus, the Directors have power to allocate, at each investigation, a sum not exceeding two-thirds of the surplus then declared, in vested additions to Policies of not less than five years' standing, and a sum of not less than one-third is appointed to be reserved at each investigation for contingent prospective additions, and for other purposes of the Society.

Two-thirds of the foresaid surplus of £200,632 amount to £133,755, and by an allocation of £129,517 of this sum was made a vested addition at 1st March, 1859, at the rate of one and three-quarters per cent. per annum to all Policies then of five years' standing, providing for a Bonus of £248,467 payable at the death of the parties entitled thereto. After providing for this vested addition, there still remained £4,238 between the sum allocated and the two-thirds of the surplus placed by the law at the discretion of the Directors for division.

The Report concludes in the following terms :—

"The Directors cannot doubt but that every Policy-holder must be gratified at these results. After a most rigid scrutiny, the Funds and Assets of the Society have been found sufficient, not only to meet all the Liabilities, but to warrant the declaration of large additions to Policies, at the same time fully maintaining the reserve required by the Laws and Constitution of the Society.

"The Directors would remind the Members that it is their interest to make known as widely as possible the advantages afforded by the Society, and they would call on all to co-operate with them and with the Local Agents of the Society in advancing its business and promoting its success."

Copies of the Report of the Annual Meeting are now in the hands of the Society's Agents, and may be had on application.

Head Office—26, St. Andrew-square.
London Office—26, Poultry, E.C.

ROBERT CHRISTIE, Manager.
WM. FINLAY, Secretary.
ARCHD. T. RITCHIE, Agent.

SPECIAL NOTICE.

Clerical, Medical, and General Life ASSURANCE SOCIETY.—ESTABLISHED 1824.

All persons who effect policies on the Participating Scale before June 30th, 1859, will be entitled at the next Bonus to one year's additional share of Profits over later Assurers.

The last Annual Report can be obtained of any of the Society's Agents, or of GEORGE CUTCLIFFE, Actuary and Secretary.

13, St. James's-square, London, S.W.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-Foot Jellies of various kinds for table use. C. and B. are also sole agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSSE and BLACKWELL, 21, Soho-square.

Struve's Seltzer, Marienbad, Vichy,

KISSINGEN, and other MINERAL WATERS.—Under her Majesty's especial Patronage.—ROYAL GERMAN SPA, BRIGHTON, STRUVE'S PUMP-ROOM and PROMENADES, offering every facility for a Course of Mineral Waters, as perfect and beneficial as at the natural springs, are NOW OPEN, for the Thirty-fifth Season. A prospectus, with the highest Medical testimonials, may be obtained gratis, at the Pump-room, or from George Waugh and Co. Chemists to the Queen, 177, Regent-street (west side), London, and other respectable houses in London and the provincial towns, where orders for Struve's Bottled Mineral Waters continue to be executed.

CAUTION.—The success obtained by Struve's Mineral Waters, owing to their perfect identity with those of the natural springs, has induced several parties to attempt imitations, sold as "Brighton Seltzer," "Brighton Vichy," &c., an analysis of some of which has shown an utter disregard of their true chemical composition. To distinguish Struve's Waters from all others, every bottle has a label and red ink stamp over the cork, each bearing Struve's name, without which name none is genuine, though contained in Struve's old bottles.

South African Sherry, 19s. 6d. Port,

22s. Claret, 18s. Madeira, 24s. Amontillado, 26s. Cognac, 18s. 6d. Her Majesty's Wine Merchant. Specially appointed since May, 1840.

JAMES MARKWELL, Cellars, 35 to 40 & 45, Albemarle-street.—Offices, 40, Albemarle and 4, Stafford Streets. Ports, from 30s.; Sherries, 30s.; Madeira, 42s.; Hocks, 40s.; Moselles, 40s.; Sparkling Hocks and Moselles, 48s.; Ditto, St. Peray, 54s.; Ditto, Burgundy, 60s.; Clarets, 28s.; Chablis, 38s.; Cote Rotie, 48s.; Champagne, 44s.; Sauterne, 40s.; Ditto, Yquem, 80s.; Essence of Turtle Punch, 56s.; Old Tom, 11s. 6d. All kinds of Foreign Spirits and Liqueurs. Particular and direct Shipments of Montilla, Vino di Pasto, Amontillado, Oloroso, Xres Viejo, Manzanilla, Longworth's Sparkling and Dry Catawba American Peach Brandy; Monongahela and Bourbon Whisky: and Sole Agent for the Celebrated Yankee Bitters. Bottled Stock for inspection, 6000 dozen. Cash or Reference. As usual, very liberal prices given for genuine Old Bottled Wines. Half-pints of first-class Champagne only.

N.B.—A considerable quantity of the Old Bottled Wines removed to Mr. M.'s Stock from Long's Hotel, North and South American Coffee House, Shugborough Park, and the celebrated Reading Sale.

Blancard's Pills of Unchangeable IODIDE OF IRON,

Recommended by the Academy of Medicine of Paris,
And authorised by the Medical Council of St. Petersburg,
Extensively tried in the Hospitals of France, Belgium, Ireland, Turkey, &c.
Favourably noticed at the Universal Exhibition of New York, 1853, and Paris, 1855.

"Of all the modes hitherto proposed of administering iodide of iron in the pure state, I think Mr. Blancard's the best."—Chemistry applied to Therapeutics, by M. Mialhe, Deputy-Professor to the Faculty of Medicine of Paris, Pharmacien to the Emperor, 1856, p. 319.

These Pills stand now very high in the therapeutics of every country, as may be seen by the above quotations, and also by the numerous scientific articles in medical periodicals and works (a).

Being enveloped in a very thin resino-balsamic coating, they present the great advantage of not being liable to any deterioration, of having no taste, of being small, and not distressing the stomach. As they possess the properties both of iodine and iron, they are especially beneficial in chlorotic, scrofulous, tubercular, or cancerous affections, as also in leucorrhœa, amenorrhœa, anæmia, &c. &c., and they furnish the medical man with an excellent means of modifying lymphatic, feeble, and debilitated constitutions. Dose, 2 to 4 pills a day.

N.B.—Impure or altered Iodide of Iron is an unsafe remedy, and may even prove dangerous. Only such bottles as bear an electro-plated screw fixed to the lower part of the cork, and the signature of the inventor placed on a green label, are to be considered as prepared by Mr. Blancard. The public should beware of spurious imitations.

To be had at M. BLANCARD'S, Pharmacien, Rue Bonaparte, No. 40, Paris. General dépôt in England at M. Gabriel Jozeau's, French chemist, 49, Haymarket, London. In Ireland, at Mr. Vittics, Stevens's Hospital, Dublin. In the United States, at E. and S. Fougera, Chemists, 30, North William-street, New York. To be obtained retail from the principal Chemists.

(a) Bulletin de l'Académie de Med 1850, page 1015; Gazette Médicale, Aug. 17, 1850; Union Médicale, Aug. 15 and 22, 1850; Gazette des Hôpitaux, March 15, 1853, and June 10, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31, 1855; Revue de Thérapeutique Médico-Chirurgicale, Feb. 15, 1855; Abeille Médicale, Revue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Brichetesu, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine, &c. &c.

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

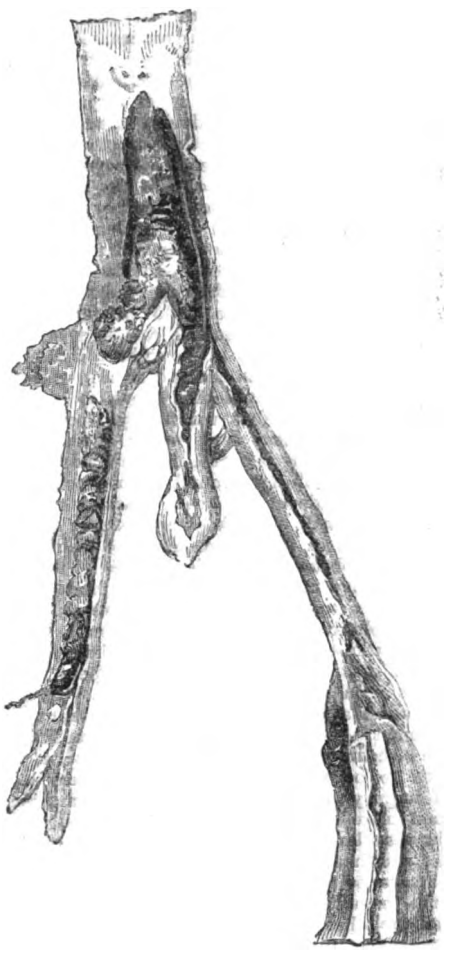
Lecture XVI.

Phlegmasia Dolens.—Its Pathological Nature *Continued*.—Its Treatment.

Gentlemen,—In the remarks which I have already made on the pathological nature of phlegmasia dolens I have endeavoured to show you that the disease could not be justly considered as merely and simply the result of the obstruction of the principal vein of the affected limb, by the occurrence of acute inflammatory exudations on the free surface of the lining membrane of that vein. I alluded to the experiments of Meinel and Virchow as proving that the supposed inflammatory exudations thrown out in the interior of the crural vein in cases of phlegmesia dolens are not inflammatory exudations at all. I ought to have added, that their experiments were of the following kind. They isolated portions of the veins in the lower animals by two ligatures, emptied the vessels between these ligatures, applied various irritants to the free surface of the lining venous membrane, and failed entirely in exciting that surface to throw out either coagulable lymph or pus. The outer surface of the lining membrane of veins and its more external coats are liable, like other parenchymatous tissues, to exude coagulable lymph and pus, when excited to the necessary degree of inflammation; but, apparently, the free surface of the lining membrane of the veins has no such power. We saw further, that the supposed inflammatory exudations found in the interior of the femoral vein in phlegmasia dolens, and usually described as layers of effused coagulable lymph and specimens of pus, were, so far, spurious inflammatory appearances resulting from the various changes which go on in the blood itself when it is spontaneously or accidentally arrested in venous tubes by coagulation or thrombosis.

Further, that phlegmasia dolens is not merely *crural phlebitis* is evident from the two facts: 1. That, as we have already seen, no inflammatory obstructions whatever of the femoral vein itself have been observed by several high obstetric authorities in some important exceptional cases of fatal phlegmasia dolens, where they had an opportunity of making a due post-mortem examination; in these exceptional cases the thrombosis being, as I ventured to suggest to you, probably confined to the smaller plant of veins in the affected limbs; or possibly the disease being sometimes produced by obstruction in the lymphatic system of the diseased extremity, though any adequate and decisive proof of this doctrine from either experimental pathology or morbid anatomy is still wanting. But while thus, in some rare cases of phlegmasia dolens, the interior of the crural vein has been found healthy and unobstructed, proving that the supposed cause may be absent while the alleged effect is present; we know, on the contrary:—2. From experiments on the lower animals and from observations on the human subject,—that the supposed cause may be present and yet the alleged effect be not produced. In other words, when the femoral vein is inflamed and obstructed, and crural phlebitis induced, phlegmasia dolens does not always follow.

In the lower animals when the femoral vein is tied, and thus inflamed and obstructed, œdema generally comes on to some degree, but not a tense, general, painful, hot, semi-paralytic swelling of the limbs, such as is characteristic of phlegmasia dolens. I stated to you also that, in the human subject and in the puerperal state I had seen a case of inflammatory obstruction of the femoral vein throughout an extent of two inches without any œdema or swelling whatever of the extremity. The femoral artery was, as I mentioned to you at the same time, obstructed by a travelled cardiac embolism. In this case my esteemed friend and former assistant, Dr. Priestley, made a most careful examination of the parts after death, and tried to trace any change, inflammatory or otherwise, in the nerves of the limbs, that could possibly account for the great pain which the patient suffered in the affected



Obstruction and inflammation of the lower part of the aorta, and of the iliac and femoral arteries, resulting from the impaction of emboli in their interior, with secondary inflammation and obstruction of the femoral vein.

and obstructed extremity for a considerable time before death. But no alteration whatever could be observed in the femoral nerve or its branches. I think the fact interesting as bearing on the origin of the pain so often present in phlegmasia dolens. That pain is sometimes so severe and extreme as to have led, as we have already seen, to the idea that the disease was possibly complicated occasionally with, if it did not originate in, neuritis. But the great local pain occasionally present in cases of puerperal embolism, or obstruction of the arterial tubes of a limb, and in cases of phlegmasia dolens or obstruction of the veins of a limb, is probably owing to a common cause of a different kind. For the proximate cause of the suffering in both diseased states seems to be the effect of obstruction and over-distension of the coats or tube of the implicated vessels, by the contained consolidated blood; and in the case of the artery, it has been in some instances produced instantaneously, and in an extreme and excessive degree by throwing perchloride of iron into the arterial tubes with the view of suddenly coagulating the blood in them for the cure of aneurisms in the course of the extremities.

We have seen, further, that the pathological origin of phlegmasia dolens in a vitiated or toxæmic state of the blood, was so far experimentally proved in the lower animals by a diseased state very exactly resembling phlegmasia dolens, being induced when a solution of lactic acid was thrown into their blood. Clinical observation so far corroborates the same view. Phlegmasia dolens is an affection apparently always preceded by morbid states, more or less

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vitiating, and altering the constitution of the circulating fluid. In one remarkable case, in 1842, I saw a patient die of phlegmasia dolens of the left upper extremity, some weeks after delivery, and where the circumstances were as near as we ever can possibly find in practice, to the experiment on the lower animals of mixing the blood with some vitiating material. The patient to whom I allude had laboured, about a year before becoming pregnant, under a very severe attack of rheumatic endocarditis; and during the latter months of utero-gestation, she suffered greatly from attacks of difficult breathing, which amounted sometimes to orthopnœa. After her delivery, which was effected with the aid of the long forceps, and was attended with severe and exhausting hæmorrhage from partial presentation of the placenta, she seemed for a time to recover satisfactorily. But symptoms of irritation afterwards supervened, and during the second week after her confinement embolism occurred in the right humeral artery, and no pulse could be felt in that arm below the elbow. In the course of a few days the pulsation gradually but feebly returned in the right radial artery, but the embolism recurred first in one and then in the other leg. Bye and bye, symptoms of phlebitis began to be developed in various parts of the body; and finally, about five weeks after delivery, the patient sank under a fatal attack of phlegmasia dolens in the left arm and left side of the face. After death the emboli were found to have come from the valves of the left side of the heart, which were profusely covered over with small wart-like excrescences; and it would appear in this case as if the softening and disintegration of the plugs in the obstructed arteries had led to the introduction of a quantity of detritus into the circulating fluid, which acted as a toxæmic agent, and gave rise to all the subsequent phlebitic or thrombotic phenomena.

The patient whose history I have just related affords you an instance of that unusual class of cases where phlegmasia dolens occurs in one of the upper extremities. To this fact I have before adverted, and I have told you also that the disease is more common in the left than in the right lower limb. But if the disease be essentially a general blood-disease, as we have seen reason to believe it to be, it forms a very legitimate subject of inquiry to determine why its local manifestations are confined in such a remarkable and striking degree to one part of the vascular system, viz. to that of one of the lower extremities, and that extremity usually the left. Now I believe that the answer to this question will be mainly found in the fact that the coagulation of the blood, which is the immediate cause of all the other phenomena of the disease, is most likely to occur whenever the circulation is slowest; and if you examine the state of matters more narrowly, you will find that in the majority of cases those causes which lead to retardation of the flow of blood in the blood-vessels in a puerperal female must necessarily come to operate more on the veins of the lower than of the upper extremities, and most on the veins of the left lower extremity. There may, certainly, be other causes in operation as well which might suffice to account for the coagulation of blood in the veins rather than in the arteries, and in the veins of the left leg rather than in those of any other part of the body. Thus, if the veins left open on the inner surface of the uterus by the separation of the placenta, be capable of absorbing or admitting into them septic or poisonous materials from the interior of that organ; and if these materials have, as such morbid materials generally have, the power of causing coagulation of blood in the blood-vessels, it is precisely in the veins of the left side of the pelvis, and in the veins of the corresponding extremity that we would expect to find the first and greatest effects of their morbific action, because the placenta is, as you are aware, most frequently attached to the left side of the uterus, and after its separation it is into the veins running into the left uterine and pampiniform plexus that the morbid material would at first find access. Then again, it is a matter of uncertainty how far phlegmasia dolens may not be caused by a primary change of an inflammatory nature in the veins; but if the disease depend in any case on a primary phlebitis occurring in the uterus, and extending backwards by continuity to the veins of the pelvis and the thigh, we would naturally expect to find this also taking its origin among the veins in the left side of the uterus from which the placenta had been torn. All veins, like the torn uterine veins at the site of the placental attachment, which have been wounded, or injured, or otherwise morbidly weakened in any way, seem, as a general pathological law, to be far more liable than the other healthy veins in the economy, to be the seat of thrombosis or consolidation of the blood in their tubes, under any such constitutional toxæmia or diathesis as predisposes to this thrombosis or blood consolidation. But as I have said, it is to the delay offered in a great degree to the circulation of the blood in the veins of the left lower limb, that we must chiefly turn in endeavouring to account for the peculiar proneness which that member presents to be attacked with phlegmasia dolens. The causes which contribute to bring about this delay are, perhaps, mainly three. First of all, the great dilatation which occurs in the pelvic vessels during pregnancy, and which is not done away with instantaneously after delivery, tends to cause a retardation of the circulation in the veins of the lower extremities, and this, besides the general normal slowness of the venous circulation in the lower extremities, will suffice to explain why the disease in question should be more common in these than in the upper extremities, although it will not account for its greater frequency in the left than in the right leg. The explanation of this point, however, will be seen if you compare the relation of the right and left iliac veins; for you will find that, secondly, the left iliac vein is the longer, and is crossed, and more or less pressed upon by the termination of the aorta, or by the right common iliac artery. Then, thirdly, the rectum lies in the left side of the pelvis, and by the pressure which it exerts more or less constantly on the veins of that side, the circulation of the blood below will be retarded, and its consolidation in the vessels greatly favoured. I believe that for these reasons you will find that phlegmasia dolens is relatively as frequent in the left limb, compared with the right, when the disease occurs in non-puerperal patients, as when it takes place after delivery. But it is now time that I should proceed to say something about

THE TREATMENT OF PHLEGMASIA DOLENS.

As in the treatment of all other diseases in which we have to do with constitutional symptoms and local lesions, the indications for the treatment of phlegmasia dolens resolve themselves into the two categories of—1st, General; and 2ndly, Local remedies; and in following out both classes of indications you will find that there are three principal rules to be attended to. Among the

A. General Indications,

1st. *Depuration of the Blood* holds the first rank. The importance of this indication must be at once admitted, if you have been convinced of the correctness of Dr. Mackenzie's observations and the truthfulness of his deductions. If there be abnormal and deleterious matters present in the blood, which have a peculiar action on the veins tending to the coagulation in them of the circulating fluid, then it is clearly a matter of prime importance to get rid of these morbid substances at once, so as to prevent the occurrence of coagulation altogether; or, at least, to arrest and check the process when once it is begun. From this point of view this means of treatment must be regarded as being almost as much prophylactic as curative in its nature. Trye tells us, in that paper to which I have already adverted, that he never lost a patient out of those whom he had seen with this disease; and this success he deemed to be due to the practice which he always adopted of administering an emetic as the first part of the treatment of every case. The shock produced by the emetic has a powerful effect in checking the progress of the malady; but probably the chief virtue of the remedy lies in its action as a most efficient depurant of the blood. At the outset I believe there is no better means of arresting the disease than by the administration of an efficient and gentle emetic of any kind, provided the state of the patient does not forbid its administration, and especially in cases where exposure to cold has acted as the exciting cause. But if that fails, or is contraindicated by the debilitated condition of the patient, then we must try to purge and purify the blood by exciting the various organs of elimination to increased activity by means of their appropriate stimulants. Hence the value of the various diuretics, diaphoretics, and purgatives in the early stage of the disease. Many practitioners are in the habit of giving for the first day or two of the attack a mercurial purgative combined with ipecacuanha or antimony, using in this way both the intestinal and cutaneous surfaces as eliminatory excreting organs. But these, or any analogous therapeutic means, must not be pushed so far as to produce

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any very debilitating effects. Small and repeated doses of alkaline salts given in such quantities as to act upon the kidney, and, if necessary, also on the skin and bowels, are perhaps, as the general rule, both more safe and more efficient —as bicarbonate, acetate, nitrate or tartrate of potass; conjoined, when required, with wine of ipecacuanha or antimony, or with some aperient tincture. Besides these, salts of potass, the analogous diuretic and aperient salts of soda, are generally held to have the effect of impeding, preventing, or arresting any morbid tendency in the blood to coagulate spontaneously, and of tending powerfully to the dissolution of these coagula when once they have taken place. In one patient chlorate of potass was used, and in addition tincture of the muriate of iron was employed, both as a renal depurant and as a tonic.

2nd. *The Use of Antiphlogistics and Febrifuges.*—General antiphlogistic measures are by many practitioners held to be indicated in the first stage of phlegmasia dolens when the pulse is high and strong, and the general symptoms of fever prevail. But if employed at all, they should, I believe, be rarely or never employed to any heroic degree. Formerly phlegmasia dolens was regarded as an affection which very seldom indeed proved fatal; and the strongest antiphlogistic measures employed by the authors who have reported it as such were little or nothing more than local blisters at the groin; or these preceded by moderate local leeching. Perhaps when the history of phlegmasia dolens is fully written, it will be found that the danger and mortality attendant upon the disease have been increased since venesection and other heroic antiphlogistic measures were resorted to in its management, under the idea that it was purely and radically an intense local inflammation of the lining membrane of the large veins of the affected limbs. In almost all cases of phlegmasia dolens, you will find the pulse much quicker, and more or less marked symptoms of fever present. But the best febrifuges which you can use are the depurants of which I have already spoken; and usually the time soon comes when you must, in preference, have recourse to,

3rd. *The Administration of Tonics and Stimulants.*—As the disease frequently runs a tedious course, and is often asthenic in character from its first beginning, the use of this class of remedies is indicated in most cases from an early period, and their use generally requires to be assiduously persevered in. It takes a long time to undo the effects of the changes in the nutrition of the limb consequent on the occlusion of so many of its blood-vessels, and while the process of absorption is going on and the tissues are gradually becoming restored to their normal condition, it is necessary to keep up the patient's strength by the judicious administration of tonics and stimulants, in addition to proper food. It matters little, in most cases, what special remedies of this class you employ; but wine, and the preparations of iron and quinine are the constitutional remedies which you will find to be most frequently had recourse to in the second stage of phlegmasia dolens.

B. The Local Indications

may likewise be classified under three divisions, viz. :—

1st. *The use of Local Antiphlogistics.* — Means must be adopted to subdue the inflammation which is set up in the veins, whether this arise primarily from injury or disease of their walls, or secondarily from changes resulting from the primary distension and subsequent softening process that occurs in the occluding thrombus. The patient usually complains of much pain and tenderness on pressure along the course of the filled and cord-like iliac and femoral vein, and under the idea that the disease was fundamentally and primarily inflammation of the femoral veins, most practitioners have been in the habit of ordering one or two dozen leeches along the inside of the affected thigh: and after the bleeding consequent on the application of the leeches had ceased, the use of a series of blisters was strongly recommended by some of the older authors. What formerly I have usually done was to apply leeches at the outset, and afterwards to paint the tract of the femoral vessels all over with tincture of iodine. Latterly, I have seen several cases where little, or indeed no active local antiphlogistic measures of this kind were adopted; and I believe these cases have progressed as well, or indeed better, than where I followed the usual plan of local leeching and blistering. Perhaps these antiphlogistic measures ought to be reserved for cases where secondary inflammation comes on in the walls of the veins, as a result of the distension and irritation of these walls by the contained and disintegrating plugs or columns of consolidated blood. Then, to relieve the pain, you will require often in this disease to employ opiates internally and freely; and you must have recourse, further, to the use of fomentations. One of the best and most soothing measures that you can adopt for this purpose is to wrap the limb in a wet towel or in a sheet of dry cotton-wadding, carefully and completely covered with oil-cloth to prevent the escape of the insensible perspiration. I believe you will find an application of this kind to be the best of all poultices: an ordinary poultice—say, of bread and milk—although at first several degrees warmer than the part to which it is applied, falls to the same temperature in a very short space of time, and then its continued soothing effect seems to depend entirely on its power of keeping in the insensible perspiration. But such also, as I have said, is precisely the *modus operandi* of the wadding enveloped in oil-cloth; and this application has one advantage over the poultice, that while the latter requires to be very frequently renewed, the former may be left unchanged for an almost unlimited period. I am seeing just now, with Dr. Moir, a lady suffering from a very smart attack of phlegmasia dolens, coming on after delivery, who has derived the greatest relief and comfort from the use of cotton wadding rolled all round the limb, and completely surrounded by a covering of oil-skin cloth. In this case the wadding has been taken off every twenty-four hours, and a fresh piece applied. If the pain of the limb is very severe, apply sedative liniments and applications, with or without the fomentations, or in a permeable covering. As local sedative liniments, you may use equal parts of olive oil and laudanum; or two parts of olive oil and one of chloroform; or the common opiate liniment of the pharmacopœia. With all this the limb must be kept at perfect rest. The limb itself is usually very much paralysed, and motion in it is almost impossible; but the patient must be enjoined to keep perfectly quiet, and to abstain, as much as possible, from moving any part of the body. There is another local measure of the highest moment, and one you must not overlook, viz.—position. The proper position is elevation of the limb, which frequently gives very great relief from pain, and always favours at the same time the process of resorption. In truth, position is one of the most powerful means in the treatment of many diseases. Attention to this point is frequently of more importance, and affords more satisfactory results, than the use of any kind or quantity of drugs. It is usually attempted to secure elevation of the limb by placing it upon a pillow, but this means is not always very satisfactory, as the limb readily rolls off whenever the bed comes by any chance to be moved or shaken. A better way is to raise all the lower half of the mattrass, by placing something underneath, so as to make the limb lie on a sort of inclined plane, and in a position from which it cannot too readily be moved. Elevation of the limb in this manner not only tends to afford the patient the most effectual relief from her suffering—it is also of most essential importance in aiding us to carry out another local indication for treatment, that, viz. according to which we endeavour

2nd. *To promote Absorption.*—After the inflammatory stage has fairly passed over, it behoves us to try to bring about a reduction in the size of the limb by stimulating and promoting the process of resorption, so as to bring back the limb to its normal state. By careful and constant elevation of the limb, as we have just seen, much may be done to favour the absorption of the effused matters; but its effect may be greatly aided and increased by the firm support afforded by a flannel bandage applied pretty tightly from the toes upwards. Frequent frictions, the use of stimulating liniments, and the occasional application of a small fly blister to the groin, are also important adjuvants in the fulfilment of this indication. Dr. Dewees, Dr. Meigs, and other American practitioners, strongly recommend, indeed, the free and repeated use of friction of the limb, with sedative liniments even in the earlier and most acute stage of the malady, and totally envelope the extremity, in the intervals between the frictions, in flannels wrung out of a hot mixture of equal parts of vinegar and water. When the swelling has been reduced you require,

3rd. *To endeavour to restore the Power of the Limb.*—The limb may remain weak and almost powerless for some months, or even for a year or two, or for life. To restore to it its proper power, you will be obliged to have recourse to such, local tonics, if I may so call them, as frictions, bandages and the use of warm douches, which must all be perse-

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vered with for a lengthened period. Sea-bathing, and all means calculated to restore and invigorate the general health, will also have a beneficial action on the weak extremity. Local stimulants, such as galvanism, may be applied to the limb itself; but its power will never be completely restored until the patient has begun to use it, and accustom it to frequent exercise.

ORIGINAL COMMUNICATIONS.

ON PEPSIN.

By ARTHUR LEARED, M.B. M.R.I.A. etc.
Physician to the Great Northern Hospital, and Lecturer on Materia Medica, etc.

So many favourable statements having been made about pepsin, the lately introduced remedy for dyspepsia, I was induced to give it a fair trial. Its effects, however, in no way answered the expectations I had formed.

My patients, in general, declared that they derived no advantage from it, and any favourable reports were qualified and inconclusive. In a disorder of such variable intensity as dyspepsia, we are particularly exposed to fallacies of the *post hoc propter hoc* description. Our results should be at least tolerably decisive and tolerably uniform before we accept them as effects of treatment.

I now set myself the task of experimentally examining the new medicine, and propose to lay the results before the reader. As my sole object has been the attainment of truth, I hope my observations will not be unacceptable.

The specimen selected for examination was obtained from an accredited source, and was labelled, "Pepsine de Boudault, No. 1, dose—15 grains between thin slices of bread;" and of this preparation it is stated in a pamphlet that it is acid and possesses all the properties of gastric juice (a). With this preparation I made a number of experiments. Finely minced pieces of roast mutton were introduced into large test tubes containing either the starch and pepsin powder in distilled water, or else the pepsin alone in solution—the starch having been separated by filtration. The proportions of meat and of pepsin were in every instance accurately noted. The test tubes were kept as nearly as possible at a temperature of 100° Fah. for forty-eight hours, and were shaken as often as convenient.

It will be sufficient for my purpose to give the results of these experiments.

Fifteen grains of the powder, or a solution made by soaking the same quantity some hours and filtering, were found insufficient to dissolve ʒi. of the mutton. In order to reduce the meat to the condition of a greyish powder-like deposit, an equal weight of the pepsin mixture was necessary. When the proportion of the compound was greater, as fifteen grains of it to five grains of meat, the reduction was more complete, the muscular fibrillæ presenting under the microscope an appearance resembling that of fatty degeneration. In no instance was this reduction accomplished in less time than eighteen hours.

Like urine, gastric juice has a wide range of specific gravity. In other words, the solid contents in different specimens bear very different relations of quantity to the water by which they are held in solution. But let us take M. Boudault's own statements. He says—"The secretion in its greatest state of purity contains 1·75 per cent. of salts, and 1·25 of pepsine." I shall not stop to inquire into this analysis more than to say, that according to other authorities the whole organic matter of gastric juice and the pepsin are very different. That, in fact, the latter constitutes a very small proportion of the organic matter.

But admitting the organic matter obtained from the gastric juice of animals by M. Boudault to be nearly pure pepsin, or what is practically equivalent, admitting it to contain a natural proportion of true pepsin, let us examine a little further.

M. Boudault tells us that after various experiments in reference to the preparation and action of pepsin, he fixed upon its combination with starch. He says—"The amount of starch to be added should always be specially determined, otherwise we should not obtain a product possessing constantly the same digestive power. Now, it is of the utmost importance that a medicine should always have the same properties. I have once more availed myself of artificial digestions to determine the digestive power. I add, in fact, starch gradually in such quantities to the pepsine, that 2 grammes (15 grains) of the mixture is in a position to digest 4 grammes of dry fibrine, or that it will in the stomach cause the meat of a mutton chop to be digested." Admitting here, that it is necessary to determine in the manner related the quantity of starch to be added, M. Boudault should have informed us what is the average amount of active principle combined with the inert starch.

I shall not trouble the reader with details; but the results contained in the following statement may be relied on. The specimen of Boudault's pepsin used in my previously mentioned experiments, did not contain more than three grains of soluble matter in each, fifteen grains of the powder. Now M. Boudault informs us that "acidified pepsin is soluble in all proportions in water." But to meet objections on the score of loss and for convenience, I shall assume that 3·75 grains of soluble were contained in the 15 grains of powder.

Modern research has proved that the quantity of gastric juice requisite for the digestion of a meal is very considerable.

According to one estimate the amount secreted in twenty-four hours is equal in weight to a fourth of that of the entire body (b). In fact, the fluid is to be measured by pints rather than by ounces, and the total amount of pepsin is proportionately large.

Let us assume then that 3·75 grains of soluble matter or true pepsin are contained in 15 grains of M. Boudault's powder. To make an artificial juice with the above quantity of pepsin, according to his own analysis of the normal juice, this would be the formula:—

Pepsin	3·75	grains.
Salts	5·25	"
Water	291·00	"
	300·00	

or 5 drachms of artificial juice.

If then we liberally estimate 15 grains of M. Boudault's powder as equivalent to five drachms of gastric juice, how inconsiderable, if any, must be the assistance which such a dose of pepsin can render to natural digestion. If, on the other hand, we take the low estimate that twelve ounces of gastric juice are required for the digestion of a mutton chop weighing four ounces,—then 285 grains of M. Boudault's powder, or a dose nineteen times larger than he recommends, will be the equivalent.

Notwithstanding the assertion of M. Boudault, that fifteen grains of his powder in the stomach are "in a position to digest a mutton chop," I imagine further comment to be unnecessary. Out of the stomach the same quantity of the so-called pepsin dissolves with difficulty a piece of mutton the size of the tip off the little finger.

I am forced to conclude, therefore, that any advantages derived from the use of pepsin have been through the medium of the mind rather than of the body. An organ so impressible as the stomach would no doubt sometimes be benefited by a remedy of such plausible intention. That, however, is not the legitimate object of treatment.

48, Finsbury-square.

(a) On Pepsine, by M. Boudault. Translated by W. S. Squire, Ph. D. Churchill: 1858.

(b) Succi Gastrici Humani Vis digestiva. Auctore, R. Schroeder, Dorpati: 1858.

SURGICAL REPORTS AND OBSERVATIONS.

By F. A. BULLEY, F.R.C.S.
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ACUTE LARYNGITIS.—LARYNGOTOMY.—REMARKS.

Ann B. aged 21, a stout but scrofulous-looking young woman, employed as a housemaid, was admitted into the Hospital on the morning of October 22, 1858, in a state of impending suffocation. She was breathing with great difficulty, each inspiratory effort being accompanied by a loud harsh sound,

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the muscles of the neck and chest at the same time acting strongly and almost spasmodically. The expiratory actions appear to be performed with comparative facility. Her countenance is expressive of the most intense anxiety and distress. Every attempt to cough or speak appears to increase her sufferings. Her throat is greatly swelled externally; and on the left side of the neck, in the upper triangular space, there is an indurated glandular enlargement, about two inches in length, which extends downwards toward the immediate neighbourhood of the larynx. This swelling is exquisitely tender to the touch; but there is no perceptible redness of its surface, or any sensation of fluctuation within it. The larynx itself cannot be felt through the generally swelled and thickened tissues of the neck; but pressure over its usual situation produces intense pain and disposition to spasm of the glottis. Internally the tonsils appear to be enlarged and somewhat œdematous, but there is no appearance of any inflammatory redness of these parts. The epiglottis cannot be brought into view, but it appears to be capable of closing over the glottis in swallowing, so as completely to prevent the entrance of fluids into the larynx while doing so. Her tongue is covered with a dirty yellow-coloured fur. Pulse very quick, and the general circulation is evidently becoming more and more feeble. She is perfectly sensible, and as well as she is able to articulate in a whisper, informs us that the swelling on the left side of her neck had been coming on for about a fortnight; it had been somewhat painful at times, but had not been so troublesome as to prevent her going about her usual occupations. She had only complained of a slight difficulty in swallowing, and a little soreness and dryness in her breathing on the morning of the day before her admission, which gradually increased during the day; but she still felt well enough in the evening to eat a tolerably hearty supper, after which she passed a restless uncomfortable night, until the morning, when the suffocating sensations becoming almost insupportable, her mistress, by the advice of her Medical attendant, sent her to the Hospital for the purpose of undergoing an operation for her relief.

After the trial of some medical means, prescribed by the Physician, such as the administration of an emetic, the production of a blister in the parts of the throat not likely to be concerned in an operation, by means of an iron spoon dipped in boiling water, and the subsequent application of a strong solution of nitrate of silver to the fauces, the appearances of suffocation increasing notwithstanding, it was deemed expedient to perform laryngotomy without delay.

Some little difficulty was encountered in the operation, owing to the unusually deep position of the larynx in the swelled and œdematous throat. Several arteries, and one or two of the turgid veins of the part, bled profusely, the hæmorrhage being temporarily arrested by pressure until the crico-thyroid membrane was opened, just prior to which the patient's pulse began to fail, and she had all the appearance of sinking before the operation could be completed from apparent spasm of the glottis.

The depth at which the larynx lay at the part where it was incised, appeared to be about an inch; moving rapidly up and down during the convulsive efforts at respiration it was found impossible to fix it by the ordinary sharp hook, and the incision was therefore accomplished with some little difficulty without its assistance.

A large quantity of very thick mucus was immediately expelled with great force through the opening, which having in part subsided, the tube was introduced, and was retained without inducing any considerable irritation. Shortly after this she began to breathe with ease through the tube, and in a little time afterwards she had the appearance of being quite comfortable. She vomited a little blood after the operation.

9 p.m.—Has been comparatively comfortable since the operation, breathing quietly through the tube, and dozing at intervals. Is able to swallow beef-tea and other fluids without much difficulty.

23rd.—Has passed a comfortable night, sleeping tolerably well at intervals. Her skin is rather hot this morning, and her face flushed. Pulse 112; tongue still coated. Feels a great soreness in the downward direction of the trachea. The expectoration through the tube is darker coloured and very adhesive. The neck generally is still much swelled, and very tender on the slightest pressure. She feels a little more pain in swallowing. To take two grains of calomel every six hours.

24th.—Had a very comfortable night, breathing softly and easily through the tube. Had a good deal of sleep at intervals. I should, perhaps, mention that ever since the operation a temperate and humid atmosphere has been maintained in the room day and night by means of the steam from pans of boiling water and the evaporation of wet sheets hung before the fire, to a temperature of 64°.

To take a simple febrifuge mixture twice a-day.

25th.—Some hardened mucus having collected in the tube, it was taken out and cleaned for the first time to-day; but we found she became much distressed without it, and it was, therefore, re-introduced immediately. She breathed a little through the mouth when the tube was out. Her tongue is still coated, skin hot, urine high coloured; pulse 108; diarrhœa; to discontinue the calomel. She brings up a good deal of thick mucus through the mouth. A carminative astringent mixture to relieve the diarrhœa.

26th.—Has passed a comfortable night; diarrhœa has ceased; tongue beginning to clean; some soreness and a dry ralê over the back part of the chest, which a mustard plaster at night seemed to relieve. The wound looks unhealthy, anæmic, and slightly erysipelatous.

To have ʒiv. of port wine daily in arrowroot.

27th.—Generally improving; evidently all the better for the wine. The dry ralê at the back part of the chest continuing, she was ordered to repeat the mustard plaster. The tube again removed, and another smaller one, curved upon the flat, with difficulty re-introduced.

℞. Ammon. carb. gr. v., ætheris chloric. ♏ x., decoct. cinchonæ ʒiss., M. ft. haust. ter in die sum.

28th.—Has passed a tolerable night; pulse 110, still soft and weak. The wound has assumed a somewhat sloughy appearance, but the general swelling of the neck is fast subsiding. Takes a good deal of strong beef-tea, which she swallows without difficulty.

29th.—Slept well last night, as much as an hour without cough or expectoration. There is still a great want of constitutional power about her, but she takes nourishment well. The general swelling of the neck continues subsiding. The quantity of port wine increased to ʒvii. It has been necessary to remove and cleanse the tube daily since the operation. The tube was daily removed, cleansed and replaced, until the evening of November 3, twelve days from the date of the operation, when, as it was found that she could breathe easily and completely through the mouth when the laryngeal aperture was closed, it was finally removed.

Nov. 7.—Has been gradually improving; the aperture in the larynx has been gradually closing. She now breathes freely through the mouth, and the greater part of the expectorated mucus passes that way. She has been taking ʒxii. of port wine daily since the 1st inst.

Nov. 11.—The opening in the larynx is apparently closed, but a small quantity of the thinner part of the expectorated mucus still passes out on coughing. The port wine to be diminished to eight ounces daily. To take half a drachm of the syrup of iodide of iron twice a-day. No air now passes through the wound, either in inspiration or expiration, the whole of it going through the mouth. I should mention that she has constantly been supplied with small pieces of ice to swallow, which has greatly relieved the soreness of the throat in deglutition.

18th.—Twenty-seven days from the date of the operation: the wound in the larynx is now completely healed, and granulations are filling up the opening. She has been suffering lately from rather painful swellings of the cervical glands, but they are gradually subsiding. She now coughs very little, has been daily acquiring strength, and, on the whole, may be considered as fairly progressing towards convalescence.

She subsequently remained in the Hospital about six weeks, when, as she had apparently quite recovered from the effects of the operation and the disease for which it had been required, she was discharged, with only some little difficulty in articulation, apparently of a nervous character, from which, however, she has since been gradually recovering.

Dec. 10.—Seven weeks having elapsed since the performance of the operation. The wound of the throat has completely healed, she breathes freely through the larynx, and her voice is gradually returning. In the interval between this date and the last report, she has suffered occasionally from

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attacks of what has appeared to be congestion of the lungs, followed by a kind of bronchial irritation, which has been relieved by mustard plasters, and on one occasion it has been fonnd necessary to apply a blister. From this she has now quite recovered; she looks ruddy and strong, the enlargement of the throat has entirely subsided, and there appears to be every likelihood of her complete recovery.

Remarks.—The foregoing case presents several interesting points for consideration. In the first place, as regards the origin of the obstructive inflammation, and the consequent mechanical hindrance to respiration, for which the operation was demanded, I think there can be little doubt that it commenced in the first instance in the chronically enlarged gland mentioned as existing in the anterior part of the neck, which from some cause or other had been brought into a state of active inflammation, which had afterwards spread to the larynx; and indeed, if we might judge from the exquisitely tender enlargement of the whole neck, to all the other tissues in the immediate neighbourhood of the part. It should be remarked that this particular gland had been perceptibly but painlessly enlarged for as much as a fortnight, and was during that period almost the only symptom of anything being amiss about the throat. There had been no difficulty in swallowing from internal soreness, and the difficulty of breathing has only occurred after the suddenly increasing enlargement of this gland, and it is therefore fair to infer that it was from the extension of the inflammation from this gland, that the larynx had been only secondarily affected. I believe such cases as this to be extremely rare, as individual experience shows; for whereas, we are constantly in the habit of observing cases of inflammatory enlargement of the cervical glands, both scrofulous and otherwise, we scarcely ever find the inflammation extend to the respiratory passages: the circumstances, however, which I have related, lead me to suppose that such might have been the case in the present instance.

It would be an important advantage in the treatment of these cases, to be able to distinguish by some certain and unmistakeable signs, the difference between simple inflammation of the larynx, in which the mucous membrane was simply congested or inflamed, and that particular kind of serous effusion underneath that membrane, which has obtained the name of Laryngismus œdematosa, which, when it certainly exists, constitutes an irremediable obstruction to respiration; because, if we were able to do so, we might, with some degree of hope, make use of those general means of treatment which are found to be effectual in inflammation of other parts of the body, and thus supersede the necessity of an operation which is always regarded with terror both by the patient and his friends; and is, moreover, too often followed by permanent inconvenience to the former by the imperfect closure of the opening.

Many cases have doubtless recovered by the employment of remedial means, and doubtless many more have perished through their ineffective operation; and thus it becomes a matter of the most anxious consideration to the Surgeon how to proceed in these critical cases, which of all others require the most prompt and decisive interference. Mr. Porter, of Dublin, states in his work on Laryngeal Diseases, "Very many cases are related of acute cynanche laryngea successfully treated by the usual means of combating inflammation; but it may reasonably be doubted whether these measures would be efficacious in producing an absorption of serous fluid once effused, although they might arrest the disease, and thus prevent its being thrown out at all."

Seeing, then, the difficulty of distinguishing between these two states of the larynx, it would appear to be our duty, unless the symptoms of the simple employment of the mucous membrane were sufficiently well marked to remove all doubt of the nature of the affection, to lose no time in endeavouring to remove the mechanical impediment to respiration by an early operation. The symptoms of the laryngitis œdematosa are very insidious in their approach: and Mr. Porter, to whose work I have just referred, observes that he had known two instances within his own recollection of young men who had retired to bed at night without complaining, and were found dead from this affection the next morning: in such cases as this there can be little doubt that if an operation had been performed recovery might possibly have ensued.

There was one circumstance connected with our patient, which tends to show that if there was actual œdema of the laryngeal mucous membrane at the time of the operation, it had not actually affected the epiglottis, because the rima glottidis was, during the act of deglutition, capable of complete closure; fluid drinks passed easily over the epiglottis and were not regurgitated, as is usual when, through œdema, this structure has absolutely lost its valvular power of closing the laryngeal opening. This is rather in favour of the inflammatory nature of the affection in this case.

Most writers upon this subject agree that where the operation is likely to be required, it had better be performed at once or not at all. The continuance of the obstruction produces such changes in the circulation as diminish in a great measure the chances of subsequent recovery. The aeration of the blood is interfered with, it becomes unfit for the nutrition of the tissues, and among the first signs of its altered condition, a state of coma ensues, and a disposition to congestion of organs, especially of the lungs, the organs principally implicated mechanically and otherwise in the disordered actions which have been taking place. It is needless to remark that in such a case as this an operation would not only be perfectly useless, but would probably expedite a fatal issue.

I now come to the after-treatment of such cases, and in relation to this part of the subject M. Trousseau, who has had a very extensive experience of laryngeal disease, thus remarks: "I consider a bad operation, followed by a careful after-treatment, is more likely to be successful than a good operation where the after management of the case has not been so carefully attended to." This, from such an authority, shows how necessary such care is, and that upon its observance depends, in a great measure, the favourable or otherwise issue of the case.

For the general management of the case after the operation, I am indebted to Mr. Andrew Fernie, the House-Surgeon of the hospital, whose unremitting attention to the patient is deserving of the greatest praise. It will have been observed, that an elevated humid atmosphere was maintained in the patient's room constantly during the early progress of the convalescence. Now, I am not aware that this plan has been frequently pursued in such cases, although I believe Dr. Marshall Hall was latterly in the habit of employing it; but from what I saw of this particular case, I can speak favourably of its efficacy for the following reasons. There can be little doubt that a certain amount of pulmonary congestion is present even in the earliest stages of laryngeal obstruction, arising partly out of the disordered functions of the lungs themselves, and partly from the general depression of the circulating system which usually accompanies this disease; and, therefore, we can easily imagine that cold air, which in the ordinary state of things is warmed by its passage through the mouth and fauces, finding its way at once through the silver tube into the congested and probably inflamed pulmonary structures, would act in increasing the irritation of the surfaces with which it was brought in contact. There is another advantage, also, which it seems to possess, and that is, it prevents in some measure the consolidation of the inspissated mucus in the tube, by keeping it in a semi-fluid state, and thus obviates the necessity of the frequent removal of the tube through its obstruction—a part of the treatment which is always a source of great discomfort to the patient.

There is one other point to which I would allude, and that is, to the general management of the tube, and the observance of a proper time for the final discontinuance of its use. It cannot be denied, that in many cases where either laryngotomy or tracheotomy has been performed, particularly in adult subjects, there has remained a permanent patency of the wound made by the operation, a condition of things which cannot prove otherwise than a state of the greatest misery and discomfort to the unfortunate patient, and a source of no little annoyance to the Surgeon. I imagine this fistulous opening would be more likely to occur after operations upon the trachea than upon the crico-thyroid membrane of the larynx, because in one case the opening will have been made through a cartilaginous structure more difficult to repair than the other, where the incision has been made through simply membranous or fibrous tissue; but through whichever structure the opening may have been made, much must, I think, depend upon the management of the tube, and its gradual discontinuance, commencing from the time that the patient begins to breathe through the hitherto obstructed larynx, when the instrument may be altogether dispensed with, as in the case I have related, or gradually discontinued. What chance is there

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of the larynx resuming its natural secretory functions and normal calibre while it is kept constantly blocked up by a mechanical impediment to its natural respiratory action? The larynx may, over and above its vocal organisation, be considered quite as much one of the excretory conduits of the body as the urethra or the rectum; in both which cases we find, that when from any circumstances fistulous openings occur in any part of their tubes, the part beyond the openings becomes contracted, as it were, from want of use; and so it is, I have no doubt, with the larynx, if the obstruction caused by the tube is continued too long, and thus a permanent fistula has become established in some cases. To obviate this inconvenience it has been suggested, if it is not thought right or safe to discontinue the tube altogether, to use one with an oval aperture in the convexity of the curve to allow of the expired air passing upwards through the larynx as well as through the wound. Of course it would not be desirable to employ this modification of the tube at first, as it would prevent that amount of rest to the part immediately after the operation, which is essential to the subsidence either of œdema or inflammation (a).

It will be observed that it was necessary to support the patient throughout the cure by the liberal use of wine and the most nourishing diet. This was found to be indispensable, because either in consequence of the shock of the operation, or from the previous defective aeration of the blood, she shortly fell into a state of physical depression, a kind of languid fever, in fact, which but for this treatment might have lapsed into typhus, from which she would probably not have recovered.

PRACTICAL OBSERVATIONS
ON THE
TREATMENT OF URETHRAL STRICTURE.

By ROBERT WADE, F.R.C.S.
Senior Surgeon to the Westminster General Dispensary.

From the formidable character which the disease sometimes assumes in its more advanced and aggravated forms, the treatment of urethral stricture has long engaged the attention of the best practical Surgeons of their day.

Whatever difference of opinion may have prevailed as to the best means of its accomplishment, the restoration of the obstructed urethral canal as nearly as possible to its healthy calibre has been the object of all.

That this object is not always effected without considerable difficulty, is evidenced by the number and variety of instruments which have been contrived for the purpose.

The means adopted by Surgeons for the relief or cure of urethral stricture are usually classed under three heads:—1st. Dilatation; 2nd. The application of some escharotic substance to the diseased tissues of the urethra which form the obstruction; 3rd. Division of the stricture, either from within the urethral canal by some cutting instrument, as the lanceted catheter, and a host of other contrivances:—or, from without, by external incision, now commonly called perineal section.

These three methods might, it appears to me, be very properly classed together under the first head, as the two latter will seldom prove effectual without the aid of the bougie or other dilating instruments.

The term dilatation is, however, commonly restricted to the method in which dilating instruments only are used, that process being effected without the assistance either of escharotics or incision.

This unaided or simple dilatation is the method which, for a long time, has been principally relied upon by British Surgeons for the relief or cure of urethral stricture.

There is, I believe, no better method of proceeding in a very large proportion of cases; and such has been its successful results that many very able Surgeons have discountenanced every other mode of treatment.

How, then, it may naturally be asked, does it happen that a plan of treatment so simple, which has proved so efficacious in the hands of some, should so signally have failed with others of equal surgical celebrity? indeed, so unsatisfactory with the latter has often been its effects as to cause them to resort to treatment more severe, and sometimes, even hazardous.

This discrepance evidently admits but of one explanation, and that is, the particular manner in which dilatation is conducted.

My own experience has convinced me that the great error with regard to dilatation, has been an attempt to do too much at a time, by which the disease has been aggravated instead of relieved. The urethra is, in fact, but too frequently treated as if it were an inert lifeless tube, and not a living structure possessing more or less exquisite sensitiveness.

Who can wonder at the failure of dilatation, when that process is carried on by forcible attempts to stretch a diseased and sensitive part of the urethral canal! It is true that the immediate effect of these forcible attempts may, by opening more or less the contracted channel, permit the urine for a time to pass in a better stream, an improvement, however, but of short duration; as the irritation and inflammation which are almost certain to follow will, in nine cases out of ten, render the condition of the patient rather worse than better.

It is sufficient to observe that this forcible unscientific manner in which dilatation is occasionally practised is the abuse, and not the proper use of this most admirable of all methods of treating the generality of urethral strictures.

It may be taken for granted that this treatment will be most successful in the hands of those who use all possible gentleness and caution in the introduction of instruments. Lightness of hand and delicacy of touch, as well as great patience and forbearance, are indispensable qualities in the Surgeon to enable him to do justice to this simplest of all methods of procedure.

I think it will be admitted by those who are most experienced in urethral Surgery, that the greatest difficulties they meet with in effecting dilatation principally originates in the previous abuse of instruments.

Many Surgeons have their favourite instruments for dilating strictures, some giving a preference to the silver catheter; others, to the solid metallic sound; while the elastic gum, wax and plaster bougies have also their advocates.

Upon this point I shall only observe that no judicious Surgeon will restrict himself to the use of any one of these instruments, as they will most assuredly all be found to be more or less useful, some succeeding best in one case, and some, in another.

If, however, I were restricted to the use of but one kind of instrument, my selection would be the simplest of all, the wax and plaster bougie, varying from a consistence soft enough to receive the impression of a stricture, to such a degree of hardness as will not readily yield to pressure.

It must be evident that no rule as to the best method of commencing dilatation can be applicable to all cases. I believe, however, that the one most generally applicable when the contraction is considerable is to commence with the common bougie, and to continue its use until some little progress has been made, when the irritability of the diseased tissue as well as of the entire urethra, will have become so much subdued, as to permit, without irritation, the employment of some more solid, and in many instances, more efficient dilators.

In highly irritable strictures, with few exceptions, the soft wax bougie is infinitely superior to any other dilator; and its use should not be discontinued until a considerable diminution of their irritability has been effected.

Dilatation is usually described under the two general heads of temporary and permanent. When effected gradually by the introduction, from time to time, of bougies, catheters, or sounds, it receives the former appellation. In the latter, dilatation is accomplished by the continued retention of instruments in the urethral canal for certain periods of time, of more or less length, varying according to circumstances, extending sometimes to several weeks' duration. The elastic gum catheter is mostly used in permanent dilatation, being much less likely to cause urethral irritation than metallic instruments.

The selection of either of these methods, and the best manner of carrying them into effect in particular cases, must, of course, depend upon the judgment of the Surgeon.

(a) Mr. Coxeter, of Grafton-street, London, has constructed an ingenious apparatus, which combines the oval hole and a pendant valve at the external opening of the tube; the valve opens on inspiration, and closes on expiration, thus allowing the whole of the expired air to pass through the larynx.

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There is another kind of dilatation to which the term "special" has been applied. Particular instruments of various kinds have been invented for the purpose of effecting dilatation more promptly than those in ordinary use.

We have had dilators of water, of mercury, and of air, which have been much lauded by their inventors.

I have as yet had no reason to believe these dilators to be preferable, or even comparable to those in ordinary use, such as bougies, catheters, and sounds, which are much more manageable than the former.

I must not omit to mention two modes of accomplishing prompt dilatation which have lately attracted considerable attention, those of Mr. T. Wakley and of Mr. Holt. The dilator of Mr. Holt is a modification of Perrève's instrument. Mr. T. Wakley's instruments are too well known to need description.

From the strong testimony of their good effects, which both these gentlemen have brought forward, it cannot be doubted that in some cases, these dilators may be used with advantage to the patient.

I shall merely remark, with regard to their employment, that from the great power and complete command over the urethra obtained by these dilators they should always be used with the caution so strongly recommended by their inventors.

Urethrotomy, or internal division of strictures by the lanceted catheter, and other cutting instruments, has been but little practised in this country. In this method, division is effected either from before backwards, or from behind forwards.

In impermeable cases, the section is made from the front by introducing as far as the stricture a tube containing a sharp blade, which is then thrust forward so as completely to divide the obstruction.

To effect division from behind the stricture various ingenious instruments, consisting of a canula, with one or two cutting blades, have been invented by the French Surgeons.

Their employment of course assumes the permeability of the stricture, as in using them they must be passed through the obstruction, when, by causing the blade or blades to project, division is accomplished as the instrument is withdrawn.

Internal section was principally practised in this country by the late Mr. Stafford, whose instruments, invented for this purpose, are well known. Next to Mr. Stafford, this method was more frequently adopted by Mr. Guthrie than any other British Surgeon. It has occasionally, however, been had recourse to by others; but the practice of internal incision of urethral strictures has never been generally adopted in England.

Division of the stricture from behind forwards is undoubtedly the best method of effecting internal division, having, however, the great disadvantage of being applicable only to such obstructions as are permeable by instruments.

The latter mode of internal section is held in high estimation by many French Surgeons, whose opinions, however, differ considerably as to the extent to which it is desirable to carry the incisions. By some, very superficial incisions, or mere scarifications are practised, dilatation being afterwards completed, either entirely by the bougie, or with the aid of an occasional application of nitrate of silver. Others practise the free or complete division of the diseased tissues forming the obstruction. The best practical information regarding internal section of urethral strictures will be found in the excellent works of Leroy D'Etiolles, and of Civiale, who have had very great experience of its effects.

According to Civiale, to be successful, the incisions must include the whole of the morbid structure. Reybard, whose work on Stricture, which bears the stamp of great talent and originality, to which was adjudged the Argenteuil prize of 1852, boldly advocates the absolute necessity of dividing not merely the stricture, but also the urethral parietes at the seat of disease, leaving only the skin undivided.

M. Reybard's views on this subject cannot be understood without some explanation of his peculiar pathological views regarding urethral stricture. To use the words of his reporter, M. Robert, "Reybard, with all pathologists, considers blennorrhagia as the most common cause of strictures of the urethra; but he goes beyond the received ideas when interpreting the part played by these phlegmasia in their production. According to him, all strictures due to this cause are constituted in all epochs of their evolution by a tissue, anormal, or of transformation, and not by engorgement, by thickening, by induration of the urethral parietes, as is generally understood." M. Reybard considers that "strictures present one invariable structure, and that their diverse forms constitute but one and the same affection."

Most Surgeons of much experience in the treatment of urethral stricture will scarcely, I think, admit the general applicability of M. Reybard's pathological views on this subject. It appears to me evident that this distinguished Surgeon must have derived his pathological prototype of stricture from one particular form of the disease, in which elasticity and retractility are so strongly marked as to render the ordinary mode of treatment by dilatation unsatisfactory.

I believe, with other pathologists, that the peculiar transformation of the urethra into a structure of new formation, closely resembling in its properties the tissue of cicatrices, is by no means, as M. Reybard supposes, an essential character of urethral stricture. My own experience induces me to believe that although the transformation of strictures into a cicatricial-like tissue may sometimes occur in their early stage, it does not usually take place until a considerable length of time after their formation. I have good reason to conclude that so far from this fibroid transformation being an essential element of the disease, many urethral strictures of several years' duration consist merely of an inflammatory condensation of the part affected. At all events, many cases in which symptoms of stricture have existed for several years, the bougie has afforded no evidence of the cicatrix-like transformation. I may add that the satisfactory results of the use of the bougie in these cases is to my mind evidence enough that the new tissue which M. Reybard considers as characteristic of stricture, could not then have been formed.

Every Surgeon conversant with the treatment of strictured urethra well knows the difficulty in effecting satisfactory dilatation in the truly elastic india-rubber-like stricture. I should not have dwelt so much on M. Reybard's pathological views were it not for the hazardous practice which they have led him to adopt and recommend as the only satisfactory method of treating urethral obstruction.

There appears to me no sufficient reason to believe that there is any peculiar transformation of tissue in urethral stricture which is not the effect of ordinary inflammation.

My own experience of internal section has been but little, and that little not the most favourable, as I have found great difficulty in keeping sufficiently open the aperture made by the knife. Except in cases of urethral contraction at the glans penis, in which, from its peculiar density of structure, free division by the knife is the proper and most effectual remedy, I have resorted to internal section only as a means of immediate relief in urgent cases.

Internal division of strictures at the bulbous portion of the urethral canal has not infrequently been attended with unfortunate results, such as profuse hæmorrhage, extravasation of urine, and purulent infection. Mr. Guthrie has informed us that after this operation, "urine may be extravasated, matter may form externally, or be discharged in quantity from within:" he adds, "these are accidents which may befal any one, although they do not often occur; that in whatever manner the urethra may be divided, whether for a stricture only, or for a fistula in perineo, any and every operation may lead to the excitement of a fever resembling ague in its paroxysms, and to the formation of matter in different parts of the body, in a similar manner to that which I believe I was the first to show did often happen after amputation. It is a misfortune that cannot be avoided; and he is fortunate in whom these depositions of matter occur in parts not essentially vital."

If the contraction should be anterior to the bulb, internal section, when properly performed, appears to be attended with but little risk to the patient. My own practical experience of this method has, however, been so limited that it would be presumptuous in me to give an opinion on the subject, after the strong testimony adduced in its favour by Civiale and others.

External division, or perineal section, from its advocacy by Professor Syme, has now become so celebrated, its merits and demerits have been so fully discussed, that it will be unnecessary for me to make many observations on the subject.

It is well known that this operation was formerly, with some few very rare exceptions, practised only in impermeable strictures, being always regarded as one of difficulty and

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danger. Mr. Syme has certainly much improved the proceeding by the previous introduction of a grooved staff or director, upon which the stricture is divided. Surgeons were confidently told that all those difficulties hitherto met with in the treatment of urethral stricture were at an end; that a new and royal path had been discovered, which would lead to the cure of the very worst forms of the disease. Perineal section, as described by Mr. Syme, was a "simple and easy mode" of curing permanently the most difficult cases of urethral stricture, and unattended with danger to life. That "division of a stricture by external incision is sufficient for the complete remedy of the disease in its worst form; that in cases of less obstinacy, but still requiring the frequent use of the bougie, division is preferable to dilatation, as affording relief more permanently and safely."

From such a description, from such high authority, it cannot excite surprise that the new proceeding became, for a time, the fashion. No operation has probably been more fully tested than perineal section. That the sanguine expectations regarding the extraordinary efficacy of this operation should have ended in disappointment is nothing more than has occurred with other remedial measures which have disappointed expectation.

(To be continued.)

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

ST. THOMAS'S HOSPITAL.

PORTION OF TOBACCO-PIPE IMPACTED FOR THREE DAYS IN THE URETHRA.

A man was admitted a few nights ago into St. Thomas's Hospital, with the statement that he had broken a piece of tobacco-pipe into his urethra, and that it still remained there. The accident had, he said, happened three days before, but had caused him but little inconvenience until during the last twenty-four hours. Retention of urine was the symptom which now caused him distress. During the first two days he had been able to pass his water easily. He believed himself to be the subject of stricture, and said that he had for long been in the habit of using bougies himself. The perineum was tender, and considerably tumified.

Mr. Jervis, the House-Surgeon, under whose care the man came, first passed a No. 4 catheter down to the foreign body, and finding that it easily slipped on one side of the latter, continued it downwards, until it entered the bladder. A considerable quantity of urine was drawn off. This having been done, a pair of curved and narrow-bladed forceps were employed, and after a little trouble the removal was safely effected. The portion of pipe was of usual thickness, and about three inches long. The man remained a few days in the Hospital, when, as no ill symptoms had supervened, he was discharged.

Among the features which are remarkable in this case are the length of time during which the foreign body had remained impacted without giving rise to serious inflammation; and secondly, the fact that not only had urine flowed freely through, and by its side, but a catheter was easily passed. No doubt the triangular ligament, not having been entered, had constituted an obstacle to the further slipping of the fragment inwards, which so usually occurs under such circumstances. The long previous employment of instruments had, it is probable, both dilated the urethra beyond its natural size, and rendered it much less sensitive to irritation.

VERY LARGE STONE IN THE BLADDER.—DEATH FROM PERITONITIS PRIOR TO THE OPERATION.

(Under the care of Mr. LE GROS CLARK.)

Those who have been round the wards of St. Thomas's lately will have noticed a poor fellow recently under Mr. Clark's care, who was apparently reduced to the last stage of exhaustion consistent with the continuance of life by the suffering consequent on stone in the bladder. It is not often in this country that we have an opportunity of observing the natural course of things when vesical calculus is not interfered with; and such cases, when they do come under observation, are often instructive and always of interest. It is well every now and then to have it demonstrated, that lithotomy does really confer an enormous benefit on humanity, that it not only rids of present suffering, but that it puts an end to a condition of things which sooner or later must end in a miserable death. It is only by a full and clear knowledge of this that we are warranted in urging the performance of so dangerous an operation on a patient whose health may be as yet good, and in whom, possibly, no very urgent symptoms have as yet occurred. The man to whose case we now ask attention applied in the first instance at the Surrey Dispensary, where he came under the care of Mr. Sydney Jones. He was about 25 years old, and in miserably ill health. He gave the history of bladder symptoms from early childhood upwards, and stated that latterly he had suffered from habitual incontinence of urine, with occasional attacks of retention. For relief, in several of the latter, catheters had been repeatedly used, and urine had been drawn off, but no Surgeon had ever hinted to him that he was the subject of stone. Mr. Jones employed the sound, and at once detected a calculus so large that it appeared to fill the bladder, and to prevent the point of the instrument from entering it. He advised the man to procure admission into St. Thomas's Hospital.

When he first came under Mr. Le Gros Clark's care the man was so ill that to perform lithotomy without preparatory treatment appeared almost hopeless, and he was accordingly placed under such a regimen as seemed likely to alleviate his sufferings and somewhat recruit his strength, the operation being for a while deferred. For a week or two he seemed to be deriving benefit, when suddenly one Saturday afternoon he became much worse, and sank into a very low state indeed. After this, contrary to the expectations of all who saw him, he lingered on till Tuesday morning, when death took place. During the last few days no particular train of symptoms had been developed, and it was supposed that he was merely sinking from diseased kidneys, exhaustion consequent on protracted suffering, etc. At the autopsy, however, a different explanation of the immediate cause of death was afforded. Occupying the bladder, and in its contracted state filling it, was a rounded oval calculus, which measured seven inches in circumference. In several places the bladder was sacculated, and in one of these sacculi an abscess had formed between the mucous and muscular coats which had given way into the peritoneum. Hence the cause of his having been suddenly taken worse. The intestines were extensively adherent by recently effused lymph, the peritonitis having evidently been consequent on the escape of pus from the abscess. It did not appear that any material quantity of urine had found its way into the peritoneal sac. Both bladder and kidneys showed the results of long-continued diseased processes. It is remarkable that the symptoms of peritonitis had been almost wholly masked during life, a fact which, however, was no doubt referable to the state of great exhaustion that the man was already in at the time that the rupture took place.

Let us place this case in juxtaposition with one recorded three weeks ago (see page 523), and with a third which the reader will find at page 286 of this journal for March last. Here we have three instances within a short space of time of patients being admitted into Hospital in the very last stage of suffering from calculus, and dying of their disease before the Surgeon had felt warranted in performing an operation for their relief. In none of these cases had the real nature of the disease been recognised by those under whom the patients had respectively placed themselves for their earlier symptoms. Does not this seem to indicate a much-to-be-regretted neglect of the surgical rule that the bladder ought always to be examined by sounding whenever the symptoms are suspicious? This is another aspect of view from which also this group of cases may afford instruction. Supposing that these three patients had all been operated on immediately after their admission; in all probability the result would have been speedy death in all, for in each the patient was already on the very point of death from the disease itself. Such cases, it will be plain, ought never to be counted in the statistics of ordinary lithotomy; yet not a few very closely resembling them go to make up the returns which we have from time to time published from the London Hospitals. As data on which to determine the amount of risk attending that operation in persons of moderate health, cases like these are manifestly worse than useless. That they go to make ill

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statistical statements seem much more unfavourable than they really are, is a fact which ought always to be borne in mind.

THE LONDON HOSPITAL.

LACERATION AND DETACHMENT OF THE SOFT PALATE—RE-ADJUSTMENT BY SUTURES—PERFECT UNION.

(Under the care of Mr. WARD.)

A little boy, aged 3 years, was admitted under the care of Mr. Adams, having a short time previously fallen down stairs with a piece of wood in his hand. When picked up the stick was found implanted in the mouth, and on removing it the mother detected the nature of the injury. Mr. Ward, who was in the Hospital at the time, was called to the case, and found nearly the whole of the soft palate detached from its connexion to the bone, and resting like a loose flap on the tongue. The only portion that had not been severed was about a quarter of an inch broad, and just above the right tonsil. From this portion the rent extended in a somewhat curved manner, along the back part of the hard palate, as far as the middle of the left palato-glossus. The circumference of the part detached was somewhat convex and irregular in outline, and here and there jagged. The child was blanched, but the bleeding, which had been profuse, had ceased on his admission. He was placed under the influence of chloroform, and the severed portion of the velum was after some difficulty brought into accurate apposition with that from which it had been torn. Four sutures were used, one of them being silver, the other three silk, the latter applied through Avery's loop, and tied by Fergusson's slip-knot. Ice was ordered to be sucked, and a fluid nutritious diet prescribed. The silken threads were removed on the third and fifth days; the silver one on the fifteenth.

Perfect union by granulation resulted, and the child left the Hospital on the eighteenth day cured.

The case is interesting, inasmuch as without the use of chloroform, it would have been all but impossible to have remedied the injury. The youth and restlessness of the patient, had an anæsthetic not been used, would have most materially interfered with, if not entirely prevented, anything like accurate manipulation.

EPITHELIAL CANCER OF THE PENIS CONSEQUENT ON VENEREAL SORES WITH PHYMOSIS—REMOVAL.

(Under the care of Mr. WARD.)

A tall, muscular man, apparently of a leuco-phlegmatic habit, aged 30, who had been married 10 years, but had had no children, was admitted on February 22, with extensive disease of the penis. The entire organ was nearly three times its ordinary size. The cutaneous surface was tense and livid from excessive vascular congestion. To the left side, and over the position of the glans, was a large fungating ulcer with raised hardened edges, which were somewhat undermined. It was more than the size of a shilling, and through this a probe could be passed to beneath the prepuce, which could not be retracted, being adherent to the soft parts beneath. Two or three other similar ulcers, though not nearly so large, had also perforated the integument elsewhere over the glans. From the orifice of the prepuce and these ulcerated openings, a blood-tinged, sero-purulent, fœtid excretion oozed away. The inguinal glands were tender to the touch and slightly enlarged. The pain in urinating was considerable; and the sense of weight and dragging great and annoying. An air of melancholy pervaded the man's countenance, and he said that life had no more attraction for him.

It was difficult to obtain any very correct history from him. He stated, however, that the phymosis had been congenital; and that he had contracted the venereal disease shortly after his marriage; and, that from that period to the present, he had never been cured. During this interval he had taken no end of quack medicines, and had placed himself for certain periods under the systematic treatment of seven unrecognised practitioners, all without benefit.

On the second day after admission, the prepuce was divided as far as the root of the glans penis, and was then found adherent to the latter, which had entirely lost its characteristic form, by what appeared to be soft prominent granulations. The two lateral portions of the prepuce were detached from the glans and removed, and several of the more prominent masses of granulation on the surface of the latter were also cut off. The glans had an irregular worm-eaten appearance. For the first few days after the operation, the aspect of the penis, and the remnant of the glans became gradually changed for the better; a few masses of the granulations having subsided and become covered with a cuticular membrane. Soon, however, more granulations became developed, coalesced together, and assumed very much the character of epithelioma. While this process was going on, other masses would become detached from the general mass, and give rise to ulcerated bleeding surfaces. This process of detachment of these granulating masses, did not, however, equal in extent or rapidity the process of development, so that at the end of six weeks, the glans penis had nearly all ulcerated away, and a large, hard, fungating mass occupied the penis all round, encroaching on it to within three-quarters of an inch of its pubic attachment.

The organ was therefore removed. The incision through it was carried downwards and forwards, its root having been previously firmly grasped by a vulsellum. Three metallic sutures were applied, two to keep the skin and corpora cavernosa in relation, and the third to keep the integument together beneath the urethra. Directly after the operation a catheter was placed in the bladder, and retained there for four days. It was then changed at three or four days' interval, and was laid aside on the 19th day. After the operation the inguinal glands gradually subsided, and the man left the hospital on the twenty-third day after its performance, with directions to pass his urine through the catheter for some time, in order to prevent the urethral orifice becoming contracted, or being injuriously involved in the cutaneous cicatrix. A month and more after he had left the hospital, the inguinal glands were found to have entirely subsided, he had gained much flesh, was entirely free from pain, urinated without difficulty; and had entirely changed his views of existence.

Dr. Andrew Clarke examined the diseased mass microscopically, and pronounced it a very characteristic specimen of epithelial cancer.

The above case furnishes another instance of cancer induced by long-continued irritation which had been neglected. The man had congenital phymosis, and contracted venereal sores which the state of his prepuce prevented from being cured. On this irritation, continued through ten years, epithelial cancer at length supervened. His early age as the subject of this form of cancer is worthy of note. The importance of circumcision in childhood in all cases of phymosed prepuce can scarcely be overrated.

ST. BARTHOLOMEW'S HOSPITAL.

EFFUSION INTO THE PLEURA REMAINING TWO YEARS IN STATU QUO.

(Under the care of Dr. MARTIN.)

In a series of cases illustrative of effusion into the pleura and its results, which we published some years ago, were several instances in which what are termed latent effusions had, there was every reason to believe, remained without material increase or diminution for considerable periods. In these cases, when all inflammatory action is in abeyance, the interference with the patient's comfort is often suprisingly little. Thus, a man will present himself in whom the signs that one pleural cavity is distended with fluid are unequivocal, and yet he will assert that he scarcely feels ill, and that his breathing is only a little shorter than usual. We mentioned several times, about two years ago, the case of a man who was then in St. Bartholomew's Hospital, under Dr. Martin's care, and in whom thoracentesis had been performed for the relief of a distended pleura. He has recently again come under notice, and the history of his last few years furnishes a remarkable example of the truth of the above remarks. The tapping was in October, 1857, and about two pints of serous fluid were removed. The disease was believed to have existed about five months before he came under treatment. Although mercurials were cautiously employed after the evacuation of the fluid, yet its gradual re-secretion was not prevented, and when the man left the

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Hospital, although his breathing was greatly relieved, yet the affected side of the chest was still dull to percussion. The other day the man again applied to Dr. Martin, and his condition was again found to be exactly what it had been before. The pleural sac seems still to be full, although the man has enjoyed fair health during the interval since his attendance, and has followed his occupation. To attempt to get rid of the fluid now would be unwise, since the lung must long ago have become hopelessly consolidated; and although in children contraction of one side of the chest easily takes place under such circumstances, it is far less frequently witnessed in adult persons. His present condition must probably be his permanent one, and the object of future treatment will be to prevent, if possible, the recurrence of inflammatory attacks, and to take timely measures for their subdual should such occur. By dint of great care on this head, the man may possibly go about with one pleura full to the end of an average life.

CONIUM IN CERTAIN DISEASES OF THE TONGUE.

(Under the care of Mr. LLOYD.)

Mr. Lloyd has at present under care in St. Bartholomew's Hospital, an example of a peculiar form of induration of the lingual tissue, in which great advantage appears to have resulted from the free use of conium. The latter drug is, as many of our readers may be aware, a great favourite of Mr. Lloyd's, who exhibits it in doses far larger than those ordinarily employed. We have repeatedly in past years noticed cases under his care in which hospital phagedæna, tumours in the tongue, etc., had seemed to be much benefited by its use.

In the present instance the patient is a woman, of nearly fifty, much pitted by small-pox, pallid, and evidently out of health. When admitted the induration, which occupied the middle of the tongue, was moderately well circumscribed, and as large as a small walnut. The mucous membrane over it was smooth and red. By many it would have been regarded as a muscular node, but Mr. Lloyd did not consider it of syphilitic origin, and the way in which it has diminished under treatment certainly supports his view. No mercurial or iodide preparation has been employed, but under the influence of large doses of conium with quinine and full diet, the lump has gradually softened down. It is now scarcely raised above the level of the other parts of the organ, and has quite lost its hardness.

GANGRENE AFTER COMPOUND FRACTURE OF THE LEG.—AMPUTATION.

(Under the care of Mr. STANLEY.)

A consultation took place on Saturday last, on a case in which gangrene was just beginning to show itself after a compound fracture, which apart from the high surgical authorities who took part in it possessed features of sufficient practical interest to be well worthy of notice. The patient was a workman from the Tower, of rather past middle age, who had been admitted four days before, under Mr. Stanley's care. His right leg had been broken about a hand's-breadth above the ankle, by the falling of a chest of rifles upon it. The fracture was compound as regards the tibia, the upper end of which projected two inches through the wound. The anterior tibial artery was ascertained to be intact, but respecting the posterior, no satisfactory evidence was obtained. The bones were not very much comminuted, nor did it appear that the soft parts had been much damaged by crushing. The man was thin, but of average health, and of a remarkably cool temperament. Mr. Langdon, the House-Surgeon on duty, succeeded in effecting reduction, and the limb was carefully put up on a back splint and suspended on a swing cradle. On Saturday morning, evidences of commencing mortification were apparent, and Mr. Stanley requested the opinions of his colleagues Mr. Lawrence and Mr. Lloyd. The leg was now considerably swollen, and over large irregular patches the cuticle was detached, and the skin beneath of a livid colour, and without sensation. There was no gangrene about the foot or toes. The man's tongue was dryish, and his pulse sharp, jerking and irritable; he was, however, remarkably composed and tranquil. Amongst the worst of his symptoms was a discoloured and very tender tract up the inner part of the thigh. There was no actual gangrene here, but still the state of things was very suspicious indeed.

In the consultation the one question entertained was, should immediate amputation be performed or not? At first the impression seemed so unanimous that the man must die whichever alternative were adopted—that it was almost decided not to interfere. Mr. Lawrence, in particular, expressed himself strongly; and with such extensive gangrene setting in so rapidly in a patient of his age and strength, there was all but certainty of a fatal termination within twenty-four hours. Eventually, the consideration that this result was inevitable if the limb were not removed, while, perhaps, a shadow of a chance would be secured by amputation, turned the scale. The man, having given his consent, was at once removed to the operating theatre, and placed under the influence of chloroform. Mr. Stanley adopted the circular amputation, and made his first incision as near as practicable to the knee-joint.

On examination of the limb after removal, the soft tissues were found infiltrated with a thin bloody fluid of peculiarly disagreeable odour. None of the arteries had been injured, nor was there any material disorganisation of the tissues from contusion. The periosteum had been stripped from the upper fragment of the tibia over a considerable extent.

As we have already remarked respecting a case of stone in the bladder, we have in cases such as the above examples of the class of operations which go to make our Hospital Statistics show such a large fatality. As exhibiting the risk attending amputation through the thigh, cases like the above have certainly no right to be counted. The frightfully rapid gangrene had already evidenced a state of the man's constitutional powers the most ominous; and the distinguished Surgeons who advised the operation did so in the full knowledge that it could only offer the merest ghost of a chance.

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Medical Times & Gazette.

SATURDAY, JUNE 18.

HOMŒOQUACKERY IN THE DECLINE OF LIFE.

THE Homœquacks have obtained at all events a nominal conquest. Dr. J. T. Conquest has joined the honourable corps of *Similia-Similibus;* and why he has so done he tells the world in a nice little pamphlet. "A man," he writes, "who has attained his threescore years and ten, and whose practice has been very extensive during half a century," ought to know something about a matter of such "paramount importance to society." But he goes on to add—and alas, that so it should be!—"people will be found, who, instead of bowing reverently before such an accumulation of knowledge, will turn all these years of experience into ridicule, and exclaim, 'There is no fool like an old fool;' and they will do this," Dr. Conquest adds, "even when the old fool's intellectual powers may be all in full vigour."

Why does Dr. Conquest thus anticipate the judgment of the Profession he once belonged to; and why does he assert on his first page that his intellect is as strong as ever? Is it to disarm criticism by appealing to sympathy, and requesting due allowance for the natural infirmities of humanity advanced in years? We certainly would gladly deal lightly with the unavoidable vagaries of our common nature; and if Dr. Conquest had not boldly demanded attention as a neophyte ready to suffer in the army of Homœopathic martyrs,

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by throwing down the gauntlet to the Profession in the shape of four and twenty pages on "What is Homœopathy?" we certainly should not have considered his secession from Medicine as requiring any special notice from us. We should have left his new friends to rejoice in all the satisfaction of quietude over the lost sheep which was at length found. But Dr. Conquest would not have it so. He must go into the confessional and do penance before the world; and we fear that in doing so he has put himself in a position of no comfort or professional ease. He seems to us to be in the very awkward predicament of the lover who has not taken sufficient care "to be off with the old love before he gets on with the new." While worshiping Homœopathy with the fervour of a convert, he still casts a few sly friendly looks back at the former object of his affections, as if "still loath to part." "That Homœopathic principles and practices will eventually overcome all that ignorance, prejudice, and pride oppose to their universal adoption, and effect that mighty revolution in practice . . . . I have no more doubt of, than that I now pen this prediction; because *magna est veritas, et prevalebit*." This solemn prophetic note of admiration he utters on one page; but on the very next, he "gives in his *qualified* adhesion to the principle and practice of this system." Between two stools we know where a man goes, and the Doctor has put himself into that awkward predicament: he must not expect to be received by his new professional friends with open arms, nor to escape criticism from us. He believes in *similia-similibus*, yet not in infinitesimal doses; this is his credo.

But before we refer to the history of how the new light entered into Dr. Conquest's mind, let us note one curious item in the account, which he has carefully kept to himself. *When* did the sunbeam of true Medical knowledge first break in upon him—at what period of the threescore years and ten of life, and of the fifty of his Medical practice? All he tells us on this score is as follows,—and is worthy remark, for it proves, at all events, that if the Doctor has made up his mind to become a martyr to Science in his old age, he has taken uncommon good care that persecution shall only torture him on a well-feathered bed; he has been careful not to holloa until he was well out of the wood:—"I have counted the cost, and *after* (a) a lengthened and *prosperous* professional career from which I have partially retired, I am fully prepared for all the obloquy inseparable from an avowal of my sincere, although *not unqualified*, belief in Homœopathy; and I am equally prepared to have the foregoing pages condemned as evidences of the feeble flickering of the intellect of a foolish old man." The Doctor, as he says, is well prepared; in other words, we suppose he means that he has armed himself with a good fortune to meet emergencies. People may laugh at him, but at home he is all right.

> "Populus me sibilat at mihi plaudo
> Ipse domi, simulac nummos contemplor in arcâ."

But how did the Doctor arrive at all this fortune? What does he mean by a prosperous professional career? Are we to understand that all these good things he now possesses have been achieved by him while practising these fifty years the abominations and poisonings of "Allopathic Medicine?" As a Homœopath does he call *this* a prosperous career? He draws a terrible picture indeed of the doings of Medical men: he tells us of the destruction of "multitudes of lives," and of more than multitudes whose lives are rendered wretched by taking pernicious "poisonous ingredients" into the stomach. We cannot, therefore, help asking, has he then all his life been allied with this pernicious system; or has he, indeed, been ever a Homœopath, and left the declaration of the fact for the time of his retirement from *business*? These are funny questions, involving funny answers and surmises; and as the Doctor has not made a clean breast of it, we must leave them to the risk of right or wrong conjecturings.

Perhaps, however, we may from this tale extract a useful moral. By contemplating, through the light of these twenty-four pages, the workings of a mind converted to Homœopathy, we may perchance deduce some hints or warnings useful to those who are inclined from like premises to arrive at like conclusions with Dr. Conquest. His predicament reminds us of one little episode in Faust—the one where the contemplative youth, with his friend Wagner, sits by the hill-side, watching, on a lovely Sabbath day, the streams of happy people flowing out of the city into the green fields. As they pass, the good people one after the other reverently salute Faust; and this they do because Faust's father had been a respectable Practitioner of Medicine, had physicked them, father and son, for two generations, dying honoured and beloved and admired by all the people of the city. Happy you, says Wagner, to have had such a father's mantle tumble on you:—

> "Welch ein Gefühl müst du, O grosser Mann!
> Bei der Verehrung dieser Menge haben!"

"Say not so (says the melancholy Faust)—pity, rather, me and the ignorance of these poor deluded wretches. Oh! I remember, when that fatal plague was among us, how my father prescribed and I made up medicaments, which sent more souls to the kingdom of Orcus than the plague itself:—

> "Weit schlimmer als die Pest getobt.

These people received us as angels, in our visits to them; we were in reality destroying, murdering wretches. Say no more of it." Faust was evidently in the mood to have embraced Homœoquackery; and if he had stuck to the profession of physic would probably have done so, and have ended his days respectably, instead of—as we all know how.

Now we imagine that we see evidences in Dr. Conquest's pamphlet, of rash conclusions drawn from the sort of premises here spoken of; and we suspect that all honestly-minded Homœopaths arrive at their new condition through a very similar process of defective reasoning. Drugs rashly administered in exorbitant quantities, after the custom of our reverend fathers, they argue, do a deal of mischief, *therefore*, Homœopathy is a great invention, and a sublime system. The men we speak of have been bred up in the arts of Polypharmacy. Of the pathology and treatment of disease, as taught by the Science of Medicine at the present day, they know evidently nothing. As their fathers lived and drugged, so they live and drug, and imagine that all others live and drug just as they. They think themselves many years in advance of the present state of Medical Science; the fact is, they are fifty years, at least, behind it. If they had been more careful to study and learn, and to have kept themselves equal to the knowledge of the day, they would (in escaping from the Drug-phantoms) have scarcely fallen into the trivialities of *similia-similibus*. Dr. Conquest, we see clearly enough from his book, illustrates the position we here assume of a man who is all behind the scientific practice of his age. He has evidently been slumbering under the eaves of St. Bartholomew's for many a past year.

Even in his knowledge of Homœopathy he is all behindhand. He produces merely old stock-in-trade arguments, which have been refuted *ad nauseam*. He cannot refute the refutations. He quotes those antique figures of the Vienna Hospital—forgetting that the absurdity of these statistics has been shown over and over again. So he does with the Newcastle Cholera tale. We knew also that the old familiar bit of claptrap would not be forgotten—we looked for it on opening the book—the stage-property rag of persecution cry. Yes, there it is: Galileo, Harvey, Jenner, Dr. Conquest, and Co.

Of course, we are not going to discuss this wonderful "system" now; but we may observe that we wish the

(a) Our italics.

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Homœoquacks well of their new friend. He anticipates, curiously enough, that he shall be vehemently condemned by them, and also by another class of Practitioners, of whom we never heard before, the *Antipaths*. And certainly his ideas on the subject of Homœopathy seem anything but clear and positive. Many persons, he says, who condemn the thing, "are so unacquainted with what they rashly condemn," as to think that it is simply "the administration of infinitesimal doses;" whereas, he adds, "*the quantity of Medicine has nothing whatever to do with the term;*" for does not the merest tyro know that "the term Homœopathy is derived from the Greek words ὅμοιος (the Dr. no doubt means ὅμοιος) and πάθος" (a)? Again, he admits that the Pharmacopœias of the Colleges contain all that is requisite as remedial agents; and that there is no occasion to consult the Homœoquacks' Pharmacopœia. He, moreover, quite shuts up poor Hahnemann; for he asserts that Hippocrates was the Papa of Homœopathy: Did he not give hellebore in cholera? triumphantly asks the Doctor. Still more will our readers be surprised when they learn that they themselves are unconscious Homœopaths. "Many who condemn the system daily practise it." They give rhubarb (ex. gr.) in diarrhœa! gentle emetics to remove vomiting!! treat cerebral and spinal complaints with minute doses of strychnine!!! To a frozen limb what so proper as ice, to an inflamed limb as warmth? and does not turpentine and alcohol fit well to burns? The great Sir Astley relied on gr. 1½ of hydr. c. cretâ, and Dr. Wilson Philip on pil. hydr. gr. ½ ter die. Unconscious Homœopaths! Were we wrong in saying that a man who could argue on *similia-similibus* and small doses from such data as these, must have been asleep the last fifty years? And many may think, if we are really such good Practitioners of Homœopathy, why does the Doctor kick out of the traces we run in?

The real fact is, as we have already hinted, the Doctor is not a good reasoner. He has seen, as most of us have, only on a much more extended scale, during fifty years, in fact, the mischief done by drugging; and at page 13 he has not badly or untruly stated his opinion and the case. We must conclude, indeed, that he has now suddenly woke up, full of a horrid dream—the memory of past doings in the drugging way—which haunts and troubles him; and so he rushes for repose into the bosom of his new acquaintance, borne on the pleasant wings of happy credulity. He has now, in these late days, begun to reason, and reasoning has been his bane. Like the poor parish clerk, he may say:—

"When yet untempted, I was safe and well;
Temptation came; I reason'd, and I fell."

One word more in conclusion. Let not the Doctor imagine (as he vainly does) that he is entering *now* into an *élite* society of learned philosophers and able Physicians and great men of science. Herein, let us recall what has been already said in this journal: "It is a curious and most instructive truth, that of the grand makers of impossible cures, the high-priests of arcana, etc. etc., that of these there is not one has done a single deed, or made a single discovery, tending to the progress of Medical knowledge. Is there one of them—of Homœopaths—who is at this moment known in the world of science—who has a reputation, *in any branch of science*, which reaches beyond the atmosphere of the street in which he lives? Let the patrons of Homœopathy search history, and tell us what good thing ever came out of the mental degradation implied in the practice of the system?" Such are Dr. Conquest's future associates.

THE WEEK.

Doctors in France occasionally give up the fatigues of Professional life, and are inspired, as the French Journalist puts it, with the happy idea of giving themselves up to agriculture. These men soon attain the first rank among *Agricolæ*. This year one of them, Dr. Gourrier, has gained the septennial Agricultural prize in the Department of Aude, viz. 5000fr., and a silver cup of the value of 3500fr. Victor ovansque, the Doctor may now sing the old song:—

"Heureux ceux
Qui plantent le choux."

Professor Miller reports to the Metropolitan Board of Works a "marked change for the worse" in the state of the Thames. He says:—

"For the present, the most advisable course to be adopted appears to be to add lime in regulated quantities to the sewerage products before allowing them to become mixed with the water of the river. Some difference of opinion exists as to the efficiency of this mode of procedure. There is, however, no doubt that when lime is added to recent excrementitious matters it combines with some of their constituents which are most prone to decomposition, and forms with them a flocculent chemical compound or precipitate which is less liable to putrefaction than the original material. If this precipitate could be separated and the liquid portion only be run off, as is practised at Leicester, the subsequent offensive decomposition of the liquid sewerage products would be effectually obviated, as experience has fully proved. But even where it is not practicable to effect this separation, the use of lime at the present temperature will exert an important influence in retarding the process of putrefaction.

"If the liming be found as summer advances and the temperature continues to rise to be inadequate to check the putrefaction, other more powerful, but much more expensive deodorising compounds may be employed, either as adjuncts or substitutes."

We maintain that, instead of mixing deodorising agents with the contents of the sewers near their outfall, it would be far better to collect the contents in floating reservoirs, and not allow the filth to fall into the river at all.

On previous occasions we have directed the attention of our readers to the lamentably lax state of the laws in reference to the practice of Medicine and Surgery in the islands of Jamaica, and we regret to find that no improvement has yet taken place in this respect. It appears that any person whatever may style himself a Surgeon or Physician in that island, and practise in either capacity with impunity, to the great injury of the qualified Medical Practitioner, and also to the great disadvantage of the unfortunate islanders, many of whom being negroes, are wholly incapable of distinguishing between the educated practitioner and the ignorant empiric. We have recently received information that an attempt made to prosecute one of these unqualified pretenders has failed in consequence of the grand jury having ignored the bill preferred against him for manslaughter; and we are further informed that the accused person has been elevated into a martyr, and has become the object of public sympathy and of the support of some of the local newspapers. In consequence, however, of the manifest impropriety of leaving the laws relating to the Medical Profession in Jamaica in their present unsatisfactory state, Mr. F. Davis, a gentleman of the legal profession, who appears to have devoted much time to the examination of the whole question, has directed his attention to the preparation of a measure which has for its object to protect qualified Medical Practitioners from the encroachment of uneducated quacks, and to furnish to the public the names of those who are legally qualified. It is obvious that such an enactment would be nothing more nor less than an imitation of the Act which has lately passed the different branches of the Legislature in the mother country, and which is now in operation. Mr. Davis has published in a Jamaica newspaper the outline of the plan which he proposes for adoption at the next session of the local Legislature, and we hope that his efforts

(a) Why, also, does the Doctor on two occasions call Hydargyrum Hydrargarus?

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will be successful. With regard to the unqualified pretender to whom we have alluded, and to others under the same circumstances, he very fairly offers them the opportunity of registering under his proposed bill, on the condition that they should undergo some Medical examination, or should afford satisfactory evidence that they have received a sufficient Medical education. In our own opinion an effective measure of Medical reform cannot be said to exist while ignorant quacks are allowed to tamper with the lives and limbs of the community without any supervision or control; but even if we were to admit that in a free country people have a right, if they please, to prefer a quack to an educated man, yet we cannot believe that it is at all an unfair proceeding to affix penalties to the offence of a man pretending to be *what he is not*, or that it is unjust to prevent a man from recovering charges made in a function which he has no legal or moral right to exercise. We again, therefore, most earnestly hope that the Legislature of Jamaica will at least pass a measure of Medical reform equivalent to that which has been enacted by the Parliament of the United Kingdom, and that the attention of our Colonial Office will be directed to the subject.

A reference to our column of "Legal Intelligence" will inform our readers that Lord Campbell has decided in favour of the legality of Dr. Storrar's election to the Medical Council by the *Senate* of the University of London. We are informed that the lawyers were fully prepared for this decision in the Court of Queen's Bench, but are equally confident that the judgment would be reversed in the "Court of Error." Whether it will be brought before that tribunal depends upon the funds at the command of the protesting Graduates.

Dr. Pardey, of Southampton, deserves credit for having brought an herbalist styling himself "Professor of Medicine" before the borough magistrates. Only a small penalty was inflicted; but some bills, imposing on the credulity of the public, were ordered to be withdrawn, and the title removed from the door plate. There are many herbalists, bone-setters, etc. who place themselves before the public as Medical men; and it is high time that the public should be protected from such impostors.

It is with sincere regret that we record the death of Mr. Jacob Bell, the well-known Pharmaceutical Chemist, of Oxford-street. He was President of the Pharmaceutical Society, Editor of the *Pharmaceutical Journal*, and, we need not add, earnestly persevering and very successful in his attempts to raise the education, character, and position of the body in which he held so high a place. On some questions affecting the Sale of Poisons, the counter practice of Druggists, etc. it has been our duty to combat what we believed to be erroneous opinions held by Mr. Bell; but nothing ever shook the respect with which we regarded his truly estimable character, or the straightforward honesty which was shown in his conduct even in those public questions upon which the keenest controversy was excited.

We have much pleasure in recording that the Queen has given orders for the appointment of John Macandrew, Esq., M.D., C.B., Inspector-General of Hospitals on half-pay, to be an Ordinary Member of the Military Division of the Second Class, or Knights' Commanders of the Most Honourable Order of the Bath. Sir John Macandrew has been long known in the Indian Medical Service as an able, hardworking officer. His new honours are universally believed to be well deserved, and a subject for sincere congratulation.

We hear, this week, with great regret, of the loss of two Medical officers of the Navy drowned in H.M.S. *Heron*. She was caught in a tornado very near the line, 200 miles from the west coast of Africa, and instantly capsized. Dr. Sproule and Dr. James Reid were among 107 of the lost, only 23 having been saved.

REVIEWS.

A Digest of the Vital Statistics of the European and Native Armies in India; interspersed with Suggestions for the Eradication and Mitigation of the Preventible and Avoidable Causes of Sickness and Mortality amongst Imported and Indigenous Troops. By Joseph Ewart, M.D. Bengal Medical Service. Pp. 182. London: 1859.

The subjects discussed in this volume must present especial interest at the present moment, when, in consequence of the recent distressing circumstances in our Indian empire, it is necessary to maintain a much larger European force in the East than has hitherto been deemed requisite. It needs no argument to prove that service in the East Indies has always proved most destructive to British troops; and any attempt to ascertain the sources of this evil, and to devise means for its mitigation or removal, must deserve the gratitude of every statesman and philanthropist.

Dr. Ewart presents us with a comprehensive digest of the Medical Statistics of the Indian Forces, a subject which was suggested to his mind immediately after the mutiny of the Bengal Native Army in 1857; and he relieves the dryness of mere statistical details with a great number of very pertinent remarks and well-drawn conclusions, founded upon the data afforded to him in the course of his researches. He modestly disclaims any title to originality in the accomplishment of his object; but the pains and labour he has bestowed upon his task may be estimated by the statement which he makes in the preface, that all the computations embodied in the numerous tables and figures which are presented to the reader have been twice gone over by himself, in order to ensure their accuracy, and that he has completed this laborious duty without any assistance.

The objects contemplated by Dr. Ewart in the compilation of his treatise are to exhibit the past medico-statistical condition of the European troops who have served in India, and to demonstrate the necessity which exists for a thorough reform in the sanitary management of the Indian army; this reform comprehending essential changes both in the moral and physical management of the men. It is proved by the statistics, that the mortality of the soldiers is much greater than that of the officers; that the mortality of the officers is greater than that of civilians in India; and that the mortality of these is greater than that of the Sepoys; and it is therefore contended by Dr. Ewart that by improving the condition of the soldier, and approximating it more to that of the officer and the civilian, and by adopting such precautions as are called for in the case of Europeans visiting a tropical climate, much of the present mortality might be prevented, and much expense spared to the mother country. Without following Dr. Ewart through his able statistics and the conclusions to which they lead, we may especially refer to the great mortality which is caused by malaria, and its attendant diseases in India, and to the expediency of employing in that country the most healthy hill climates as permanent abodes for our reserves and for the sick.

While pointing out the great extent of sickness and mortality which prevail among our European troops, Dr. Ewart communicates to us the gratifying conclusion at which he has arrived, that there is a decided decrease in the death-rate of late years, and he believes that this improvement is attributable to the advanced state of Medical science and practice in the present day. The decrease is not due to the adoption of broad sanitary measures, for in fact the amount of actual sickness is about as great as ever; but the proportion of recoveries to the cases admitted is very much greater, and the result may fairly be ascribed to the greater success which now attends the efforts made by Medical military officers to check the inroads of disease. In the case of fevers, for instance, which are very prevalent in India, the cases have actually been more numerous of late years than they formerly

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were; but the decrease of mortality has been most marked, as is distinctly proved by the statistical tables. Dr. Ewart thinks it impossible to resist the conviction,—and in his opinion we entirely concur—that this decrease of mortality has been effected by an improved system of treating fevers, and that the happy results have ensued from the substitution of quinine and tonic management for the use of the lancet, and the indiscriminate administration of calomel.

Our space will not permit us to follow Dr. Ewart through his valuable series of statistics and reasonings; but the above remarks will sufficiently prove the estimate which we have formed of the importance of his researches; and we cordially recommend the perusal of his pages to all who are interested in the progress of sanitary improvement among our troops in India, and especially to those who are entrusted with the government of our Indian possessions.

A Handbook of Hospital Practice, etc. By ROBERT D. LYONS, K.C.C., M.B.T.C.D., etc. etc., Physician to Jervis-street Hospital, Dublin. 8vo, pp. 137. London: 1859.

"CLINICAL, or bedside study," says Dr. Lyons, "implies something more than the half-curious, half-listless manner of *reconnoitring à la distance* a striking injury or unusual disease, too often witnessed on the part of some students." And he has written this book to fill up a void which, he is satisfied, is severely felt by students at the bedside of the patient. Students are willing enough, it must be supposed, but they don't know what to observe. Dr. Lyons explains all this to them. There is, indeed, in his little volume a very considerable amount of information. He takes the patient, alive and dead, and goes gradually down him, from the crown of his head to the sole of his foot, and tells the student *what* to look out for, and *how* to look out for it. He informs the student, in fact, how to make a complete clinical history of his patient alive, and how to seek out, detail, and note down his appearance as a pathological specimen after death. At the end of the volume, there are forms for reporting cases, and post-mortem appearances, also a glossary of certain Latin terms; and here we must say that our author shows no great respect for a Medical student's knowledge of Latin, for we see that he tells them at the beginning of the glossary under a N.B. that "nouns ending in *a* are feminine, and declined like *musa*, æ, except when a different gender is given." In his directions for writing prescriptions, we should strongly advise Dr. Lyons in another edition to give the French weights and measures with their English equivalents. The advanced student is continually in want of such a table, for the French weights and measures are in general use in those numerous translations of French and German literature which adorn our science of this day. We have no doubt whatever that students desirous of carefully observing and minutely investigating disease, will find a great help in this little volume of Dr. Lyons.

THE following, copied from a weekly journal, will be found interesting to Medical men:—"That highly respected physician, Dr. Conquest, has given in his adhesion to Homœopathy. This adhesion will have a considerable effect on the public mind, if not on the professional mind."

EMULSIONS.—Dr. Jeanneal, head Pharmacien of the Military Hospital of Bordeaux, has lately busied himself with observations on emulsions. These are the conclusions of his labours:—1. Dilution alone suffices to destroy oily emulsions produced in distilled water by small quantities of soap or carbonate of soda. 2. A solution of soap or of 1 per 100 of carbonate of soda emulsions double its weight of oil. 3. Soap emulsions fatty bodies with much more energy than its chemical equivalent of carbonate of soda. 4. In the emulsion produced by the solution of carbonate of soda, the same happens, as if there were present in the oil, in very minute proportions, a peculiar body saponifiably by an alkaline salt. 5. A calcareous water, treated with an excess of carbonate of soda, when decanted or filtered after some hours of rest, acquires the property of emulsioning fatty bodies equally as well as soapy water. 6. The emulsions of fatty bodies produced by albuminous alkaline solutions have the appearance and taste of natural emulsions; they are as persistent, and resist equally well dilution, putrefaction, the action of acids, of alcohol and metallic solutions.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

CASE OF RUPTURE OF THE ŒSOPHAGUS.

By Dr. JOSEPH MEYER.

THIS case occurred, under the author's observation, in Professor Schönlein's Clinic at Berlin. G. S. a shoemaker, of robust frame and intemperate habits, had suffered from time to time since childhood, when he had drank some soap-ley, from difficulty in swallowing solid bodies. A painful weight was then felt at the epigastrium, the morsel requiring great effort to propel it entirely. Of late years, since he had been given to drink, the difficulty had occurred oftener, and did so especially while he was under the influence of this. On the 1st of February a piece of sausage became arrested at the usual spot, and the man made most violent efforts to bring it up again. The morsel did not return, and a small quantity of bright-red blood was discharged. Great anxiety of countenance, and intense pain at the epigastrium were manifested. At the end of about an hour after the commencement of the accident the right side of the face began to swell. A Surgeon called in, believing the morsel still to be detained, tried to dislodge it, first by emetics and then by the probang. The patient obtaining no relief was brought into La Charité on February 2. He was compelled to maintain the erect position in bed, and derived most ease from bending the body forwards. The face was slightly cyanotic, a subcutaneous emphysematous swelling occupying its right side, the neck, and the anterior part of the thorax. The sternum was excepted, and percussion along its course gave out a clear resonance, and was met with abnormally slight resistance. Posteriorly, percussion was dull on the right side, and on the left side it could not be performed on account of the emphysema. Good vesicular respiration was heard all over the chest, with the exception of the lower posterior portion, where it was dull. The respiration was forty, the heart's impulse was feeble, and the pulse (142) was small and soft. The patient complained of very severe forcing pain at the base of the xyphoid process, which stretched backwards to the spine. The diagnosis delivered was rupture of the œsophagus, with some pleuritic effusion, and emphysema consequent upon the rupture. Mustard poultices and ice were repeatedly applied, and the latter given internally, with no relief. Next day the emphysema had much increased, both in amount and extent, reaching to the edges of the ribs, and to the elbows of the upper extremities. The dyspnœa, the cyanotic colouring of the face and hands, and the pain were excessive; and the patient died fifty hours after the commencement of his symptoms.

His body was examined twenty-two hours after death by Professor Virchow. At about three inches above the cardia, a gaping ulcerated surface one and a quarter-inch long and three-eighths of an inch broad, was observed in the anterior wall of the œsophagus. The edges were smooth, and in some spots as sharp as if they had been punched. The mucous coat was destroyed to a greater extent than the muscular. The mucous membrane was nowise thickened, even at the edges, and was easily separable from the muscular coat. The submucous connective tissue exhibited its normal appearance, and the muscular substance was found to be entirely healthy. The coats of the œsophagus in the vicinity of the ruptured parts were in nowise softened. The rest of the œsophagus being somewhat dilated, just above the cardia was a narrowed part, without any distinct cicatricial structure, but having the muscular substance in a hypertrophied condition. In front of the aperture in the œsophagus was a large collection of fluid in the posterior mediastinum, separated from the surrounding organs by a brownish gangrenous tissue, mingled with the remains of food, and nowhere exhibiting the thickened wall of an abscess. The emphysema had extended from the right side of the mediastinum to the rest of the upper portion of the body. Exsudations were found in both pleuræ.

A due consideration of the above case must reject the idea that first presents itself, that the aperture, and the large collection of fluid beneath it, were the results of old diseased

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processes; for whether an abscess formed in the substance of the œsophagus or behind this, it would certainly have exhibited at some point a wall due to chronic thickening; and at the time of the rupture pus would have been discharged by vomiting. There were none of the morbid characters observed here described by Albers in his case of rupture following simple ulcer of the œsophagus: and the formation of the collection of fluids may, in great part, have arisen from the employment of the emetics and probang. The difficulty of swallowing complained of by the patient prior to this occurrence, had doubtless arisen from the narrowing of the cardia; and that such difficulty should be greater when he had been drinking, is explained by the paralytic condition of the muscular membrane under the influence of alcohol—a state analogous to the dysphagia observed in brain affections, and to the accumulation of food found to take place at the lower end of the œsophagus after division of the par vagum. We have here then a case of rupture of the œsophagus induced by excessive efforts at vomiting, without the parietes being the seat of preliminary ulceration, abscess or gangrene. So rare are such cases that the author has only been able to find two recorded with sufficient minuteness for identification; one, the often quoted case of Boerhaave, and the other communicated by Dryden in the *Edin. Med. Commentaries*, vol. iii, 1788. There are other cases of œsophageal rupture on record, which are obscure both as to their causes and their symptoms, and some of which were probably dependent upon softening. The course and autopsy of some of these are so imperfectly reported, that nothing certain can be said about them. Others again are rendered obscure by their complication with accompanying brain affection. The two cases above referred to are quoted at length by the author, and compared with his own. —*Berlin Med. Zeitung*, 1868, *Nos.* 39, 40, 41.

ON THE TREATMENT OF PRURIGO.

By Professor V. BARENSPRUNG.

Professor Bärensprung does not agree with Mr. Hunt in the high estimate he forms of the utility of arsenic in obstinate prurigo. He has derived just as little service from Fowler's solution as from the internal use of tar, antimonials, or sulphurets: and he feels much more disposed to agree with Bayer that, independently of certain modifications which the condition of the constitution may require in certain cases, external means are those which should be exclusively relied upon. But the choice of topical applications is not a matter of indifference, for they are quite as capable of doing harm as good. The employment of strong stimuli should be avoided, and even the soap frictions recommended by Hebra and others have always done harm in the author's hands, the free alkali they contain giving rise to increased heat and itching, and in sensible skins inducing eczema. Yet more objectionable are strong alkaline washes. Local anæsthetical applications, as chloroform, etc. are useless. A temporary relief is almost always obtained by cupping, which diminishes the afflux of blood that takes place during the paroxysm. Cold baths and applications are usually employed for the momentary relief which they afford. The relaxing influence of tepid or hot baths, and the transpiration induced by a vapour bath, calm the state of excitement which spreads from the cutaneous nerves to the entire nervous system. As a no less useful calming application inunction of the surface with mild fats, or with bacon fat, may be resorted to.

The above means cannot be regarded as curative agents. As such we may mention sulphur, tar, and baths of corrosive sublimate. By means of sulphur mild cases of prurigo may often be cured; yet we must take care, and not be deceived with regard to its effects in an affection so liable to natural periods of remission. It may be used in the form of baths or of ointments; and the author refers to the prompt and durable relief derived by an aged person in obstinate prurigo, from the use of the *ung. sulph. anglicum*. From ointments made of the different varieties of tar he has also derived undoubted benefit, preferring *oleum cadinum* (one part to two of fat) as the least disagreeable of this disagreeable class of remedies. Cases which have resisted the above remedies have yielded to sublimate tepid baths; two or three of these, each containing ʒij of the sublimate, rapidly dissipating a long-standing affection, the mercury not seeming to exert other than a local influence. The bath should not be taken in a metallic but a wooden vessel.—*Annalen der Charité. Brunswick*. B. viii. p. 93.

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, June 6, 1869.

DURING the last three or four weeks measles and small-pox have been prevailing as an epidemic; and we have also observed, in some of the hospitals, a few cases of scarlatina of a mild kind. In the hospitals, deaths from these diseases have been exceedingly rare, although a few days ago we were informed by a Medical man that a death had occurred in his private practice, in the case of a young man suffering from small-pox. The disease became confluent; typhoid symptoms set in, and he died on the fourteenth day. This fact is the more startling from the circumstance of the patient having been vaccinated in early life, as stated by the mother of the young man, and fully corroborated by the characteristic mark existing on his arm. We learn also that this disease has been, of late, very prevalent in some of the provinces of France. In a convent, containing some two hundred inmates, situated between Metz and Epinal, eighty were struck down with it almost consentaneously, partly sisters advanced in years, and partly novices averaging from fifteen to twenty. The remaining one hundred and twenty took refuge in the houses of their respective families; but, with hardly one exception, all of them were attacked by the epidemic, notwithstanding their change of residence. In all of them vaccination had been performed in early life, and in each case the disease ran a mild and modified course. Not a single death occurred. The dormitory system exists in this convent, but the sleeping apartments are capacious, and the ceilings unusually lofty.

In a previous communication we mentioned that M. Chassaignac, the talented Surgeon of the hospital "Lariboisière," had performed the important operation of amputation of the tongue close to the hyoid bone, by means of the écraseur. The recovery of the patient from the immediate effects of the operation was remarkably rapid, not a single untoward symptom having supervened. Whether the success of the operation is due to the manner in which it was performed, we do not presume to say, but it at least proves that the removal of this important organ, in its totality, is compatible with the recovery of the individuals who may be subjected to it. Consequently the veto pronounced against it by a distinguished British surgeon is to a certain extent unjust and unfounded. It is true that by means of the écraseur but a very small quantity of blood is lost, and this, taken in connexion with the rapidity and comparatively painless character of the operation, must have had a considerable influence in determining the success of the case. We cannot leave M. Chassaignac and the écraseur, however, without remarking that, useful though the instrument may be in a great proportion of surgical cases, he makes, perhaps, too much a hobby of it, and, in our opinion, employs it in many instances where the ordinary methods would prove decidedly superior. In such operations as that above cited, in the extirpation of hæmorrhoidal tumours, and cancerous growths in the rectum, or in the removal of polypi, and tumours generally with pedunculated bases, its superiority is undoubted; but we have seen him employ it in cases where its use was not only clumsy, but where the process was much more tedious than it would have been with the ordinary scalpel. For example, a patient was brought into the amphitheatre a short time ago for the removal of a tumour from the back. It was a case of epithelial cancer. The growth was as large as a turkey's egg, and was situated over the spinal column in the lumbar region; its base was broad, and naturally the removal of a large portion of skin became necessary. It being impossible to embrace the entire base of the tumour by the chain of the écraseur, it (the chain) was passed through the centre of the mass, and a vertical division was thus effected.

Two other chains were then made to encircle the two halves, and their removal simultaneously accomplished, the one instrument being superintended by M. Chassaignac himself, while the other was worked by one of his assistants. Not only was the loss of blood, in consequence of the rapidity with which the instruments were worked, as great as it would have been under the use of the ordinary knife, but the wound produced was greater. In answer to this

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objection, and in defence of his partiality for the "écraseur," M. Chassaignac would say that the usual accidents, such as pyemia or surgical fever, are much less frequent than is observed when the ordinary methods have been had recourse to. This may be true, as we have not the means of contradicting it; but that M. Chassaignac himself entertains no doubt on the subject, is proved by the fact that he is constantly urging the students to compare his practice with that of those surgeons who adhere to the old system, satisfied that, if they do so, a verdict will be given in his favour. We have no wish, in the slightest degree, to detract from M. Chassaignac's merit; but we would say to the students, that in forming their judgment on this subject, they would do well not to overlook the fact that all his operations are performed under the most favourable circumstances as regards hygiene—of course we allude to his practice in public. The Hospital is new, a very model of cleanliness, situated in a healthy locality at some distance from the centre of the city, and built on the most approved principles as regards drainage, ventilation, and heating. Last week we saw M. Beau, of the Hospital "La Charité," perform the operation of paracentesis thoracis, or, as the French style it, "Thoracocentèse," on a patient suffering from extensive effusion into the pleura of the right side, the result of chronic inflammation of that membrane. It was performed, not from necessity; that is to say, not because the patient was in a condition rendering the operation imperative; on the contrary, the respiration was comparatively easy, and the operation was had recourse to mainly as a curative measure.

In former times, and until within the last few years, paracentesis of the pleura was never performed unless the effusion was so excessive as to place the life of the patient in danger from suffocation. Now it is in pretty general use here as a therapeutic agent long before symptoms of immediate danger have made their appearance. This innovation on old-established rule is due, we believe, to M. Trousseau, who frequently has recourse to it in cases where the stage of dyspnœa has not yet arrived; the sole condition being that the effusion occupy the entire cavity, or nearly the entire cavity of the pleural sac, and when, consequently, the heart is, to a certain extent, displaced, the movements of the diaphragm interfered with, and the position of other important organs more or less disturbed; in other words, he decides on the propriety of the operation rather from the quantity of fluid effused into the pleura, as ascertained by the physical signs furnished by percussion and articulation, than by the greater or less oppression in the breathing of the patient. According to M. Trousseau, this operation, viewed in the light of a therapeutic agent, or measure, is compatible with the following conditions:—1. In those cases where effusion follows on pleuritis of a latent kind, that is to say, in affections of this nature unaccompanied with fever; 2. In the second stage of pleuritis of an acute kind when the febrile symptoms have completely subsided, and when the absorption, or removal, of the effused fluid is the only question which occupies the attention of the practitioner. 3. In all cases of serous effusion into the pleura where the effusion constitutes the sole malady. M. Trousseau performs the operation in the following manner: Having selected the spot where he purposes plunging the trocar into the pleural cavity, he makes an incision of the skin with a lancet a short distance below this point; his object being to diminish the thickness of the tissues to be traversed by the comparatively blunt trocar. The main advantage of performing the operation in this way, or, as the French say, "en deux temps," is that the section of the skin which is really the only painful part of the process, having been accomplished, the sudden starting of the patient at the moment the pleura is penetrated (and which has been sometimes observed to compromise success when performed by a single thrust), is completely obviated. At the last meeting of the "Académie des Sciences," M. Desprès, Chirurgien of the Bicêtre, read an interesting paper on the suspension of respiration considered as a cause of the unfortunate accidents which have been observed during the state of anesthesia produced by chloroform; on the causes which give rise to it; and on the best means to be employed for its re-establishment. The action of chloroform, according to M. Desprès, may be divided into three stages or periods. The first he styles "Repulsion," the second, "Excitement, or Convulsion," the third, "Resolution." The suspension of respiration is a phenomenon which may manifest itself in each of these periods. When it takes place during the first period it is caused by the voluntary occlusion of the glottis, which the patient instinctively closes in his efforts to avoid the unpleasant sensation produced by the vapour of chloroform from its first inhalation. In the second period respiration may become suspended by the involuntary occlusion of the glottis determined by the muscular contraction which characterises this period, a contraction which affects the muscles of the glottis in common with the muscular system in general. In the third period the respiration may be suspended by the mechanical and involuntary occlusion of the superior orifice of the larynx produced by the forcing of the tongue against the back and upper part of the mouth, if the chloroform be administered to a patient in the sitting posture, or by the falling back of the base of the tongue by its own weight on the orifice of the larynx when the chloroform is administered to an individual in the horizontal position. The remedy which M. Desprès proposes, and which he believes to be in accordance with the physiological views above detailed, consists in the introduction of the index finger into the back part of the throat as far as the base of the epiglottis, the finger being curved in the form of a hook or crotchet so as to raise the base of the tongue, and bring it forward in the direction of an imaginary line supposed to be drawn from the base of the epiglottis to the upper part of the symphisis of the chin.

GENERAL CORRESPONDENCE.

THE EDINBURGH COLLEGE OF PHYSICIANS.

LETTER FROM DR. ALEXANDER WOOD.

[To the Editor of the Medical Times and Gazette.]

SIR,—My attention has been called to the following passage in a leading article in your journal of to-day:—

"Another statement of the Office-Bearer must not be passed over. He asserts that the President of the London College, on an occasion to which he refers, declined to meet a deputation from the Edinburgh and Dublin Colleges. This statement is perfectly inaccurate. If the Office-Bearer had made due inquiry he would have found that the meeting did not take place simply because of the faulty arrangements which had been made for the meeting by Dr. A. Wood, the President of the Edinburgh College. Dr. Wood writes to the President of the London College proposing a meeting, and without waiting an answer, also sends off to Ireland, and he and the Irish deputation arrive in breathless haste before the President of the London College has been able (although using every despatch), to call a meeting of his College."

In all this there is some extraordinary mistake on your part to which I feel it necessary to give an unqualified contradiction. The facts are these:—

1. When the meeting of the General Medical Council was summoned for the 25th January, I wrote to Dr. Mayo suggesting that a meeting might be held of the representatives of the Scottish and Irish Colleges, to try and have a uniform system in the three bodies. On reaching London, however, Dr. Smith and I found that there was no time for such a meeting, so that it was postponed.

2. In February, Dr. Mayo directed Dr. Pitman, the Registrar of the London College, to write to Dr. Smith and me, suggesting a joint deputation from the three colleges to the Chancellor of the Exchequer on the subject of the stamp duties. This proposal was at once agreed to, and I wrote suggesting that our presence in London for the one purpose would afford facilities for a meeting about the other.

3. In answer to this letter, Dr. Pitman wrote in Dr. Mayo's name saying, "our President does not consider that any benefit would result from the proposed meeting."

4. A day or two afterwards Dr. Pitman again wrote, informing us that Dr. Mayo had changed his mind about a joint deputation on the stamp duties.

5. Under the circumstances, neither Dr. Smith nor I made any journey to London, so that our sudden visit to the metropolis exists but in idea. Except to attend meetings of the Medical Council, I have not been in London since the passing of the Medical Act till the end of last month.

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I have felt it due to the body over which I preside, to give this contradiction to the statements you have made.

I am, &c.

Alexander Wood, M.D.
President Royal College of Physicians
June 11, 1859. of Edinburgh.

[We believe Dr. Wood will still find that our statement is in the main correct. We are informed, on authority we believe to be thoroughly reliable, that Dr. Mayo did not decline a meeting of the kind referred to by Dr. Wood in paragraph 1; indeed, as is there shown by Dr. Wood, Dr. Mayo actually consented to the meeting, which did not take place because "there was no time." This meeting had for its object to *try and have a uniform system in the three bodies*, English, Scotch, and Irish. The meeting which Dr. Mayo declined had reference, we understand, to *alterations of the Charters of the Colleges*—a very different affair. Dr. Mayo did not consider "that any benefit would result," because the London charter was not about to be altered except in one or two minor particulars, whereas the Edinburgh charter was by the Medical Bill to be entirely renewed. As to the other point, it is hardly possible to believe that Dr. Mayo should, after having invited a joint deputation on *the Stamp Duties*, have changed his mind about it without some sufficient reason; and, perhaps, Dr. Wood is able to tell us what that reason is. But as we have already said, we believe we are quite right in stating that on the subject of a uniform system of the three bodies, Dr. Mayo never refused a meeting of the Colleges.]

Letter from Professor Laycock.

[To the Editor of the Medical Times and Gazette.]

Sir,—Although Dr. James, in his letter inserted in your journal of the 10th inst. has correctly quoted my views on the Pharmacy question in relation to Medical politics, I am not quite sure whether his readers will not think me a supporter of the Licentiate movement. I would beg leave to state, therefore, that although favourable to the union of Medicine and Surgery in practice, and to the separation of Pharmacy from both, I am not equally favourable to the plans which the two Royal Colleges of Physicians have adopted to accomplish that separation and union. It has no fundamental principle of polity as its basis, that I can discover; and as a practical thing, it will, I fear, be found only a delusion and a snare to all parties concerned, unless, indeed, it prove a restorative measure of finance to the London College. To the Profession itself, however, the money matters of the corporations are of little importance, compared with the effect of their measure on the peace and prosperity of the Profession at large,—a point worthy examination—and which are endangered.

The division of the class of Physician into two grades has always been a fertile source of bickering and discontent, even when (as in the London College), the social rank and mode of practice of the two grades differed little. The Physicians proper must always be so nearly of equal talent and position, that it is difficult to understand why men of eminence, like Sir Charles Hastings, for example, should be required and think it right to enter the College even with a view to the Fellowship, by passing through an inferior grade as the Licentiate-class is undoubtedly held to be. For it must be remembered that the intent of having these grades in the college is to reward superior eminence in learning and skill, and that the value of the titles consists firstly, in the fact that when placed before the public eye they do practically represent the different degrees of skill and learning of the two classes of Physicians. They tell the public distinctly that the "Fellow" is something better, in some way or other, no matter what, than the "Licentiate." Secondly, to the Profession at large not taking the trouble to learn the mode in which these titles are conferred, if they indicate anything, they also indicate the same thing. Then with all deference to corporate wisdom, I venture to say, that on these points they indicate what is not altogether correct.

Then, again, it appears that the Licentiates claim to bear the title of "Doctor." It is more than doubtful, however, whether the Licentiates of the two Colleges have any other right beyond the boundary of the local authority of the Corporation than belongs to registered Practitioners in Medicine. The London College, in its corporate capacity, can still only license by law within London and seven miles thereof. The licence itself was originally granted to uneducated or partly educated persons resident in London, who might nevertheless be of some slight use to her Majesty's lieges, and who were allowed to practise in an inferior capacity, and to hold the licence "so long as they behaved themselves well and made their due payments." It is very clear that Licentiates with no higher legal privileges than these can by no construction of the law claim to be designated "Doctors of Medicine," or "Doctors." There is no more inherent right in Colleges of Physicians to confer such titles with the licence (and be it noted they do not claim it) than in the Apothecaries' Company. The Fellows of the College may agree to designate their Licentiates "Doctors," and the Licentiates may designate one another by that or any other title they may think fitting; but the Profession at large will be governed by other than corporate motives. Now the title "Doctor" has a value with the public only in so far as it implies a higher professional and social position than Surgeon or Apothecary. Gentlemen with this idea have been at great trouble and expense to acquire a degree at a University, no matter where, for the express purpose of using the title legitimately to this end; but will they readily concede the use of it to that end to those who have not acquired it legitimately, nor at any trouble, nor comparatively at any expense? One can hardly hope for such unselfish courtesy. Now I believe that I am correct in stating that of the numerous applicants for the licence of the Edinburgh College of Physicians not 5 per cent. hold the degree of Doctor of Medicine (a).

Again, the two Colleges of Physicians differ as to the status they give their Licentiates. Those of the London College are all Graduates, for it has wisely retraced its steps, and no longer pretends to grant the Medical titles which in a fit of jealousy at the University of London it some years ago assumed to give, and thereby induced a number of highly-accomplished Practitioners, not Graduates, to place themselves in an exceedingly painful position, from which they had to escape by going to various Universities for a degree. It is hardly likely, therefore, that the Graduate-Licentiates of the London College will hold out the hand of fellowship to their Edinburgh brethren; on the contrary, it is to be feared they will repudiate the connexion.

What, again, will be the course of conduct of the great body of General Practitioners in England and Wales, who are content with the simple and homely, but truly honest, designations of "Surgeon," or Medical Practitioner? Is it at all likely that they will concede to the Licentiates the right to use a title which is not only distinctive professionally as to the College, but distinctive before the public as to superiority in skill or acquirements, on the part of the holders above their brother practitioners, in some mysterious but real particular? No one, having the slightest practical acquaintance with the opinions and feelings of the great body of Practitioners of England, can doubt for a moment their decision on the point. They will promptly refuse their sanction to so unreal a pretension.

It is also to be remembered that the Licentiates of the Edinburgh College have been expressly informed (as I have been assured) that the College has no pretensions to make Doctors of Medicine or Physicians of them in the English sense of the word,—only General Practitioners in Medicine, such as, in fact, Licentiates of the Apothecaries' Board are. Hence, if they assume the title of "Doctor," they will not only be in a painfully false position between the untitled Practitioner, the University Graduates, the Graduate—Licentiates of the London College, and the general public, but cannot claim any support from their College.

Now in all this I do not question the professional merits

(a) The applicants may be classed as follows:—(a) As to qualifications—

Double qualification—Surgeons and Apothecaries	39
Members or Fellows of a College of Surgeons	39
Licentiates of Society of Apothecaries	24
Licentiates of Faculty of Physicians and Surgeons, Glasgow	4
Surgeons with Licence in Midwifery	8
Doctors of Medicine—St. Andrew's 3, Aberdeen 1, Rostock 1	5
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(b) As to country—England and Wales 105, Scotland 1, Ireland 5.

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and attainments of any one of these Licentiates. It may be conceded (if required) that in these respects they are quite equal to the average of Graduates, or of London Licentiates, and have therefore a moral right to be on an equal footing with them before the public. But this granted, it must be equally conceded that the great body of General Practitioners of England, over whom they in virtue of their title would appear to have a superiority before the public, are also, in all respects, equal to them. The question is, in fact, therefore, not one of professional attainment or merit at all; it is one of successful competition for public favour,—of how-to-get-on-in-the-world, by the help of distinctive titles which practically mean nothing distinctive.

Now, from that point of view, we have here a question of some importance for the Medical Council, in this so-called "Battle of the Colleges." Some men seem to think that the more titles they have the better for their professional prospects. I was told by one titled gentleman that he thought he should make up seven. If this delusion spread very widely the final results may be more disastrous to the Profession than the guiding leaders in the two warrior Colleges may anticipate. Mr. Carlyle has a curious paragraph in his "Life of Frederick the Great," about that century (the last) in which you could have a French marquis for your cook, and a count to shave you that seems rather appropriate to the times—"a century," he says, "without real money of performance in its pocket, and the shops declining to take hypocrisies and speciosities any farther;" and he makes that century say—"which I thought foolishly might last for ever, still bring at least beef and pudding. And behold it ends: and I am a detected swindler, and have nothing even to eat." We appear to be in danger of commencing a like century of empty Medical titles, without "real money of performance" at examinations. I venture, at the risk of being wearisome, to express the opinion I have always maintained, that there should be none but Fellows in the College; these should constitute the commonalty and not the governing body. The rulers should be as distinguished for their knowledge of the politics and history of Medicine as for their mere professional eminence, and should be well up as to the real relations of the Profession to society and the State. The Profession, to occupy a just position, needs to be felt as a political power; but this will not happen so long as the study of its relations to political economy and sociology is wholly neglected by those who lead and guide it.

If the Profession had a full perception of the direction where its true strength lies, a Faculty of Medicine would soon exist as a body corporate in every large town and populous district, by which its material and political interests would be watched over, and in which all members of the Medical body would co-operate for the common good, irrespective of classes, titles, and imaginary distinctions. That such a local organisation and fusion is the only practicable method for attaining professional success in any Medical business, is proved by the constitution of all the Medical Societies in the metropolis and large towns, and more especially by the constitution of the British Medical Association. As an old Medical reformer, I should be heartily glad to see the Profession bestirring itself to secure a more effective organisation.

Edinburgh, June 14, 1859. I am, &c. T. Laycock.

[To the Editor of the Medical Times and Gazette.]

Sir,—As I have ascertained from the "Office-Bearer" who addressed you last week, that he does not mean to keep up a controversy with you, either as regards the College of Physicians of Edinburgh, or as regards your remarks on himself, I ask you to insert this letter.

Your grave charge of "disingenuous" management of his case, and the lesser imputation of *malus animus* towards the London College, which you attempt to fix upon the "Office-Bearer," appear to me unsupported and unsupportable.

1. Your claim to have influenced the decisions of the Edinburgh College by your editorial articles, will appear from the following simple statement of dates. The original regulations of the Edinburgh College were prematurely published in the journals on March 19, having been passed by a unanimous vote of the College on the 8th March, and published afterwards by the Council; though it has since appeared that both the unanimous vote and the publication proceeded on a misunderstanding which is to be regretted, as it has given rise to so much misrepresentation. The first regulations were in fact only a sort of draft, intended to be supplemented afterwards by all sorts of definitions and checks; and they ought not, undoubtedly, to have been hurried into the public eye in an unformed state (a). The regulations no sooner appeared in print, than it was evident to several Fellows and Office-Bearers of the College that they were not what they were intended to be; and after various difficulties and delays, arising from circumstances to which it is unnecessary to advert, the regulations were modified to their present form on the 15th April. The first article on the subject in your journal appeared on the 16th April. It is difficult, therefore, to see how that article, however convincing, could have had any effect on alterations which were passed the previous day, and which had been in contemplation for some weeks before.

2. As regards the remonstrance of the London College, the case is even more plain. The Edinburgh regulations were altered on the 15th April. The London College met on the 18th, and then and there fired off in hot haste (at the instigation of the Fellow referred to in your article) the now well-known resolution which directed the President and Censors to remonstrate with the Edinburgh College. You say that this remonstrance was directed against the old, not the new, form of the Edinburgh regulations. Be it so. The remonstrance was, then, directed against that which had ceased to exist at the time it was framed; and this, I think, completely disposes of your extraordinary idea that the first regulations of the Edinburgh College were withdrawn in consequence of the London remonstrance.

3. But this is not all. I have the most complete information as to the existence of that which you appear to deny,—a correspondence between the mover of the London resolution and one of the most prominent members of the "University party" (as we call it), in the Edinburgh College. I know, moreover, that one, if not two, of the Fellows of the London College who were accessory to that resolution were informed of the alterations in the Edinburgh regulations, before the meeting at which the "Remonstrance" was authorised. So that if the London College was misled into an unnecessary expenditure in the matter of thunder, they will probably know where the blame lies. That they were so misled is evident from your article, which I presume to be, on this point at least, well-informed. Fortunately, the "Remonstrance" arrived too late to do any mischief. It may even be said to have done much good by having originated the admirable defence of the policy of the Edinburgh College, signed by the President, and published a week or two afterwards (b).

4. As regards the divisions in the Edinburgh College, the best answer to your statements on this point is the fact that the vindication I have just alluded to of their Regulations was the unanimous act of the Edinburgh College. It was, in fact, proposed to the College by the leader of the "Opposition" to which you refer, and was so much in accordance with the views of the entire body, that it was at once adopted, without a division, at one of the fullest meetings of the College which has been held for many years. That I may not make too much of this wonderful unanimity, however, I will admit that there are differences of opinion in the Edinburgh College. These differences of opinion are on one point only. The minority wish the licence of the College to be given to University graduates in Medicine exclusively; the majority wish it to be open to all educated medical men. That is the precise difference. It has now obtained, through the Medical Act, and through the contemplated repeal of the stamp duty on licences, the opportunity of carrying out a reform which it

(a) I believe the London new regulations had also to be withdrawn after having been published, on account of an error or informality; so that it was not only the Edinburgh body that was in too great a hurry.

(b) It is to be observed that when the President of the Edinburgh College expresses his thanks to the London College for the tone and temper of their remonstrance, he simply uses an interchange of courtesy very proper as between one public body and another, but wholly perverted when twisted into an admission on the part of the Edinburgh College, that the remonstrance made them change their mind. I have clearly shown above that it did not and could not make them change their mind. In fact, it reached the President of the College just one hour before the third or final reading of the already altered regulations, when they were carried by a large majority without any further changes. In terms of the laws of the Edinburgh College, the President was not at liberty to lay them before his College at that meeting, so that neither the College nor the Council saw them till afterwards.

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has had in view for a century or more. This reform is a well-considered, and, I believe, a wise, at all events, a traditional policy. It is, moreover, unquestionably a successful one; and I have not a doubt that, ere long, the emancipation of the family doctor from the thraldom of the Apothecaries' Company will be one of those accomplished facts which it is useless for Colleges to oppose. The Edinburgh College has the credit of having understood in advance the spirit of the age, and relies with confidence on those whom it has adopted into its new rank of Licentiates, to justify its conduct in the eyes of the world.

5. One word more as regards your statement that our licentiates take the Edinburgh licence because they mean to call themselves Doctors. If the title be an illegal one, the possession of the Edinburgh licence will do but little towards rendering it legal, or even safe. If, on the contrary, it be a title of courtesy accorded by usage to the licentiates of a College of Physicians, I do not see why our licentiates should be deprived of it. The Edinburgh College has not interfered, and probably will not interfere, in the matter.

I am, &c.

A Fellow of the Royal College of Physicians of Edinburgh.

Edinburgh, June 13, 1859.

[We print all the argumentative paragraphs in our Correspondent's long letter, but it really touches matters of very small importance. Whether we did or did not influence, or whether the Remonstrance did or did not influence the decision of the Edinburgh Fellows, is of no consequence. Neither did we, nor did the London College move when the alterations were made in the Resolutions. All we know is this: that the *premature* regulations seemed to us very objectionable; that we stated this, in this Journal, as our Correspondent says, on the 16*th April*; and that "on the 20*th April* (we copy from the Edinburgh College's own prospectus) the following regulations for the conferring of the Licence of the College were *revised and finally adopted*." We trust that our Correspondent is usually more careful in his mode of arguing than he appears to be in his *note* (*a*). He adopts a supposition, and then argues from it as an actual fact!—Ed.]

EVIDENCE OF RAPE ON INFANTS.

Letter from Mr. J. Brown.

[To the Editor of the Medical Times and Gazette.]

Sir,—As a General Practitioner, residing at Heywood, Lancashire, I consider myself entitled to a space for one letter (and I promise you it shall be the only one) in your valuable journal, in reply to the remarks of Mr. Wilde, Surgeon, Dublin, on the case of Amos Greenwood; and which remarks are calculated to create a wrong impression of the General Practitioners of this town. I will be as brief as possible.

At Liverpool, on December 6, 1857, before Mr. Justice Wightman, one Amos Greenwood, aged 22, was tried and found guilty of having committed a rape upon a child under 10 years of age, named Mary Johnson, and of causing the child's death in consequence of his violence and of the disease which he had communicated to her.

Mr. Wilde having read the account of the trial, and doubting the guilt of the prisoner, carefully collected all the evidence, and forwarded to eleven medical men of eminence eight queries, of which the eighth ran thus:—"To what would you attribute the death of Mary Johnson?"

Of these 11 gentlemen, 4 attributed it to noma pudendi, 1 to pemphigus gangrenosus, 2 to venereal phagedena, 1 to inflammation alone from violence to the genital organs, and 3 gave no reply at all to the question.

So far, then, the opinions went for nothing; and apparently it would have been as well to have left juries to decide where Doctors disagreed. Mr. W. not satisfied, forwarded all the evidence he had collected to the Judge; but, after mature consideration, that learned functionary, with great sagacity and good common sense, refused to interfere, preferring the evidence of the two highly-respected Practitioners who had been eye-witnesses of her case, coupled with the damning fact that the prisoner was affected with syphilis at the time, to that of the 11 medical men who had never seen the prisoner or the child (a).

The characters of noma pudendi, vaginitis, blennorrhœa, etc., are well known to any reading first year's student, and we have learned nothing new from the papers recently published in reply to Mr. Kesteven.

After carefully reading over Mr. Wilde's pamphlet, and judging as impartially as I can, it is my belief that without any violence having been used, the child became inoculated with the poison of syphilis from the genitals of Amos Greenwood, and that the sore consequent thereupon rapidly assumed the horrible character of venereal phagedena, terminating only with death. In conclusion, I beg to say that I have neither time nor inclination to continue this subject, and the Profession, it strikes me, has not derived much advantage from what has already taken place. This is my first, and last, shot; and in spite of your correspondent's elaborate endeavours to enlighten us, the Practitioners of Heywood have resolved "to be of the same opinion still."

I am, &c. J. Brown, M.R.C.S. Eng., L.A.S. Lond.

Heywood, June 11, 1859.

"PHYSIOLOGY OF THE LIVER."

Letter from Dr. Scott.

[To the Editor of the Medical Times and Gazette.]

Sir,—If you deem the following letter worthy a place in your valuable paper, I shall feel much obliged by its insertion.

It was only yesterday morning that I noticed the letter from Mr. Duggan, of Hong Kong, in your number of the 7th inst. Mr. Duggan very rightly calls attention to certain contradictions in the article "Physiology of the Liver," contained in the *Medical Times and Gazette* of November 6, 1858. This article gives an abstract of a very excellent treatise by Dr. Mosler, of Giessen, entitled "Untersuchungen über den Uebergang Von Stoffenaus dem Blute in die Galle." This treatise is contained in the 13th Volume of *Virchow's Archiv*. The abstract in the *Medical Times and Gazette* of November 6, 1858, is taken from the *Journal de Physiologie*. Hence the mistakes, not being in the original memoir, must be referred to the latter journal.

The contradictions complained of by Mr. Duggan are contained in the 3rd and 4th Conclusions, at the end of the article. Thus, in Conclusion 3, it is stated:—"That other substances—sulphate of copper, for instance—pass more readily by the urine than by the bile." In the original paper Dr. Mosler says that *it seemed* as if sulphate of copper passed off proportionately more by the *bile* than by the *urine*. This, however, he does not state positively, as no quantitative analysis was made of the copper found in the urine and in the bile.

And in conclusion 4, "That nitrate of potash, sulphate of quinine, and benzoic acid pass off both by the urine and the bile," Mosler found none of these substances in the *bile*, as indeed, the reporter states a few sentences higher up. Conclusion 4 should, therefore, have been, that nitrate of potash, sulphate of quinine, and benzoic acid, pass off by the urine, but not by the bile. The last substance mentioned, benzoic acid, does not pass off unchanged in the urine, but in the form of hippuric acid.

The most severe part of Mr. Duggan's criticism is, however, that relating to Dr. Mosler's observations upon the action of calomel.

Dr. Mosler gave calomel to dogs with biliary fistulæ in large purgative, and also in small and frequent, doses. But in no case could he detect the presence of mercury in the bile or observe an increased amount of the secretion from the use of this metal. I may here observe—1. that when large purgative doses of calomel are given to any animal, it is to be expected that the greater part, if not all, of the drug passes off quickly in the alvine discharges, and cannot, therefore, be absorbed into the system to be afterwards eliminated by the bile; and 2. With regard to

(a) In Mr. Wilde's Medico-Legal observations upon Infantile Leucorrhœa, etc. is the following paragraph: "And hence the felonious assaults occasionally attempted, and for which men have been most justly convicted, and most righteously punished. But in all such cases it has been proved that *the men laboured under gonorrheal or venereal*." The italics are his own.

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mercury not having been detected in the bile after calomel had been given to the dog in small and frequent doses (one grain every hour), it seems to me that in the experiments of Dr. Mosler the matter was not subjected to a fair trial. To a dog, which two days previously had taken two purgative doses of calomel—the first of five, the second of ten grains—one grain of calomel was given every hour between the 25th and 26th May, until ten grains had been thus taken. No mention is made as to whether salivation occurred, indicating the affection of the system by the mercury. Now it seems improbable, *à priori*, that mercury would be found in the bile before it had been absorbed in considerable quantity into the blood, and before it could be detected in the other secretions, such as the saliva.

With regard to Mosler's conclusion that calomel in large and small doses does not cause any remarkable increase of the bile-secretion, as has hitherto been assumed in Medical practice, it must be confessed that the experiments detailed cannot be taken as proving anything decided upon this point, as Dr. Mosler paid no particular care and attention to the collection of the bile before and after the giving of the calomel. He collected the bile flowing from the fistula sometimes in a small caoutchouc bag, at others, on a sponge. He did not weigh the same. He judged that the amount of the secretion after the use of calomel was not remarkably increased merely by sight, whereby of course no very exact conclusions could be drawn.

That Dr. Mosler, however, observed pretty shrewdly the state of matters, is evidenced by some experiments I myself made last year in London, upon the question of the effects of calomel in purgative doses upon the bile-secretion, confirming to a certain extent Dr. Mosler's results. In this paper, "On the Influence of Mercurial Preparations upon the Secretion of Bile," published in Dr. Beale's *Archives of Medicine* for October, 1858, I have detailed the results of four experiments made upon the same dog with a biliary fistula. Three, six, ten, and twelve grains of calomel were the doses given, and in all the four cases the amount of liquid bile and solids of the same was not only *not increased*, but was considerably *diminished* after each dose of the drug, and in three of the cases the bile-acids were also diminished, and in one only were they increased in quantity.

Mr. Duggan speaks in terms of great, and in my opinion, unjust reprobation of Dr. Mosler's experiments, because the latter gentleman throws some doubt upon the hitherto supposed action of calomel upon the bile-secretion, and observes at one part of his letter in the *Medical Times and Gazette* of 7th inst.:—"I have made experiments also, perhaps on a more extensive scale, and as accurately as Dr. Mosler, on the subject of that organ's (the liver's) physiology, and I will say, that not in a single case have I ever been enabled to discover the fact, 'that mercury (calomel) does not pass off by the bile, nor increases its quantity.' When in South America, and in the Southern States of South America, an ample field was afforded me for the investigation of the action of therapeutic agents in the treatment of yellow fever, tetanus, and indeed of every variety of biliary disease; and I have found that although mercurials did not always succeed in treatment, yet that they never failed to increase the bilious discharges; and calomel more than any other preparation of the mineral." I must here put one or two questions to Mr. Duggan. 1. Does he class tetanus among the *biliary* diseases? If so, this is a new view of the pathology of that puzzling malady! 2. What was the nature of the experiments made by Mr. Duggan on the subject of the physiology of the liver? Did he conclude that mercurials always increased the bilious discharges by observing the colour of the stools? If so, he will allow me to observe that by such a method it is only possible to guess at the amount excreted by the bowels of the bile-colouring matter, not by any means, as is now known, the most important constituent of the bile. Mere ocular inspection can never give any idea of the quantity of bile-acids excreted, and yet they are considered to be a more essential part of the bile-secretion than the bile pigment. The apparent amount of bile-pigment in an excretion cannot give any idea of the quantity of bile-acids in the same, for bile-colouring matter may be found in considerable quantity, *e. g.* in the urine without any bile-acids being present, and, *vice versâ*, bile-acids may be detected in the urine without there being any bile-pigment.

Therefore—without considering the difficulty of judging at all correctly of the amount of bile-pigment in the fæces by mere inspection—it by no means follows that because bile-colouring-matter is in great quantity in the stools, the other constituents of the bile must necessarily be present in equal proportion. It seems to me that, in the present state of our knowledge, the only certain method of determining accurately the action of any substance upon the amount of the bile-secretion is to establish biliary fistulæ in animals, and to collect and weigh carefully the obtained bile before and after the administration of the drug. 1. Because it is by no means yet determined whether the bile, in the normal condition of man and animals, after having passed into the intestine, be there in greater part decomposed and re-absorbed into the blood, or whether, on the other hand, the greater portion of the biliary constituents pass off little changed in the fæces. Dr. W. Kühne, of Berlin, mentions in an excellent paper in the 14th volume of "Virchow's Archiv," entitled "Beiträge Zur Lehre vom Icterus," that he detected in healthy dogs' excrements not only bile-acids in very considerable quantity, but also one of the products of the decomposition of the same, viz. dyslysin. From this and from other circumstances, Dr. Kühne inclines to the opinion, that scarcely any of the bile-acids are re-absorbed from the intestine, but that they are nearly all excreted with the fæces. 2. Because no positive results as to the quantity of bile excreted in the fæces can be obtained from chemical analysis of the latter until a sure method be discovered for determining quantitatively bile-constituents in the excretions.

I am, &c.,
GEORGE SCOTT, M.D.

Southampton, May 23, 1859.

AIR-DILATORS AND PLUGS IN OBSTETRIC PRACTICE.

LETTER FROM DR. ALEXANDER KEILLER.

[To the Editor of the Medical Times and Gazette.]

SIR,—My attention has just been directed to a case reported in the last number of your Journal by my late Hospital Clerk, Dr. J. Jardine Murray, now of Brighton. The case is entitled "Placenta Prævia? Air-Pessary used to plug and dilate the Os Uteri," and at the conclusion of the "Remarks" made on the special treatment adopted, Dr. Murray curtly observes that he "believes that to Dr. Keiller of Edinburgh, we are indebted for extending their application to the dilatation of the passage in primiparæ, and in the induction of premature labour."

I consider it due to myself to state that the case referred to was one on which I had been in attendance, and which Dr. Murray was only incidentally requested to visit during my absence, when he applied one of my air-dilators, an instrument first used as such by me in various obstetric cases, and specially recommended by me as applicable to the one Dr. Murray has reported.

Being about to publish several other cases illustrative of the use of an instrument which I believe I may fairly claim as my own, I feel the more annoyed at the cool assumption which Dr. Murray has in this matter so publicly displayed.

I am, &c. ALEXANDER KEILLER, M.D. FR.C.P.
Physician to the Royal Infirmary, and Lecturer on Midwifery, Edinburgh.

Edinburgh, 24, Queen-street, June 14, 1859.

THE French Government having, we may suppose, plenty on their hands at the present moment, have just shipped over to us six lunatics, who, it appeared, although English, had gone to France very young, and had worked in France for many years. The lunatics were landed at the wharf and turned adrift.

HEALTH AND MORALITY.—A numerous body of scientific and other persons, had, on the 7th inst. an interview with the President and Council of the Marquis of Salisbury, for the purpose of praying his lordship to allow the South Kensington Museum to be opened on Sunday. The following members of our Profession were present,—Sir John Forbes, M.D. F.R.S., Dr. Paget, F.R.S., Dr. Buchanan, Dr. Carpenter, F.R.S., Professor Huxley, F.R.S., Dr. Hoffman, F.R.S., Dr. Vrettinghoff, Dr. Barlow.

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REPORTS OF SOCIETIES.

ROYAL SOCIETY,

May 26.

A paper by Joseph Toynbee, F.R.S. F.R.C.S. was read,

ON THE MODE IN WHICH SONOROUS UNDULATIONS ARE CONDUCTED FROM THE MEMBRANA TYMPANI TO THE LABYRINTH IN THE HUMAN EAR.

The opinion usually entertained by physiologists is, that two channels are requisite for the transmission of sonorous undulations to the labyrinth from the membrana tympani, viz. the air in the tympanic cavity which transmits these undulations to the membrane of the fenestra rotunda and the cachela; and, secondly, the chain of ossicles which conducts them to the vestibule. This opinion is, however, far from being universally received. Thus one writer on the Physiology of Hearing contends that "the integrity of one fenestra may suffice for the exercise of hearing" (a); another expresses his conviction that "the transmission of sound cannot take place through the ossicula" (b); while Sir John Herschell, in speaking of the ossicles, says, "they are so far from being essential to hearing, that when the tympanum is destroyed, and the chain, in consequence, hangs loose, deafness does not follow (c)." The object of this paper is to decide, by experiment, how far the ossicles are requisite for the performance of the function of hearing. The subject is considered under two heads, viz. :—1. Whether sonorous undulations from the external meatus can reach the labyrinth without the aid of the ossicles as a medium. 2. Whether any peculiarity in the conformation of the chain of ossicles precludes the passage of sonorous undulations through it? 1. *Can sonorous undulations reach the labyrinth from the external meatus without the aid of the ossicles as a medium?* This question has often been answered in the affirmative, apparently because it has been ascertained that in cases where two bones of the chain have been removed by disease, the hearing power is but slightly diminished. In opposition to this view, it must, however, be rembered that the absence of the stapes is always followed by total deafness, while a fixed condition of this bone (anchylosis) is accompanied by very serious deafness. The following experiments, selected from several others, demonstrating the great facility with which sonorous undulations pass from the air to a solid body, indicate that the stapes, even when isolated from the other bones of the chain, may still be a medium for the transmission of sounds to the fenestra ovalis and the vestibule. *Experiment* 1. Both ears having been closed, a piece of wood, five inches long and half an inch in diameter, was held between the teeth, and a vibrating tuning-fork, C, having been brought within the eighth of an inch of its free extremity, its sound was distinctly heard, and it continued to be heard for between five and six seconds. *Experiment* 2. Three portions of wood of the same length and thicknessas that used in previous experiment were glued together so as to form a triangle somewhat of the shape of the stapes; the base of this triangle being placed against the outer surface of the tragus, the tuning-fork C, vibrating within a quarter of an inch from its apex, was heard for twelve seconds. 2. *Is there any peculiarity in the construction of the chain of ossicles to prevent the passage of sonorous vibrations through it?* This question has also been answered in the affirmative on account of the various planes existing in this chain and of the joints between the several bones composing it. The following experiments, selected from a variety detailed in the paper, indicate that neither the variety of the planes existing in the chain nor the presence of its joints, prevents the passage of sonorous undulations through it. *Experiment* 1. Two pieces of wood, each five inches long, were glued together so as to represent the planes of the malleus and the incus, a triangular piece being glued to one surface of the inferior extremity of the portion representing the incus so as to imitate the plane of the stapes. Three pieces of wood, each five inches long, were glued end to end so as to form a straight rod. The vibrating tuning-fork C, being placed at one extremity of the apparatus representing the chain of bones, and the other end being placed between the teeth, the sound was heard most distinctly for several seconds, and when it ceased to be heard the straight rod was substituted, and the sound was again heard, but only for three seconds. *Experiment* 2. Between each of the three pieces of wood, representing the chain of bones, similar to those used in the previous experiment, were placed instead of glue, two layers of India-rubber about as thick as ordinary brown paper; these pieces being held tightly together, the tuning-fork applied at one extremity of the chain was heard as distinctly, and as long as in the previous experiment. The experiments, dissections, and observations recorded in this paper induce the author to arrive at the following conclusions: 1. That the commonly received opinion that sonorous undulation pass to the vestibule through the chain of ossicles is correct. 2. That the stapes, even when disconnected from the viscus, can still conduct sonorous undulations to the vestibule from the air. 3. So far as our present experience extends, it appears that in the human ear, sound cannot reach the labyrinth from the membrana tympani without the agency of two media, viz. the air in the tympanic cavity and the chain of ossicles.

(a) Mr. Wharton Jones, Cyclopædia of Surgery. Article, Diseases of the Ear, p. 23.

(b) Mr. Brooke, *Lancet*, 1843, p. 880.

(c) Encyclopædia Metropolitana. Article, Sound, p. 810.

(d) Mr. Brooke, loc cit.

LEGAL INTELLIGENCE.

COURT OF QUEEN'S BENCH, Westminster, June 15.

(*Sitting in Banco, before Lord* Campbell, *and Justices* Wightman, Erle, *and* Hill.)

THE QUEEN *v.* STORRAR.

This was a special case for the opinion of the Court, and the question was whether the defendant, Dr. Storrar, had been properly elected a member of the General Council of Medical Education, created by the 21st and 22nd Victoria, cap. 90. By the 4th section of that statute the said Council was to consist of members elected by various public bodies, and one of them was to be elected by the London University; and the question was whether by that expression was meant the Senate, consisting of the Chancellor, Vice-Chancellor, and Fellows, or the whole body of members, consisting of the Senate and Graduates.

The question was argued on the 9th inst. by Mr. Edward James, Q.C. (with whom were Mr. T. J. Clark, and Mr. Littler), for the Crown, and by Mr. Welsby for the defendant.

The Court having taken time to consider,

Lord Campbell now delivered judgment in favour of the defendant. The defendant, Dr. Storrar, was elected on November 3, 1858, by the Senate, consisting of the Chancellor, Vice-Chancellor, and Fellows of the London University, and since that time had acted as a member of the General Medical Council. On the part of the relator it was said the appointment should not have been made by the Senate, but by all the persons who had been admitted members of the University, which by the 3rd section of the last charter comprised all those who had been admitted as graduates. There was strong ground for that argument but for the 18th sec., which provided that in all matters unprovided for by the charter it should be lawful for the Senate (consisting of the Chancellor, Vice-Chancellor, and Fellows) to manage the affairs of the University in such a manner as should be for the welfare of the University. His lordship said the opinion of the Court was that the members of the General Council of Medical Education should be appointed by the Senate, under the provisions of the charter; and that the election would thus be more appropriately made than by a body of gentlemen scattered all over England, consisting of doctors of laws and masters and bachelors of arts, etc., a great portion of whom would take no interest in such election. The Court therefore held the election of Dr. Storrar to be valid, and judgment must be given in his favour.—Judgment for the defendant.

THE RICHMOND CASE.

At the sitting of the Central Criminal Court on Thursday week, Thomas Smethurst was arraigned before the Judges.

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Upon an application by the Crown the trial was postponed to July 4, that "the ends of justice might be secured by the completion of the evidence in support of the prosecution." Mr. Serjeant Parry resisted the application, and urged the right of the prisoner to be tried at once. Mr. Serjeant Ballantyne, in the course of his remarks, stated that not less than thirty witnesses would be produced for the prosecution alone.

The Judges expressed an opinion that the particulars of all future Professional experiments should be fully disclosed to the counsel for the defence, just as though they had been placed on the depositions.

The prisoner appeared to be about 40 years of age, and is short in stature.

OBITUARY.

DR. A. S. ALLEN, R.N.

We regret to have to announce the death of Dr. Alexander Sewell Allen, Staff-Surgeon of her Majesty's dockyard at Portsmouth. It took place after a brief illness, on the morning of June 13. He was in his 56th year, and died of angina pectoris, leaving a widow and family to mourn his irreparable loss. His father was the well-known and highly respected Dr. John Allen, for a quarter of a century—1803-27—the principal Medical Officer of the Naval Hospital at Malta; and he himself entered the Navy as Assistant-Surgeon in 1825, and having been engaged at the Battle of Navarino in the *Asia*, under Sir John Liddell, he was promoted to the rank of Surgeon in 1828. After serving on various stations he was appointed Surgeon of the *Queen*, Sir Edward Owen's flag-ship, by whom he was appointed Acting Deputy-Medical Inspector, but the Admiralty declined confirmation. He was appointed Staff-Surgeon of Plymouth Hospital in 1847, at a time when that post was of more importance than it is now, there being then no Deputy-Inspector, and he served there with great credit till 1855, when the Surgeoncy of Portsmouth dockyard having fallen vacant, he was rewarded with that desirable appointment. His extensive Medical knowledge, the result of a life of observation and experience, was well known and duly appreciated by his professional brethren. No man was more humanely attentive to the sick than Dr. Allen, and his innate kindness and genuine worth made him a universal favourite. Little did his friends dream a fortnight ago that his manly, robust frame, which seemed built for longevity, would so soon be carried to the grave.

MEDICAL NEWS.

Apothecaries' Hall. — Names of gentlemen who passed their examination in the Science and Practise of Medicine, and received Certificates to Practise, on Thursday, June 9, 1859:—

Bronner, Edward, Bradford.
Bruce, Robert, Hamilton, Lanarkshire.
Croome, William, Barnsbury-park.
Cookson, John F., Preston, Lancashire.
Fry, John W., Maidstone.
Nicholls, Lucius, Eton, Bucks.
Rickards, Richard, Clifton, Bristol.
Sass, Edwin H., Henrietta-street, Brunswick-square.
Thompson, Alfred B., Coleraine, Ireland.

The following gentlemen also, on the same day, passed their first examination:—

Franks, John, Sevenoaks, Kent.
Moore, Thomas, Hales Owen, Worcestershire.
Roberts, John, Crug, Carnarvon, North Wales.

DEATHS.

Baylis.—On the 15th inst. at 30, Princes-road, Kennington-Cross, John Hutchinson Baylis, M.D. Erlang. M.R.C.S. L.M. formerly Surgeon to the South London Dispensary, and late Med. Superint. Pernambuco Railway, S.A., after a protracted illness, which he bore with much fortitude. Aged 48.

Bell.—On the 11th inst. at Tunbridge Wells, Jacob Bell, Esq. well known for the interest which he took in questions relating to the Medical Profession.

Hunt.—Lately, at Farningham, Kent, Frederick B. Hunt, M.D.

Shelley.—On the 31st March, at the Cape, Hubert Shelley, M.D. Lond., aged 34.

Thompson.—On the 12th inst. at 76, Gloucester-terrace, Hyde-park, Thomas Thompson, M.R.C.S. formerly House-Surgeon of St. George's Hospital, aged 36.

Wallace.—On the 11th inst. at 1, Trafalgar-place, West Hackney-road, Richard Wallace, F.R.C.S. Eng. aged 58.

St. Mary's Hospital held its annual dinner on the 8th inst. Lord Ebury in the chair. The proceeds on behalf of the charity amounted to £940.

Electricity has been employed by M. Becquerel and others with complete success in six cases, where the milk had been suppressed, as an exciter of the mammary secretion.

The Royal Free Hospital held the 31st annual dinner at the Albion, last week, the Earl of Carlisle in the chair. Subscriptions were announced to the amount of about £1500.

On Saturday, the ceremony of laying the foundation stone of a new Hospital for the reception of patients requiring the use of the Bath mineral waters, was performed in that city with great pomp.

M. Renard gives the result of 936 re-vaccinations performed in the 30th Regiment. From his observations it clearly results that every one ought to be re-vaccinated at least once in their lives.

Dr. Labourdette has experimented extensively on the art of introducing remedies, iodine, salts of iron, etc., into the milk by digestive assimilation, the milk being then applied to medicinal purposes.

The Ecraseur.— The *Australian Medical Journal* of April contains a report of a case in the Melbourne Hospital, in which a large uterine polypus was removed by means of the ecraseur, without the slightest hæmorrhage.

A communication from Pavia of the 28th ult. in the *Austrian Gazette*, states that the four hospitals in that place are so encumbered with sick and wounded, that it has been found necessary to send a great number to Milan.

The Dublin Hospitals.—The annual report on these institutions, published this week, shows that the total income thereof last year was £26,780, and the expenditure £25,151. The admissions were 12,549; the discharges, 12,041; and the number of deaths, 560.

In consequence of the increase of small-pox, the authorities of the metropolitan parishes have, at the instance of the Privy Council, taken up the matter, and petitions to Parliament are in preparation in favour of some more stringent measure on vaccination.

Mr. Biggs, late proprietor of the *Family Herald*, has left nearly £50,000 in legacies to about 300 charities or individuals. Among other legacies, he has left £100 to each of the following hospitals; Charing-Cross, Westminster, Royal Free, King's College, London, and Consumption.

Signor Lorenzo Giordano, of Naples, asks permission of the Emperor of France to experiment in Hospitals with remedies infallible in the greater number of diseases which are considered incurable. The Emperor forwards his modest request and modest assurance to the Academy of Medicine.

Administration of Chloroform.—A new method of administering chloroform has been invented by Dr. Faure. It resolves, says his interpreter, all difficulties in a way the most simple and satisfactory. The mouth is closed, and the patient is made to inspire air through one nostril, and chloroform through the other. Sixteen patients have been chloroformised by him in this manner, and the results have been perfect.

Dainty Food.—"The nightingale does not live on music alone; and frightful reality though it be, to mingle with the poetry of his song, I can assure you that he is not very particular about what he eats. I have seen him swallow at one gulph a long human lumbricus, with which a child had just parted company, near the thicket which doubtless sheltered

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the bird and his mate. The fact reminded me that I had seen a celebrated tenor, after singing a delicious and very sentimental cantata, rushing to the buffet and there making a most formidable assault on a *pâté de foie gras*, and washing the food down with a bottle of Bordeaux."—*L'Union Médicale.*

CAMBRIDGE EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.—The Board of Medical Studies have selected the following portion of classical authors for examination in the ensuing academical year:—Aretæus: "On the Causes and Symptoms of Acute Diseases." The first five chapters of the first book. Hippocrates: The fifth, sixth, seventh, and eighth sections of the Aphorisms. Celsus: The fourth and sixth books.

THE tail of the Tadpole lives after it has been separated from its attachment to the body; this has been long known. M. Vulpian, in addition, has lately observed, not only that this separated tail does not die, but that it grows, and is developed up to the ninth or tenth day after the section has been effected. He exhibits plates, which show the presence of muscular fibres and vessels in tails which had neither one nor the other in them at the time of its section.

KING'S COLLEGE HOSPITAL.—A dinner will take place in the great hall of the College on Wednesday, June 29, in aid of the funds of this Institution; Dr. R. B. Todd in the chair. Invitations have been sent to all the students of the College and Hospital who have intimated their desire to attend. It is expected that there will be a very numerous meeting of the old pupils and friends of the charity, as this will be the last festival before the removal of the old Hospital.

IN the course of a trial in the Court of Common Pleas, Mr. Huddleston, in addressing the jury, explained the mode in which gelatine is made. The best, he said, was made of what was called "picker waste," a picker being a thing used in driving the shuttles of power-looms. It was made of buffalo skin, and the pieces cut off in making it were afterwards turned into the gelatine which found its way into their soups, and was strongly recommended by physicians to invalids. The patients, however, had not always the good fortune to get gelatine made from waste pieces of buffalo hide; for an imitation of this article was constructed out of sheep's trotters, old parchment, and waste pieces of glue.

EXTIRPATION OF THE SPLEEN.—Dr. Martin, of Dresden, in a paper upon extirpation of the spleen, describes, amongst other cases, one by Dr. Küchler, of Darmstadt. The subject of the operation was a man 36 years old, who had suffered for fourteen years from ague. He was otherwise in a good condition of body. The patient died about two hours after the operation, of course not in consequence of it, but through an accidental supervening hæmorrhage. This took place in 1855, and it does not appear that Dr. K. has repeated the operation, although he published his case at the time, and seemed very enamoured with his performance. Dr. Martin has collected a list of cases in which the spleen has been removed chirurgically after injury or sloughing of the abdominal walls, whereby the spleen, or portions of it, were permitted to escape from the cavity; and, as far as these cases go, it would seem that life may be preserved in man for a long time afterwards.—*Schmidt Jahr.*

SURGEONS AT CALPEE AND GWALIOR.—In his despatch Sir Hugh Rose says, Dr. Arnott, Superintending Surgeon, expresses his approval of the Medical officers of the force under his orders in the following terms, and I beg to confirm his approval:—"To the distinguished skill and ability of Field-Surgeon Ritchie is due the eminent success of the Dépôt Hospital at Jhansi, in which every capital operation has completely succeeded, and among 200 European and 100 native sick and wounded the casualties have been far below the average. To the indefatigable zeal of Drs. Ritchie and Naylor, and their attention to that enormous charge must be ascribed in a great measure such extraordinary success. Dr. Stuart (her Majesty's 14th Light Dragoons) unfortunately was not present at Jhansi, but his duties since the 7th of May have been onerous in the extreme, and the zeal with which he has devoted himself to them merits every praise. The exposure and fatigue so cheerfully undergone by Deas, in his duties with the 3rd Cavalry, and his unceasing attention to his duties, are gratefully remembered. Dr. Mackenzie, 3rd Hyderabad Cavalry, has been most active, and his exertions at the storming of Jhansi in carrying on the duties of Dr. Stack, when shot dead, were most useful, and the saving of much suffering among the wounded of her Majesty's 86th Regiment. Dr. Vaughan, in undertaking to conduct the duties of field-Surgeon in addition to his own, only evinced that zeal for the service of which we have had already ample proof. His duties since the force left Jhansi have been of the most arduous and trying description, but they have on all occasions been most cheerfully and ably performed. These officers I would beg to recommend to your most favourable notice, though my warmest thanks are due to all for the cordial and steady support and co-operation they have on all occasions afforded me."

PERSISTENT TYPES OF ANIMAL LIFE.—A discourse on this subject was delivered at the Royal Institution on June 3, by Professor Huxley. He considered that palæontologists had greatly exaggerated the number of animals viewed as extinct. After long investigation he concluded that of 120 ordinal types of animals only eight or nine types were extinct; and he added, on the authority of Dr. Joseph Hooker, the eminent botanist, that of the 200 ordinal types of plants not one was wanting. Professor Huxley exemplified his views from all departments of the animal kingdom—from the polyzoa up to the vertebrata—specimens of each being found in very low strata. He did not, therefore, believe that there was much greater difference between the earth's appearance in early geological times, and in our own, than there is now between the different regions of the globe. He remarked, in conclusion, that the little change in the persistent types of animal and vegetable life appeared to him to "indicate that each is but the result of an enormous series of antecedent changes of form, the whole of which are perhaps for ever hidden from us in the abyss of pre-geologic time."

MEDICAL PHASES OF THE WAR IN ITALY.—The following is from a Genoa correspondent:—"Lines of hospital beds had been already landed, and will be wanted, indeed, if they fill up, as I fear they will, all the places they have cleared for the purpose. At Rivarolo, in the Polcevera valley, the inmates of a large monastery have been turned out; and in St. Pier d'Arena a building is being erected either as a store or for the sick. The great barracks of St. Benigno, near the lighthouse, will hold 3000 beds; the old military hospital, the Chiappella, in the Convent of St. Francesco de Paola, next door is ready, and partly occupied. The nuns have left St. Silvestro, on the Piazza Sarzana; and the University, the National College, and St. Nicolo, behind the Annunziata Church, will all hold their portion of invalids before we have done thrashing the Austrians. The Pammatone, a civil hospital, sufficing for the usual requirements of the place, is already full. All this at the commencement of the hot season frightens people a good deal, and if half-a-dozen cases of cholera occur a general emigration to the country will take place, the shops will be shut up, and the streets take the look of a plague-stricken or blockaded town. People are beginning to watch the flies, who die, they say, at the first approach of epidemic." Another gentleman, writing from Milan on the 8th inst. says:—"I arrived here yesterday afternoon with a train of wounded and prisoners. As I told you in my last, the Milanese, immediately after the Austrian evacuation, sent up a train to fetch the wounded. As they were found they were brought in succession to the station by the soldiers, a detachment of two companies of the 1st Fusileers of the Guard. At the station the Surgeons were in attendance to apply the first dressing, and the trains from Milan went to and fro to carry them off. The trains consisted of nothing but third-class carriages and goods wagons, partly covered, partly open. Those who were only slightly wounded and could walk were put into the carriages, while the others were laid in the goods wagons, which had been made as soft as the circumstances admitted by putting straw and hay at the bottom. To these the unfortunate wretches were carried, in agonies of pain caused by the movement. A large barrel of cooling drink, made of water and syrup, was near, as well as another filled with wine, with which to assuage the fiery thirst caused by their wounds. Boughs were cut to make an awning over the open goods trucks, so as to protect their miserable inmates from the rays of a

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real Italian sun. This station and the railway train itself were certainly the most shocking scenes of misery which one can possibly conceive. It was the darker side of a brilliant victory—looking behind the scenes by daylight; wounded in all stages of agony and pain, only half clad, torn, dusty, and muddy in their own blood. The priests walking about with the viaticum to administer the last sacrament to the dying; the glazed eye of death in some, showing that they had ceased to suffer, the working eyes of others, and the kneeling priest before them, showing that they were on the point of sighing their last; near them were others, whom you would have thought dead had it not been for the imperceptible movement of the eye or a convulsive twist of the limb. You became involuntarily silent when you entered and took off your cap at the sight of so much misery. Even the lively French soldiers who ministered to the wants of these defaced specimens of humanity became grave, and this dead silence was only broken from time to time by the solemn words of the priest, a faint sob, a frantic shriek of pain, or a weak sigh. But it was, above all, when the wounded had to be moved to the carriages that the neighbourhood became almost intolerable. Such shrieks, such pale faces, contracted by pain, such torn limbs! The soldiers ordered to transport them seemed to forget everything in their anxiety to alleviate the pain of the sufferers. The philanthropist would have been touched by so much care, and the cynic might have sneered at the idea that the very man who had made the wounds should now try to cure the mischief ready to begin again. Before starting, a new distribution of drink took place, for which there was a craving. At last the train was off, and the noise of the train drowned all others, while a few turns of the wheels took us out of sight of the station. On our arrival at Milan a number of volunteer nurses were already waiting, with glasses of lemonade to assuage the burning thirst after a passage of more than an hour."

GUACO IN VIRULENT POISONS.—Induced by the reports which have come from South America, respecting the power of a decoction of the leaves of the guaco in serpent bites, various Italian practitioners have been trying its applicability as an abortive in syphilis and gonorrhœa. Dr. Parola gives an account of certain experiments, which seem to show that it effectually prevents the inoculability of syphilitic virus when mixed with it; promptly arrests gonorrhœa; and leads to the cleansing and healing of venereal ulcers. He proposes its employment in malignant pustule and analogous affections; in malignant dysentery, purulent ophthalmic, hospital gangrene, etc.; and, in fact, in all affections due to a specific virus.—*Omodei Annali*, vol. 164, p. 319.

VITAL STATISTICS OF LONDON.

Week ending Saturday, June 11, 1859.

BIRTHS.

Births of Boys, 834; Girls, 834; Total, 1668.
Average of 10 corresponding weeks, 1849–58, 1582·7.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	476	462	938
Average of the ten years 1849–58	509·1	475·2	984·3
Average corrected to increased population ..	..	..	1082
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	34	20	54

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	5	8	3	6	2	1
North ..	490,396	4	6	10	3	4	..	3
Central ..	393,256	2	5	2	1	9	1	8
East	485,522	8	..	12	2	8	2	7
South ..	616,635	2	3	11	2	10	1	6
Total . ..	2,362,236	17	20	43	11	37	6	25

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·676 in.
Mean temperature	61·7
Highest point of thermometer	79·2
Lowest point of thermometer	50·9
Mean dew-point temperature	56·6
General direction of wind	N.E.
Whole amount of rain in the week	0·31
Amount of horizontal movement of air in the week	370 miles.

TO CORRESPONDENTS.

A Registered General Practitioner.—There is no title column in the Register.

Dr. Murchison's cases illustrative of the origin of typhus shall appear in an early number.

H. P.—Yes; it is the duty of the Registrar to attend personally at the house to register the Birth or Death.

D. D.—Many thanks, but in the present crowded state of our columns we could only admit very short abstracts from the Transactions.

M.D., M.R.C.S. and L.S.A.—Charges vary so much in different districts that we would advise our correspondent to call on two or three of the Practitioners in the neighbourhood he has selected, and ascertain what they are in the habit of charging. The practice of charging for the Medicines supplied should be altogether discouraged.

Chirurgus.—M. Maisonneuve relates to the Academy the history of a case of complete disarticulation of the lower jaw, which was followed by reproduction of bone. The preservation of the periosteum has two very important advantages; it makes the operation more easy and less dangerous; it prevents wounding of the vessels, and does not entirely destroy muscular insertions. The periosteum is readily separated from the bone.

Dr. B.—The subject of the *Concours* for the great Physiology Prize of the Academy of Sciences is:—"To search out the relation which exists between the spermatozoa and the ovum in the act of fecundation." On this subject there have been such warm encounters lately between M. Pouchet and others, that the *Union Médicale* addresses to them this little moral hint:—The accusation of *mauvaise foi* being removed, what signifies a little vivacity of language, which may have escaped in the warmth of debate from men, who may all assume the famous device: *vitam impendere vero?*

M. C.—The subject of spontaneous generation is still well contested, *pro* and *con*, in the Academy of Sciences of Paris. At present, however, the *cons* seem to have the best of it. The proofs of spontaneous generation have been as yet very equivocal, and certainly not satisfactory to those who have yet to be converted to the doctrine. What convinces one mind seems miles away from satisfying another; and certainly in such a question as this of spontaneous generation, the demonstration must be very clear if the subject of it is to be accepted as true. However, we shall probably arrive at the truth in due time, for there appear to be plenty of labourers at work in this microscopic investigation.

A Fellow of the Obstetrical Society.—The following are the numbers of the births in Bilston, Staffordshire, in the following years:—

1845	868
1846	972
1847	1 05
1848	1062
1849	1019
1850	1065
1851	1060
1852	1040
1853	1146
1854	1216
1855	1279
Total births in ten years	11,624

According to this year's "Directory" there are are eight Medical men in Bilston, and it is said that midwives are employed there in many cases.

VINEGAR.

Several specimens of vinegar from the manufactory of M. Henry, of Neuilly, on the Seine, have lately been subjected to a careful chemical analysis, and have also otherwise been tested as to their usefulness for domestic purposes. After comparison with several specimens of vinegar obtained from respectable London houses, the vinegars of M. Henry have been pronounced to be very superior in purity, strength and flavour. While four descriptions of vinegar of M. Henry contain 7·70, 5·3, 7·9, 7·2, of anhydrous acetic acid, four London samples only contain 4·30, 5·00, 6·20, to 5·50, of the same acid, while the prices are actually higher. The vinegars of M. Henry are free from any artificial colouring matter, that has any tendency to decompose, such as caramel or burned sugar, which being contained in the London vinegars to the average amount of 5·0 gives them a brown colour, and a questionable flavour, while it predisposes them to become thick and turbid, and to form a deposit when exposed to light. The vinegars of M. Henry are not liable to develope the Anguillula or vinegar eel, which is so commonly met with in vinegar of low strength containing burned sugar.

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The Chronometry of Life.

The word "gentlemen" erroneously placed at the commencement of the abstract of Mr. Paget's lecture, published last week, might convey the impression that it was addressed to a medical audience, or to gentlemen exclusively. But those who know that the benches at the Royal Institution always show a large proportion of ladies, will understand the absence of many illustrations which might have been introduced had the lecture been addressed to a body of professional gentlemen. In a note to us, Mr. Paget says, "The lecture was not addressed to Medical hearers or readers, or even to 'gentlemen' exclusively. If I had wished this lecture to have professional publicity, I should have illustrated it very differently, and should have printed it in full, not in abstract."

Medicine in Australia.

A correspondent sends us the following advertisement from a Melbourne paper :—

"Qualified Nurses.—Lectures by Dr. Bowman, M.D.—This course will embody such practical instruction as will make women efficient as nurses, valuable as assistants, and competent to act in cases of emergency, on the plan pursued by the most distinguished Physician-Accoucheurs in Europe and America, whilst they will be further rendered qualified attendants in all medical or surgical cases. At termination of three months' course candidates will be admitted to examination for diploma. Examiners :—Hon. David Wilkie, M.D. ; William Gilbee, Esq. Hon. Surgeon to Melbourne Hospital ; and E. Bowman, M.D., Fellow of Medico-Chirurgical Societies of London and Edinburgh. Dr. Bowman is at home for consultation from 8 to 1 a.m. and after 6 p.m. at which times application can be made to him, at 31, Russell-street South."

Nostrums in Australia.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The enclosed is a specimen of Medical effrontery so unique in its kind as not to be altogether unworthy of a niche among the "Excerpta Minora." It was taken from the *Melbourne Age* of March last, and needs no comment of mine.

As the doctor has only enjoyed five years' hard practice, some of his confrères may hold him in recollection. I am, &c. M.B.

Notting-hill.

"For want of timely care, millions have died of medicable wounds.

"DR. L. L. SMITH'S VEGETABLE PILLS AND OINTMENT.

"These medicines, Dr. Smith wishes it thoroughly to be understood, have gained the reputation they now hold with the public, in consequence of their having been fairly tested for five years in this and the neighbouring Colonies. But at the same time Dr. L. L. Smith would warn his fellow-Colonists from placing so much reliance on these medicines solely. He would have them remember that he does not say, neither has he ever stated, that there is any miraculous power in these drugs to cure all diseases under the sun. He simply presents them as the result of his experience as an advertising surgeon, with a large practice. He had tried them in all the cases above mentioned and found them succeed. Thousands, upon his word and reputation, have also tried them, with what success their large sale now shows. Five years' hard practice has enabled Dr. L. L. Smith to furnish to the public,

"A Colonial Medicine for Diseases peculiar to the Colony.

"And, despite the most powerful opposition (the old Colonists are well aware of the fact that he has been opposed on every side) yet he has succeeded to the height of his expectations, not only with his medicine, but with his practice. Hundreds flock to his consulting rooms daily, and not only are thousands thereby cured, that have been under the different treatment of the various surgeons of repute in the Colonies, but this enables Dr. Smith to obtain a more varied and extensive knowledge of the different branches of his profession. But previously to this Dr. L. L. Smith, even as a student, surpassed all the competitors of his hospital. He gained the first physicians' prizes, the prize for Materia Medica, prize for Surgery, the first chemistry prize, and has also twice held the dresser-ship of the *Westminster Hospital*. His diploma and prizes are to be seen in his waiting-room. His reasons for advertising he has stated continually to the public, and may be summed up in a few words. He gains two things by it, money and experience in his profession ; the first he benefits by, the latter the public. Dr. L. L. Smith's Vegetable Pills and Ointment can be obtained from all respectable chemists and storekeepers throughout the Colonies, in boxes and pots at 2s. 6d., 5s. and 10s. A considerable saving is effected by purchasing the larger-sized boxes and pots, as they contain a larger quantity in proportion. No Pills are genuine unless they have the signature Louis L. Smith, on a red cover surrounding each box, and on the lid inside a portrait of the doctor. Dr. L. L. Smith can be consulted daily, gratis, before eleven in the morning, and between six and nine at night, at 197, Bourke-street East, Melbourne. Dr. Smith can be consulted by letter. Fee £1."

The Edinburgh Licence.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Allow me to make a few remarks on the "letter from an Office-Bearer of the Edinburgh College of Physicians." Had time allowed I did intend entering more fully into the subject, but find a harassing country practice leaves very little time for such correspondence. I represent, and believe state the feelings of the English Legal General Practitioner ; that is, one who has passed both Hall and College, invested a little capital, and fagged hard in his profession with no ordinary difficulties to encounter for twenty years. It seems in reading through Office-Bearer's letter very carefully, that the new regulations in the year of grace, are more particularly for our benefit ; and we are rather patronisingly told that it is to elevate us who are connected with a trading community. Now I think it is a pity he did not understand the difference between the state of the Profession in Scotland and England, and consulted the opinions of the General Practitioners here before making such a statement. He would then have found that we should consider it an insult to condescend to accept the Licence of his College upon the terms they propose. The idea of admitting any one at the age of twenty-one years is preposterous. He admits that some very young have been so admitted, and then says others have been told that it was only intended for those of more mature age ; if so, why not have stated the age : To put a case in point, does Office-Bearer suppose that I or any other General Practitioner of fifteen or twenty years' standing would meet in consultation, a Physician, a young man just passed the Hall or College, who has been over to Edinburgh and bought his Licence? The thing is ridiculous, and not to be entertained. The fact is, our own College of Physicians made a mistake in not admitting in their year of grace, old General Practitioners here of good standing, who wished to retire from the arduous duties of a general practice, and give place to the younger hands. Who more likely to make a good Physician than he with the Hall and College qualifications, and fifteen or twenty years' active practice and experience? It would have been a boon well earned and deserved, and I hope it is not yet too late to be remedied.

The Edinburgh College caught at the mistake, or omission ; but, too eager for the fees, run into extremes ; and if they suppose that the General Practitioners of England are to be thus caught, I think they will find their mistake. They may, perhaps, catch a few rather young, and others with one qualification only ; but I hope the Medical Council will settle the point. I feel sorry for the minority of the Council of the Edinburgh College, as they saw the thing in its true light ; and when the Fellow of the Royal College of Physicians of England says that to him it appears nothing else than an acknowledgment of poverty and a flimsy attempt to enrich their exchequer by a questionable mode, he only echoes the opinion of most of the General Practitioners of England. When Office-Bearer calls attention to the different state of the Profession in England and Scotland it is quite evident that he does not understand the status of the Apothecaries' Company at the present time, or he would have been aware that it is only in name they are Apothecaries. Those who pass the Hall now never think of trading ; and it is a pity the term is not altered to a licence to practise Medicine, which it is in reality. This must be done soon, or the Hall done away with. Perhaps Office-Bearer, when he talks of elevating the Profession, will take the trouble of comparing the curriculum of study necessary for the Hall and his own College. The great misfortune in our Profession is that there are too many portals to enter, and these optional ; there should be one portal only, and all start fair ; no one should be allowed to practise as a General Practitioner unless he has passed the College of Surgeons and Apothecaries' Hall, or a substitute for it. By practising with one qualification only it is an injury to him who has laid out more capital and time in getting both, and likewise an injury to the public by professing to be what he is not. Were it not for the Hadfield Clause, Office-Bearer may rely on it he would have had no applicants South of the Tweed for the Licence. For my own part, I am working up for the examination for the Licence of the College at 40 years of age ; and if "One Tired of the Unceasing Labour of Practice" will apply to me through you he shall have every information and advice from

Another who is tired of the Unceasing Labour of General Practice.

June 12, 1859.

Erratum.—In the letter of Dr. James, p. 610, a colon should have been inserted after the word "sister" in the 33rd line.

COMMUNICATIONS have been received from :—

Professor Simpson ; Dr. Conolly ; Dr. Alexander Wood ; Mr. Paget Dr. Farr ; Professor Laycock ; Dr. Gairdner ; Dr. Keiller ; Dr. Peacock ; Registrar-General ; Mr. Pittard ; Dr. James : Mr. Parker ; Registrar-General, Edinburgh ; Mr. Currie ; Mr. Adair ; Mr. Rivers ; Mr. Nicholson ; Dr. Donaldson ; Dr. Williamson ; Mr. Lawson ; Mr. Wade ; Mr. Blyth ; Mr. Langston ; Mr. Taylor.

APPOINTMENTS FOR THE WEEK.

June 18. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m. ; St. Thomas's, 1 p.m. King's, 2 p.m. ; Charing-Cross, 1 p.m.

Royal Institution, 3 p.m. J. P. Lacaita, Esq. "On Modern Italian Literature."

20. *Monday.*

Operations at the Royal Free Hospital, 1 p.m. ; Metropolitan Free Hospital, 2 p.m.

21. *Tuesday.*

Operations at Guy's, 1 p.m. ; Westminster, 2 p.m.

22. *Wednesday.*

Operations at University College Hospital, 2 p.m. ; St. Mary's, 1 p.m. ; Orthopædic Hospital, 2 p.m. ; Middlesex, 12½ p.m.

23. *Thursday.*

Operations at St. George's, 1 p.m. ; Central London Ophthalmic, 1 p.m. ; London, 1½ p.m. ; Great Northern, 2½ p.m.

24. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday) :—

By Mr. Fergusson—Lithotomy ; Amputation of Thigh ; Hare-lip. By Mr. Wood—Wood's Operation for Hernia.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock :—

By Mr. Barnard Holt—Removal of portion of Os Calcis ; Removal of Necrosed Bone from Carpus ; Internal Rupture of Stricture. By Mr. Brooke—Ligature of Epithelial Cancer of Tongue. By Mr. Holthouse—Removal of Dislocated Lens.

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ORIGINAL LECTURES.

LECTURES ON THE DEVELOPMENT OF THE GRAVID UTERUS.

DELIVERED AT THE

Grosvenor-Place School of Medicine,

By WILLIAM O. PRIESTLEY, M.D.

Fellow of the Royal College of Physicians, Edinburgh; one of the Lecturers on Midwifery at the School; Physician to the Samaritan Hospital; Physician-Accoucheur to the Marylebone Infirmary, etc. etc.

LECTURE VII.

THE changes which take place in the parietes of the uterus during pregnancy are not less remarkable than those which I have described as occurring on its internal surface. The healthy virgin uterus usually weighs little more than an ounce, and presents an average length from os to fundus of about three inches. But when emptied of its contents and contracted at the term of gestation, the womb has so far increased the quantity of its organic tissues that it commonly weighs as much as twenty-four ounces, and measures in length fully eight inches. This enormous increase in size is mainly produced by an augmentation of the elements which form the middle coat,—the thick fibrous layer which lies between the peritoneum externally and the mucous membrane internally,—and which constitutes the proper uterine tissue. If you examine an unimpregnated uterus, you will find that the uterine tissue is pale, firm in texture, possesses little elasticity, and is permeated by minute channels, which are its nutrient bloodvessels. In making a preparation for the microscope, the fragment is tough, and its elements separated with difficulty. It consists, however, of layers of fusiform fibres or spindle-shaped fibre-cells with oval nuclei; of elongated and rounded cell particles; and amorphous granular matter. These are imbedded in a matrix much like the stroma of the ovary, and alternate with layers of a fibrous tissue, the fibrillæ of the latter having a wavy outline closely resembling white fibrous tissue in other parts of the body. All these elements are united so closely together that their isolation is most difficult, but the fibre-cells are distinctly seen after the addition of a weak acid, which renders the fragment transparent.

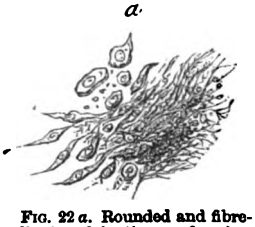

FIG. 22 *a*. Rounded and fibre-cells found in tissue of unimpregnated uterus.

The tissue of the gravid uterus again is spongy, full of large dilated vessels, and its component parts are more readily separated. The parenchyma of the middle coat now consists for the most part of colossal smooth muscular fibres, each possessing a faint elongated nucleus; the transparent matrix is scarcely visible, and wavy fibrous tissue, except in the track of the bloodvessels, appears in small proportionate quantity. The cell-particles and fusiform fibres found in the non-pregnant uterus are, in fact,

FIG. 22 *b*. Colossal muscular fibres, with nuclei from uterus in the eighth month of pregnancy,

embryonic muscular elements, lying dormant until the stimulus of impregnation is applied, when they at once take on development, grow into well-developed organic muscular fibres, and by their united contractile power become the active agents in expelling the fœtus when gestation is completed. According to Kölliker this formation of new muscular fibres occurs chiefly during the first half of pregnancy, but ceases after the sixth month, and after that period none of the earlier forms from which they are produced can be found. Some idea may be formed of the aggregate development which goes on in the muscular coat from the statement of the author just mentioned that each separate fibre-cell of the unimpregnated uterus increases during pregnancy from seven to eleven times in length, and from twice to five times in width. The round and oblong cells also advancing in organisation and growing into muscular fibres, we have as a result of impregnation not only a great increase in the size of fibres already existing but also a creation of new fibres from the accompanying cell-particles. These progressive changes may be traced conveniently in the uteri of cows and sheep, which may be procured at various periods of gestation. In these animals the large muscular fibres may be isolated with greater ease than in the human subject, and their large elongated nuclei, which are defined with some difficulty in a woman's gravid uterus, are readily apparent. Mr. Rainey, who published some years ago an excellent paper on this subject in the *Philosophical Transactions*, has indeed described the large muscular fibres of the human uterus as destitute of nuclei at the completion of pregnancy; but I believe the nuclei may generally be detected in some part of the course of the fibre by a careful search and the proper use of chemical re-agents. In the fundus and body of the organ the development of muscular tissue takes place pretty equally throughout the thickness of the middle coat. We may except, perhaps, the more external layers adjacent to the peritoneal coat. Here, there is a much larger admixture of white fibres, which by their presence give strength and tenacity to the uterine walls, enabling them to bear with impunity the increasing distension of pregnancy and the tension to which they are subject during labour. In the cervix uteri there is a less considerable development of muscular fibres and a larger proportion of wavy fibrous tissue, probably for the reason that the cervix is less concerned in the expulsive efforts of labour than the rest of the organ.

It is almost impossible in the nulliparous uterus, even with the most skilful dissection, to make out any definite arrangement in the fibrous structure of the middle coat; but in the later months of gestation, when the larger muscular fibres are developed, they are arranged in layers or bundles, and their direction may be traced somewhat more easily. The interlacing of the fasiculi is, however, so intricate that the most able anatomists have done little more than indicate the tendency to certain anatomical plans. Ruysch, Weistbrecht, Mde. Boivin, and more recently Kölliker and M. Deville, have each given more or less elaborate descriptions of the anatomical arrangement of the muscular fibres in the gravid uterus, and each account differs very considerably in detail.

A general notion of their disposition may be gained, however, by recollecting that the human uterus in the course of embryonic development consists of two lateral segments fused together in the median line: the organ is, in fact, at an early period of intra-uterine life, bicornuous, like the uteri of some of the lower animals; and in adult age the muscular fibres are arranged rather in relation to the original tube out of which each lateral half is formed, than in relation to the entire organ. Thus, if an uterus at the full time be inverted and the internal muscular layers exposed by removing what remains of the decidua, the fibres in each lateral half of the body and fundus are seen to be arranged round the Fallopian aperture, as a centre, and gradually spread outwards in wider circles to the median line. Other fasiculi, which may be looked upon as fibres of fusion, pass directly from the fundus to the cervix in the median line, and some pass transversely entirely round the lower part of the body, and may be traced as circular bands as low as the os uteri. Transverse and longitudinal fasiculi can also be made out on the external surface when the peritoneum is removed; but the most prominent muscular layer on the outside of the uterus is one described by Sir Charles Bell, and called after him "Bell's muscle." This consists of strongly marked muscular bundles, taking their origin at the insertion of the round ligament on each side

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and radiating outwards over the body and fundus of the uterus both anteriorly and posteriorly. Sir Charles Bell believed the round ligaments to have the relation of tendons to these muscles; and Mr. Rainey has noticed that these ligaments become thicker and more muscular during gestation. The intermediate muscular fibres which lie between the external and internal layers, have a much more intricate arrangement, and pass among the vessels in every direction. Their intimate relation to the distribution of the blood-vessels was first pointed out by Sir Charles Bell; and it is especially notable at the placental site, where, as we have seen in a previous lecture, it probably exerts a most important influence on the prevention of hæmorrhage after separation of the placenta.

The question has long been debated among anatomists whether the uterine tissue proper is really muscular before the occurrence of impregnation. There can be no doubt, I believe, that it possesses contractile properties, as it expels blood-clots, dysmenorrheal membranes, and intra-uterine polypi. During the extrusion of these, we may sometimes distinctly recognise the alternate hardening and relaxation of the organ by placing the hand over the hypogastric region. Its muscularity at the full term of pregnancy scarcely admits of room for controversy. Almost every authority admits that it is the chief agent employed in the expulsion of the fœtus; for independent of what we know of its histology, during every efficient labour pain it may be felt contracting firmly on its contents; and you will learn to your personal inconvenience with how much force it presses on the fœtus, if, after introducing your hand into the uterus for the purpose of turning, you forget to lay it flat upon the child, and get your fingers wedged in an awkward position during the recurrence of a forcible expulsive effort.

The external or peritoneal coat, beyond an increase of growth as well in extent as in thickness, does not undergo any recognised histological changes. During the enlargement of the uterus there is an immense addition to the number of epithelial particles which compose its glistening free surface, and the fibrous tissue beneath, which serves as a means of union with the muscular coat, greatly increases in quantity, thus adding strength to the uterine parietes, and enabling them effectually to resist laceration either during the distension of the womb in advancing pregnancy, or during the powerful contractions which take place at the time of labour.

The broad ligaments, which are you know formed of reflections of the peritoneum on each side of the uterus, were supposed by William Hunter to become unfolded, and thus afford a covering to the pregnant uterus. It may readily be shown, however, that the alæ are quite inadequate for the purpose supposed, and that although somewhat stretched, they may be found attached to the lateral margins of the uterus at the full time, and almost equal in measurement to those appended to a non-pregnant uterus. With our present knowledge of the extraordinary development which goes on in the other uterine tissues as a result of impregnation, such an explanation is too mechanical to be satisfactory; and it need excite no surprise that the peritoneal coat really extends its surface in conformity with the rapid growth of the uterine tumour, by a rapid generation of additional cells and fibres.

After what has been said concerning the utero-placental circulation, little remains to be added on the development of the bloodvessels in the gravid uterus. The arteries and veins increase *pari passu* with the uterine growth; and the immense size they attain near the end of pregnancy is accounted for by the fact, that not only have the greatly hypertrophied walls to be nourished by them, but they also supply all the demands of the fœtus and its appendages for growth and nourishment. The arteries of less calibre than the veins have a peculiar spiral course in passing through the uterine walls,—a form of arterial distribution which, so far as I am aware, is peculiar to the uterus, and does not occur in any other organ. The veins are without valves, and form large flat channels which appear as excavations in the uterine tissue. Their walls are so blended with the muscular substance, that to dissect them out would be almost impracticable. They are especially large near the insertion of the placenta, several trunks converging to form large cavities, and these receiving the name of uterine sinuses. Kölliker has shown that as the venous channels increase in size, their middle coat, which before consists of contractile cells, now begins to develope actual muscular fibres, and that these blend and unite themselves with the muscular uterine fibres proper, being scarcely distinguishable from them.

The lymphatics, which are small and unimportant in the unimpregnated uterus, develope and widen during pregnancy almost equally with the bloodvessels. They are demonstrated with difficulty in the former; but in the later weeks of gestation some of the trunks attain the size of a quill, and in Livraison 13, plates 1 and 2 of Cruveilhier's Morbid Anatomy, they are represented filled with pus, as they are found in some forms of puerperal fever; and their complexity and large size are well delineated.

The womb is supplied with Nerves, derived from the sympathetic and cerebro-spinal systems, which pass to it from the hypogastric, spermatic, and sacral plexuses. The question as to whether they enlarge during pregnancy has been hotly contested; and amid the conflicting evidence adduced it is extremely difficult to arrive at a satisfactory conclusion. Dr. Robert Lee takes the foremost place among those who answer in the affirmative; and in the Museum of St. George's Hospital you may see the dissections on which he bases his opinion, and which must have cost him no small amount of patient toil, as well as careful manipulation. On the other hand, Hirschfield, M. Robin, and Dr. Snow Beck, inform us that there is no actual increase of nerve-substance, and that the thickening observed during gestation is simply an enlargement of the investing sheath or neurilemma. Dr. Beck, after very careful dissections, aided by the microscope, and undertaken, as he tells us, with the view of attesting the truth of Dr. Lee's views, asserts that after removing the neurilemma entirely, there was no difference between the size of the nerves in the non-pregnant and gravid uterus. It must be admitted, however, that reasoning analogically, and from what we know concerning the distribution of nerves in other parts of the body, the inference is on the side of those who assert that the uterine nerves enlarge during pregnancy. Wherever we have large vessels ramifying, there we have nerve-filaments in close attendance; and wherever the process of nutrition is actively going on, or a large muscular development present, the supply of nerves to the part bears some sort of direct relation.

The researches of Dr. Franz Kilian described by Kölliker, indeed, seem to throw some light on the matter. According to Kilian the extremities of the uterine nerve-tubules before conception are in an undeveloped or embryonic condition, and are scarcely visible; but with the occurrence of pregnancy these terminal nerve-tubules become medullated and dark bordered, consentaneously assuming a higher function. The nerves may thus be said to increase potentially in length, while they increase in thickness by additional growth of the fibrous investing sheath, the latter being especially necessary as a protection to the nervous trunks, under the pressure to which they are exposed during pregnancy and labour.

During gestation the cervix uteri undergoes peculiar modifications in texture and form, which need a separate description. With commencing pregnancy, the cervical cavity bounded above and below by the os internum and os externum respectively, becomes expanded, and the secretory function of its mucous follicles exalted. A plug of thick, tenacious mucus forms in this situation, and seals up the uterine cavity proper from the ingress of air or other matters. That portion of the cervix uteri which projects into the upper extremity of the vagina requires special attention, as the alterations which occur in it are within reach of a digital examination, and are of considerable value in assisting us to form a correct diagnosis as to the existence of pregnancy. Very shortly after conception the practised hand is able to appreciate that this portion of the cervix is more tumid, softer, and more elastic, yielding to the finger, as Dr. Montgomery describes it, "a sensation of a softer tissue overlying a firmer." The os uteri changes its transverse form, and feels more rounded; its margins are less distinct, the pouting of the labia uteri rounding off its edges, and the mucous secretion of its surrounding follicles imparting a smoothness not previously possessed. By the aid of the speculum the lower end of the mucous plug filling the cervix may often be seen at the orifice; but here, instead of being transparent, as in the rest of its extent, it is white and opaque, probably, as Dr. Tyler Smith has shown, from its coming in contact with the vaginal mucus, which has an acid reaction—the uterine secretion being alkaline. As time elapses, the os uteri internum gradually dilates, and thus the cavity of the cervix

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becomes continuous with, and forms part of the general cavity of the uterus. The result is, that in the later months there is less and less projection of the portio-vaginalis into the upper extremity of the vagina. It is especially during the last four months of gestation that this process of "shortening," as it is termed, takes place. In the unimpregnated uterus the cervix usually projects like a large nipple, somewhat less than an inch below the attachment of the vagina. For the first five months, little change in this amount of projection downwards is observed, but at the termination of the sixth month, shortening with increase of breadth, is decidedly appreciable, and at the end of the ninth month the os is nearly on a level with the attachment of the vagina. Thus, before labour begins, the child lies in contact with the inner margin of the os externum, with the membranes only intervening, and the fœtal head is felt through the uterine walls as a globular tumour at the upper extremity of the vagina. It is usual to describe the shortening of the cervix during the last four months of pregnancy as divisible into four definite portions; and taking the amount of projection at first as one inch, the shortening is said to be at the rate of a quarter of an inch per month,—the first quarter thus disappears at the end of the sixth month, and the last at the end of the ninth. Such a description can only be regarded as approaching somewhat to the real facts of the case; as a rule for guidance in diagnosis, it is far too arbitrary. In first pregnancies the tissue of the cervix is generally more unyielding than in subsequent ones, hence it results that often the cervix is shortened in a less degree; in other women again, particularly those who have previously borne large families, there is little, perhaps no projection at all of the cervix into the vagina, even at the commencement of pregnancy; and certain pathological conditions may produce the same result.

Drawing (Fig. 23) copied from Dr. Montgomery's Signs of

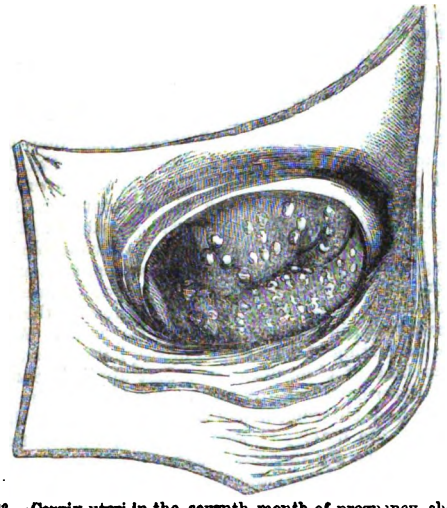

Fig. 23.—Cervix uteri in the seventh month of pregnancy, showing its shortened and lobulated condition, with projecting muciparous glands over the labia uteri (after Montgomery).

Pregnancy, represents very graphically the shortening, as well as the tumid and lobulated condition of the cervix uteri in the seventh month; it also shows the enlargement of the mucous follicles over the lips of the uterus, which, undergoing hypertrophy, like the rest of the tissues, may frequently be felt during an examination rolling under the finger like small vesicles.

The shape and volume of the entire uterus vary with the duration of pregnancy. At the commencement, as the ovulum generally attaches itself to some portion of the uterine cavity near the fundus, the fundus becomes first expanded, and the development of the body and cervix take place subsequently. For the first five months the gravid uterus gradually loses the pyriform shape of the unimpregnated organ; the anterior surface formerly flattened is now rounded and projecting, and the fundus and body assume the form of a globular body, while the cervix, in shape at least, is as yet little altered. Later, the cervix too is expanded, and its cavity forms part of the uterine chamber. The organ then forms a large ovoid, with its larger extremity at the fundus. In the later months, therefore, the cavity corresponds to the normal position and form of the fœtus, which at the full time is so folded up *in utero*, that it constitutes a corresponding ovoid body, the head which is towards the os uteri forming the smaller end of the ovoid; the nates, with the flexed lower limbs, the larger extremity, lying towards the fundus uteri.

In the fourth month the uterine tumour may usually be felt through the abdominal parietes, above the brim of the pelvis. Previous to the end of the third month the gravid uterus is a pelvic organ, and is too small to be appreciable by external examination. In the fourth month, however, the uterus rises out of the pelvis, and soon comes in contact with the abdominal walls. What is termed "quickening," generally occurs about the same time, the ascent of the uterus frequently corresponding to the period when the fœtal movements are first appreciable to the mother.

The uterus, then, may in most cases be felt just above the pubis at the end of the fourth month; at the end of the fifth its fundus is midway between the pubis and umbilicus; at six months the umbilicus is reached; at the seventh month it is half-way between umbilicus and ensiform cartilage; and at the end of the eighth month, the ensiform cartilage itself is reached, a little recession from this often occurring afterwards from the yielding of the abdominal parietes.

It is well to bear in mind that the pregnant uterus does not always lie directly in the middle line, generally it has some inclination to the right or left side, most frequently the right, away from the disturbance occasioned by the varying distension of the sigmoid flexure of the colon and rectum. This lateral position is most marked in early pregnancy, and it is particularly observable when the bladder is distended. Unless this be borne in mind, it is not unlikely to lead to some serious error of diagnosis on the part of the inexperienced practitioner, to be mistaken, for instance, for an ovarian tumour, which generally has a lateral position in early growth.

ORIGINAL COMMUNICATIONS.

ON VOLTAIC NARCOTISM.

By BENJAMIN W. RICHARDSON, M.D. L.R.C.P.
Physician to the Royal Infirmary for Diseases of the Chest, and Lecturer on Physiology at the Grosvenor-place School of Medicine.

Since the appearance of my last paper, published in the *Medical Times and Gazette* for February 12, I have been steadily engaged in following out experimentally the inquiry then commenced. I have delayed publication that I might in the concluding section of the paper speak from the largest experience possible prior to the concluding number of the present volume of this journal.

In this paper I record the observations made subsequently to the date above named, jotting down briefly, but faithfully, the details of experiment, and adding such comments as shall be derivable from the facts recorded. I may premise, by stating that in every experiment noted in the previous paper the result was in all senses satisfactory, the wounds in the inferior animals healed by the first intention, and the operations in the human subject succeeded without any indication of danger or other unfavourable sign. In the case of the girl in whose wrist a bursa was punctured, there was for a few days some hardness of the skin over the part where the application of the narcotic, aided by the electric current, was made; and there was slight disorganisation of the skin, as if the part had been frostbitten. There was some pain also around the spot; but the cure was perfect, and the discomfort little worthy of mention.

On February 8 the operation of tying the femoral artery was performed on a dog by my colleague, Mr. Spencer Wells. It was on the dog on which the operation for removal of the leg had been performed on February 1, by Dr. Halford. The thigh having been shaved, a piece of sponge saturated with a solution consisting of fifteen grains of the aqueous extract of aconite dissolved in three drachms of spirit, together with four drachms of chloroform, was placed over the thigh in the traject of the artery, and was covered by a piece of clean copper plate connected with the positive pole from the chain

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battery. The plate connected with the negative pole was placed on the outer surface of the limb exactly opposite to the plate laid over the artery. The battery was put into action, but played indifferently, and after being applied twenty minutes, ceased to act altogether (a). However, the plates were kept applied for twenty-five minutes longer, when they were removed and the operation was performed. On making the incision through the skin the animal shrieked, and on tying the vessel the same expression of pain was evinced. The operation indeed may be considered as a partial failure, in so far as the reduction of pain was concerned. The wound healed kindly.

Two days after the performance of the above operation, I tried the femoral of the second dog referred to in my former paper, as the one from which Dr. Halford removed the left hinder limb. I operated on this occasion on the right limb. Before commencing I passed a needle through the skin which gave rise to expression of acute pain. I now applied the plates from the chain battery; one plate having beneath it a sponge, moistened with the same kind of narcotic solution as was used in last experiment, was placed over the artery and connected with the positive pole of the battery; the other plate was made to clasp the limb lower down. The current was now set up and continued in steady play for an hour. The plates were then removed and the operation was performed. I intentionally took up as much time as possible, in doing the operation, but every step was so painless that the animal did not even require to be secured. The ligature of the vessel gave rise to no movement or noise. The wound healed well, and was nearly closed in six days.

I performed a last operation on the dog last named by removing the fore limb on the left side. The application was made exactly as in the previous cases of amputation, and the current was sustained for an hour. The battery played steadily. On removing the plates I went slowly through every step of the amputation without eliciting any expression of pain except at one point. As the edge of the saw approached the centre of the bone, the animal gave a short sharp shriek; afterwards he was perfectly quiet. The dog was destroyed by narcotic vapour shortly after the operation. In another experiment I used a tincture of belladonna instead of aconite. The subject of experiment was a dog. A small hollow copper plate, with sponge beneath saturated with the narcotic solution, and attached to the positive pole of the chain battery, was placed over the eyeball, the lid being closed. Another disc of copper, with moist sponge attached, and connected with the negative pole, was placed externally and laterally. The battery played well. After ten minutes the eyelids were so insensible that they could be pricked without pain. Ten minutes later Mr. Wells placed the speculum, and divided the superior and external recti muscles without any movement or uneasiness on the part of the animal. The insensibility of the cutaneous surface extended in this case, for a time, over the whole of the face, and lasted for nearly two hours (b). The animal, after squinting curiously for about three weeks, regained the use of the divided muscles, so that the eye became straight again. No mischief to the eye followed the operation.

On the human subject I have had the opportunity of applying the process for producing local anæsthesia on several occasions. In five instances, the details of which are now in process of publication in the Report of the College of Dentists on "Electricity as an Anæsthetic," the process was adopted exactly after the method described in the case of extraction of a tooth given in my last communication. In three of these cases the success of the process was complete. In the others it was but partially successful.

In cutting operations the process has been attended with some eminent successes, and with some singular failures.

A patient was brought to me by Dr. Halford, suffering from whitlow. The affected finger was excessively painful and swollen, the epidermis being white and thickened. I applied to the finger the narcotic solution of aconite and chloroform with the voltaic current, in the hope of making the operation of laying open the abscess painless. However, after two hours, during which the patient, who was most anxious for success, waited patiently, no result occurred excepting the most superficial insensibility. At last the operation was performed by Dr. Halford; and our patient, who was exceedingly careful in his observation, explained that the deep incision was very severe.

In a case of strangulated hernia, in which an operation was necessary, I applied the process while Mr. Hancock cut down to the stricture and divided it. I was called in on this occasion to administer chloroform, by Mr. Wotton of Cavendish-square, who had the patient under his care. The patient was a large-bodied man, and the action of his heart was so feeble and intermittent, that I did not think the administration of chloroform safe; he was also himself averse to chloroform. For these reasons chloroform was not used by inhalation. In preparing this patient for the operation, I placed a copper disc with sponge beneath, charged with the narcotic solution of aconite and chloroform and connected with the positive pole of the chain battery, over the line of the incision, while a copper plate, of horse-shoe shape, surrounded with moistened lint and connected with the negative pole of the battery, was made to encircle the inner plate. The voltaic current was then set up. Owing to the circumstance that the arrangements had to be hastily put together the circuit was several times broken, giving rise to sharp shocks, of which the patient complained very much. After half an hour the plates were removed, and the operation was performed. During the operation, the patient did not wince or move, but he gave indications as of a passive suffering. This was most marked at the moment of the division of the stricture. The patient afterwards could give me no defined idea of what he had felt during the operation, and Mr. Hancock agreed with me that the severity of the operation had been effectually broken. Mr. Wotton has since informed me that for a few days after the operation there was some superficial vesication over the part where the narcotic solution had been applied, which caused a little inconvenience. The wound nevertheless healed favourably.

Dr. Russell Reynolds was good enough to send to me a patient of his, for the purpose of producing insensibility of a portion of the arm. The man to be operated on was subject to fits of epilepsy, which curiously enough were controllable, to a considerable extent, if pressure were made above the elbow of the left arm. The case was one of great interest, and will, I doubt not, be described by Dr. Reynolds with all that care and ability for which his writings are conspicuous. Suffice it for me to say that Dr. Reynolds formed an opinion that if deep local anæsthesia of the arm could be produced the effect might exert a favourable influence over the general symptoms. Before I saw the man an attempt had been unsuccessfully made to produce insensibility by the process now under description. I repeated the attempt, in my own way, in concert with Dr. Reynolds. A narcotic solution, consisting of two grains of sulphate of atropine and three drachms of chloroform was first applied, the current from the chain battery being used. Afterwards the solution of aconite and chloroform was freely applied, and the application, with the battery in steady action, was sustained for three hours. To my surprise not the slightest effect resulted. The skin did not whiten, and at no period was there a sign of anything like insensibility. In the case of the inflamed and hyperæsthetic finger, the cause of failure is accounted for without difficulty; but in the present example the cause of failure is involved in much deeper obscurity. Both cases may be accepted, as exceptional to the general rule.

I am indebted to Dr. Pettigrew for the opportunity of applying the process now being discussed, in a case of removal of a tumour.

The patient was a woman 47 years of age. She had a tumour on the right shoulder, of the size of a large orange. I placed over the tumour a hollowed copper plate with lint beneath, moistened with the chloroform and aconite solution; this plate was connected with the positive pole of the chain battery. The conductor, from the negative pole, armed with moistened sponge, was placed on the flat surface of the shoulder, beneath the tumour. As it was required for the removal of the tumour that ten inches of cutting surface and deep dissection should be made, I continued the application for an hour, after which the plates being removed, and the parts having been well washed, the operation was performed by Dr. Pettigrew, with his usual operative skill. The patient was unconscious of the entrance of the knife and of its course;

(a) I found afterwards that there was a breakage in the chain.

(b) This extension of insensibility over the cutaneous surface, after the application of the narcotic, was noticed by Dr. Halford in our second experiment, and is a curious phenomenon. I have since noticed it, but less developed, in the human subject.

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but as the tumour was being dissected out she gave expression as if suffering from some undefinable sensation, such expression as patients often give vent to during partial recovery from chloroform in the course of an operation. The tumour removed, and the patient calm, she expressed to us that she had no knowledge of having been cut, nor of the passage of the needles on inserting the sutures; but at some point of the operation she experienced what she called a "wrench," as if something was being removed by force. As in the hernia case, there was some superficial vesication of the skin in this instance, but the wound healed kindly and all went well. In so far as the mere production of local anæsthesia is concerned, this case may be considered as presenting all that could be desired. It would have been perfect could the time of administration have been curtailed, or the after vesication prevented.

Two other cases occur to me, lastly, as worthy of brief notice. In one of these I tried with the aconite solution in full quantity, and with a minimum proportion of chloroform, to produce insensibility of the anterior part of the eyeball, so as to enable Mr. Hancock to remove the cornea in a case of protrusion. I applied the narcotic for twenty-five minutes; and then, finding the eyelids insensible, and the conjunctival surface touchable without flinching, I let the operation go on. Unfortunately the patient was a child, and in great dread of the operation. He cried from the commencement of our proceedings, and cried stoutly during the performance of the operation. I believe the child felt pain.

In another case I endeavoured to produce insensibility over the tendo-Achillis, to enable Mr. William Adams to divide the tendon painlessly by subcutaneous section. In this case I used as the narcotic a new mixture, viz. chloroform a drachm, with two drachms of a solution of sulphate of atropine containing one grain of the sulphate to the drachm. The application with the chain battery was continued for fifteen minutes; and although, from the circumstance that the child sobbed from fear from the commencement to the termination of our proceedings, it is impossible to say whether the pain of the operation was reduced, I think that the pain was not materially modified.

From the consideration of the experiments and observations now supplied, let us pass, in conclusion, to an impartial survey of the results in their collective sense.

Firstly, then, it may be accepted as a fact, that by the process I have suggested, such degree of local insensibility may be produced, as shall enable the Surgeon to perform a large number of operations without pain. I mean this as a general rule, open, as we have seen, to exceptions.

This admitted, the question arises as to the mode by which the local anæsthesia is produced. My esteemed friend, Mr. Nunneley, of Leeds (in an essay, published in the *Transactions* of the Provincial Medical Association for 1849), has pointed out, by a variety of experiments, that the mere local application of narcotic solutions will produce a certain degree of local anæsthesia. Nothing could be more conclusive than Mr. Nunneley's argument, and I have all along been alive to the fact of simple absorption as an important part of the process now being considered. The effect of the voltaic current, as I have employed it, makes the insensibility to extend more deeply, and renders it, as a general fact, more complete. A striking example of the difference between an application with or without the current, is given in the case of the girl with bursa, on whom the experiment was put to the test with the minutest attention to details and comparisons.

As to the reason why a continuous current of electricity should exert the influence above named, the argument is simple enough. The current itself has no anæsthetic effect. That is certain; but it has the power of quickening the capillary circulation in the structures through which it is transmitted, and the absorption process is therefore more rapid and determinate. That various medicinal substances may be passed into animal bodies locally by the voltaic current was first suggested (as Dr. Althaus has been good enough to inform me) by Sir Humphry Davy; and Fabré-Paraplat and many other experimentalists have endeavoured since Davy's time to prove this by demonstration. Differences of opinion have thus been called forth; but the first and affirmative statements have never been disproved.

That there should be differences of opinion from experiments conducted by different persons, is not difficult to believe by any one who will peruse those which I have described These difficulties may depend on peculiarities in the subjects operated on; they may depend, and I confess this is more likely, on the ignorance which pervades the wisest of us, as to the influence of electricity on the organism, and on our further ignorance of the laws of the electrical force altogether.

Turning to more common, but yet practical points, I observe that there are certain disadvantages in the process I have suggested which it would be unfair to suppress. The first disadvantage is that the time required for the production of insensibility is long; the second, that some degree of pain is produced during the first stages of the application, which pain, however trifling, destroys the confidence of the patient; and, thirdly, that the apparatus necessary is cumbersome. The production of vesication of skin, to which I have referred, as following the process, is also objectionable. This is produced by the chloroform.

It will occur to many that the objections here noticed are all removeable, and of this fact there can be little doubt. In the present initiatory step, I neither claim for the apparatus nor the narcotic solutions employed any particular favour: it is sufficient at first to introduce a principle; details may be left to time and experiment.

I have been asked whether the plan now suggested has any advantage over the freezing process invented by my friend Dr. Arnott. The answer to this question is, that the freezing process is most ready in application and quicker in action, while the narcotic process produces deeper insensibility and no induration of tissue. The latter advantage is considerable in operations where structures have to be carefully dissected, as in the operation for strangulated hernia; but, *in the main*, the freezing process is, for the present, most practicable.

Compared with chloroform in its character as a general anæsthetic, the plan of anæsthesia now offered is unfavourable, except in one particular—its absolute safety as regards life. But this advantage is so great, that, however trifling the risk of inhaling chloroform, I should prefer (were I the subject of an operation in which it was applicable) the local plan, notwithstanding its present incompleteness; and this, not from fear, but from the feeling that it is common prudence to avoid even a slight risk, when avoidance is as convenient as exposure. In fine, in the practice of anæsthesia, it is the correct rule to be conversant with all the means for producing insensibility, and to select the means by the case. Monomania is specially stupid in Physic.

I cannot lay down the pen without expressing earnest thanks for the extended and kind sympathy which has on all sides been distributed to me in regard to the inquiries embodied in these communications. The desire of the Professional mind to arrive at some better system of deadening pain than is yet possessed, can only be understood by those who take part in the study of advancement in this direction. I, standing in this position, assuming to know no more than fact teaches, and shielding myself, without a word of controversy, from all petty insult, by observance of rigid honesty in narrative, have felt the general impulse, and am more than repaid.

PRACTICAL OBSERVATIONS
ON THE
TREATMENT OF URETHRAL STRICTURE.

By ROBERT WADE, F.R.C.S.
Senior Surgeon to the Westminster General Dispensary.

(Concluded from p. 627.)

Perineal section, as practised by Mr. Syme, and which now bears his name, is not, however, a novelty, a similar proceeding having, as we are informed by Civiale, been long since occasionally adopted in urgent cases by some of the French Surgeons; and by Tolet, so far back as nearly two centuries ago.

Long before Mr. Syme's adoption of perineal section, Sir B. Brodie recommended the same operation in traumatic stricture, when the contraction would not yield to ordinary dilatation. Sir Benjamin observes, "that in such cases, a small staff is to be introduced into the bladder, and the cicatrix of the urethra divided from the perineum, a gum catheter being introduced afterwards, and allowed to remain until the wound

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is healed over it." An interesting historical account of perineal section will be found in Civiale's valuable treatise, "Sur les Maladies de l'Urethre." Much information regarding perineal section will be found in the treatises on urethral stricture, by Professor Lizars, and by my colleague Mr. Henry Smith.

The only method of treatment there remains for me to notice is that of the application of escharotics. It is almost superfluous to observe that nitrate of silver and potassa fusa have for a long time been the only caustics employed for the relief or cure of urethral obstructions. Of the effects of the nitrate of silver, in these affections, I have had personally but very little experience, having long ago entirely given up its use in such cases. Those, however, who desire information upon this subject have only to read Sir Everard Home's work on "Strictures of the Urethra." It may be questioned if the powers of any remedial agent were ever more fully and severely tested than those of the nitrate of silver by that eminent Surgeon. The nitrate of silver, though now but little employed in this country in the treatment of stricture, is still more or less used by many French Surgeons, who have borne strong testimony in its favour.

To Mr. Whately, the contemporary of Sir E. Home, we are indebted for the introduction and strong recommendation of potassa fusa, as a valuable therapeutic agent in urethral stricture. With regard to the employment of the caustic alkali in this disease, it will be unnecessary for me in this communication to offer many observations, having so frequently recorded my high opinion of its extraordinary efficacy as to be looked upon as rather enthusiastic on the subject.

Having for more than twenty-five years had constant opportunities of fully testing the powers of the potassa fusa as an adjuvant in the dilatation of the more obstinate forms of urethral stricture, I can truly say that every year's experience has increased my high estimation of its value. The effects of the argentum nitratum and of the potassa fusa admit of no comparison, as they are totally dissimilar—the former, when freely used, from its tendency to cause adhesive inflammation, often increases the urethral obstruction, while the remarkably solvent powers of the latter have no such tendency.

The effects of the alkaline caustic are, indeed, so strikingly superior to those of the nitrate of silver that the preference which has been given to the latter is not easily to be accounted for. We seldom hear of the employment of the caustic alkali by the French Surgeons, in urethral stricture; and in England its value is, I believe, still but imperfectly known.

I have lately seen expressed an opinion that strictures, in the dilatation of which potassa fusa has been employed, have a greater tendency to recontraction than others in which that remedy has not been used. On the contrary, the application of the potash, by removing more or less of the thickened tissues, has the effect of diminishing instead of increasing their contractile tendency. This statement is not lightly made; but from a knowledge that in some of the more aggravated forms of hard gristly strictures, in which I was enabled, by the use of potassa fusa, to effect full dilatation after its failure in skilful hands by the ordinary means, the patients experienced no difficulty in preventing a return of the contraction by adopting the precaution of occasionally passing for themselves a bougie or sound.

In my advocacy of the use of the caustic potash as an assistant to dilatation in the more aggravated forms of urethral stricture, I have had to contend with the prejudices of the day, which were all in favour of cutting, and so strongly against the employment of caustic, that to use it was regarded as heresy. Had it not been for this prejudice, the ample evidence adduced by myself and others of the efficacy and safety of the potassa fusa in urethral stricture would surely ere this have led to its more general use in bad cases. It may truly be said that there is much in a name; and had the potassa fusa been called a solvent instead of a caustic, the case would have been far different.

When the potassa fusa is employed as a remedy for the more obstinate forms of hard gristly strictures it must be as an escharotic, and applied much more freely than recommended by Mr. Whately, who gives the following directions for its employment:—"In every stricture, before we apply the potassa fusa, we ought to be able to pass a bougie into the bladder of at least a size larger than the finest kind. A small hole about the sixteenth part of an inch deep should be made at the extremity of a bougie, which should be just large enough to enter the stricture. A piece of broken caustic, half the size of the smallest pin's head, should be selected; the particle cannot, indeed, be too small for the first application. Let this be inserted into the hole of the bougie, and pushed down into it so as to sink the caustic a very little below the margin of the hole. The hole should be contracted a little with the fingers, and the remaining vacancy in it filled with hog's lard. The armed bougie is to be passed once or twice backwards and forwards through the stricture. At the end of seven days, the application may be repeated. The operation should be repeated till the contracted part of the urethra is dilated, if possible, to the natural size. I do not in any case apply more of the kali purum at a time than a piece about the size of a common pin's head. If a bougie cannot be passed into the stricture, and it becomes necessary to apply a caustic to the anterior part of the contraction, I should certainly prefer the lunar caustic to the kali purum."

It will be seen that Mr. Whately did not recommend or use the potassa fusa in impermeable strictures. It was in impermeable urethral obstruction that I first had recourse to caustic potash, and very soon became convinced of its superiority to nitrate of silver in such cases. I found that to be effective in old hard gristly strictures, it was necessary to employ it much more freely than recommended by Mr. Whately, and that this might be done with perfect safety. I have on former occasions stated that the caustic potash may be advantageously applied to strictures for two purposes; one, to allay irritation; the other, to remove the thickened tissues which form the obstruction.

The plan which I adopt is, to commence with a piece of the caustic, the size of a common pin's head, inserted into a hole made in the point of a soft bougie. If the points of the caustic are well covered with lard there need be no fear of its acting before it reaches the stricture. The bougie should be gently pressed against the stricture for a minute or two if impermeable, and then withdrawn. When the caustic is applied to permeable obstructions, the bougie should be passed several times slowly backwards and forwards over the whole surface of the stricture. When applied to permeable strictures, it usually happens that after one or two applications of the caustic the bougie will be found to enter the obstruction. To Surgeons who object to the employment of potassa fusa from the fear that the common bougie is not a safe conductor for the caustic, I recommend the employment of the tubes or portes caustiques, which I sometimes use where there are false passages. A description of these tubes will be found in the *Medical Times and Gazette* of April 15, 1859 (a).

As all who read this paper may not have read my previous observations on this subject, it may be as well to state that the cases in which I have found the potassa fusa most advantageous, may be generally described as:—1. Strictures having a cartilaginous hardness, impermeable as well as permeable. 2. Strictures which bleed more or less freely on the introduction of the bougie. 3. Irritable strictures.

To a long hard gristly stricture it will be necessary to increase the quantity of the caustic; which, however, should always be very gradually done. It cannot be expected that a piece of the size of a common pin's head can have much solvent effect upon a hard surface of half or three-quarters' of an inch long.

Two or three mild applications to strictures disposed to bleed on the introduction of the bougie will generally remove their hæmorrhagic disposition.

An occasional application of the caustic potash will be found highly useful in highly irritable strictures, much facilitating their dilatation. A case may, however, occasionally occur in which the use of potassa fusa and the bougie alone may disappoint expectation. An irritable stricture when greatly contracted, and complicated with perineal fistulæ, often proves very troublesome, and may baffle the best efforts of the Surgeon so long as the patient goes about following his usual avocations. In such cases rigors are apt to occur even after the most gentle use of instruments. As the difficulty in accomplishing dilatation in such a case undoubtedly arises from the urine passing over and through the fistulous openings in the urethra, which keeps up more or less irritation and inflammation at the seat of disease, it must be remedied by the retention of the catheter, which, of course, requires the confinement of the patient to his room. With this

(a) *Vide* "Explanatory Observations on the Treatment of Urethral Stricture."

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addition to the occasional application of the potash success will generally be obtained. The case must, however, be closely watched, or the retention of the catheter, if not carefully attended to, may do harm rather than good. Time will not permit me on the present occasion to give cases in illustration of this method, or to enter further into details.

It will be seen that my views with regard to this method of treatment differ materially from those of Mr. Whately. I do not use the potassa fusa in all cases indiscriminately, but only in such as do not yield to simple dilatation. I have found it generally necessary to employ the caustic alkali in much larger quantities than he recommended, the minute portions used by him having produced scarcely any perceptible effect upon strictures which, however, yielded to its more free application. But its greatest value is in impermeable strictures, to which Mr. Whately did not consider it applicable. These observations cannot be regarded as disrespectful to the memory of that able Surgeon, as all improvements in our Profession are progressive.

In concluding this part of my subject, it may be as well to state that the method of treating urethral stricture by potassa fusa was brought forward by me in a paper read at the Westminster Medical Society on February 15, 1849. It was only after having fully tested its great efficiency and perfect safety in many of the more intractable forms of urethral stricture, that I ventured to bring before the Profession my observations on this subject, well knowing the prejudices with which I should have to contend.

The strong testimony which from time to time I have published regarding its efficiency and safety, has, I am happy to say, at length led to its employment by some of our best practical Surgeons; and I entertain not the slightest doubt that the potassa fusa will at no distant period be regarded as one of the most valuable therapeutic agents in urethral stricture.

With regard to constitutional treatment, I shall only observe that strict attention to the general health is as necessary in the treatment of strictured urethra, as in other local affections of a more or less serious character; and that the Surgeon will do well to bear in mind the principles inculcated in Mr. Abernethy's memorable "Observations on the Origin and Treatment of Local Disease."

In these days of "Conservative Surgery," it may be worth asking how far the employment of caustic potash as a substitute for the knife may be regarded as entitled to any honour in this question. If an operation is the "opprobrium of Surgery," any remedy which prevents the necessity of such operation is, at all events, "conservative."

I leave others to determine how far the potassa fusa answers the purpose for which it is intended as a "conservative" agent.

The conclusions arrived at from the preceding remarks may be thus briefly summed up:—

That simple dilatation is the method which should commonly be adopted; and that it will, in the great majority of cases, succeed in affording satisfactory and permanent relief.

There are, however, numerous cases in which the relief obtained by this method will be neither sufficient nor permanent; and in these the patient must depend for any considerable improvement in his condition, either on the application of caustic to his stricture, or on its division by some cutting instrument.

That internal section, when practised anterior to the bulb, is attended with but very slight risk; but when had recourse to for obstructions at the urethral curve, it has not unfrequently proved dangerous.

That external division, whether practised according to the old method, in impermeable, or that of Mr. Syme, in permeable stricture, from its disastrous results, is an operation justifiable only in the most urgent cases.

That Mr. Syme's operation will very seldom be required, it being only applicable to permeable obstructions, as every Surgeon knows, that after an instrument has been passed through a stricture, the greatest difficulty of the case ceases.

That in whatever manner a stricture may be divided, to preserve the opening made by its division, in most cases, it will be necessary to have recourse to the regular use of the bougie, or other dilating instrument for a considerable length of time afterwards.

That in intractable cases, as a general rule, I believe that the use of the potassa fusa will be attended with the most beneficial results, rendering it unnecessary to resort to the knife. I am fully convinced it is a perfectly safe proceeding.

In concluding these few brief comments on the treatment of urethral stricture, I can truly say that nothing but my knowledge that the use of the potassa fusa, in bad cases of that disease, will, in most instances, prevent the necessity of resorting to operations attended with more or less danger, has induced me so perseveringly to bring before the Profession my views with regard to its employment.

I now again recommend my professional brethren to give the potassa fusa a fair trial in the more intractable forms of urethral obstruction. It must be recollected that, in recommendation of this plan of treatment, it involves no danger; that it is impossible to do harm when properly applied; and that, even should it be deemed necessary to have recourse to the knife, the Surgeon will, at least, have the satisfaction of knowing that he has done all in his power to save the patient from a formidable, dangerous, or even fatal operation.

Dean-street, Soho.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

KING'S COLLEGE HOSPITAL.

LITHOTRITY AND REMOVAL OF THE FRAGMENTS AT THE TIME.

(Case under the care of Mr. FERGUSSON.)

In a case now under treatment by lithotrity, in King's College Hospital, Mr. Fergusson is employing what he terms a "favourite method" of his for the expediting of the cure. It consists in the removal by means of the lithotrite of as many fragments of the stone as can be got away. The patient in the present instance is a man of about sixty, with a large urethra and fairly healthy bladder. He has been under treatment several weeks, and the opinion formed in the first instance was that more than one stone was present. On Saturday last a third crushing was performed. The man having been put under the full influence of chloroform, the stone was broken by a large and strong instrument. A much lighter lithotrite was then introduced, and a fragment having been seized, the size of which was evidently moderate, it was dragged out. This manœuvre was repeated ten or fifteen times, and enough was removed to have made up a stone of moderate bulk. It did not, however, appear that all had been got away, as the fragments could not be made to fit so as to make up one stone, and the original opinion as to there being more than one seemed strengthened. In several instances considerable difficulty was encountered in getting the fragment seized out at the meatus, although it had slipped quite easily through the deeper tracts of the urethra. Occasionally it would escape from the grasp of the instrument and remain impacted about half an inch from the orifice. When this happened, Mr. Fergusson employed a small scoop or a pair of common dressing forceps to effect the final removal. Of course some bleeding attended the forcible dragging of the fragments out; it appeared, however, to come almost wholly from near the meatus. On the plate, after the operation was completed, we counted six fragments, all of them of too large a size to have been voided spontaneously, and there were at least twenty others of smaller dimensions. There can, therefore, be no doubt that this plan of forcible extraction, per urethram, if safe, very greatly expedites the cure. Mr. Fergusson's dexterity in the use of the lithotrite may, it must be borne in mind, make that safe in his hands which would be otherwise in those of less experienced surgeons. Thus, although the instrument had, on the occasion alluded to, been introduced and withdrawn at least fifteen times during the sitting, yet the whole had not lasted more than about twenty minutes. The instrument seemed as if spontaneously, at each introduction to seize a fragment of right size for extraction the moment it entered the bladder.

Mr. Fergusson, in some clinical remarks at the conclusion of the operation, admitted that the plan he had adopted was one as yet on its trial. His own belief was, however, strong that when judiciously carried out it very materially hastened the patient's recovery, without adding to his risks. With regard to the degree of force which might be used, he sa-

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that his rule was never to employ violence if the stone stuck in the lower part of the urethra. By the lithotrite the size of the fragment might be estimated with a certain degree of accuracy, and if too large it should be crushed instead of being extracted. If, however, no difficulty occurred until reaching the anterior inch, he believed that forcible extraction through that part did no injury whatever. Some might incline to adopt the plan of the older lithotritists, and slit up the meatus before beginning; but he thought it unnecessary. He directed attention to the smallness of the instrument which he had used; and stated that though much too weak for crushing large stones, it did very well for the extraction of fragments.

MR. WOOD'S OPERATION FOR THE RADICAL CURE OF HERNIA.

On Saturday, June 18th, Mr. Wood performed his operation for the radical cure of hernia, at King's College Hospital. The patient was a young man, aged 20, the son of a sailor on whom Mr. Wood had previously performed the same operation with success. The hernia was scrotal, on the left side, and of moderate size.

The operation was conducted as follows:

The hair having been previously shaved from the left side of the pubes and scrotum, the patient was placed under the influence of chloroform. An incision about half-an-inch in length was then made through the skin of the scrotum, 1½ inches below the pubic spine over the cord, by means of a small tenotomy knife. The skin was then separated from the subjacent fascia, for about an inch around the incision—sufficiently far to enable the fascia to be invaginated without any of the skin—then the fascia was carried up before the forefinger of the left hand into the inguinal canal, where all the different structures can be distinctly felt. The arched border of the internal oblique muscle was then felt for, and the finger carried behind it upwards and towards the linea alba; then a strong curved needle, about 4 inches in length, and fixed firmly into a handle, was passed along the inner surface of the finger with the concavity directed forwards—this was made to perforate the conjoined tendon close to the internal ring. The skin was now drawn upwards and towards the mesial line, so as to bring the external puncture nearer to the point where the second thread has to be passed, and the needle was then pushed through the integument and threaded. The needle was next withdrawn, leaving one end of the thread hanging out of the puncture. The finger was then carried behind the external pillar of the ring, the spermatic cord felt for, and pushed backwards and downwards; the needle was guided by the finger behind the external pillar, and made to perforate Poupart's ligament, and then to appear externally at the upper puncture by moving the skin towards the point; a loop of thread was left there, and the needle withdrawn. The finger was again passed behind the internal pillar, and the needle again made to perforate the internal pillar, the conjoined tendon and triangular ligament half-an-inch above the pubis. The point was brought out at the same aperture in the skin, and then withdrawn, leaving the end of the thread externally. The two ends of the thread which passed through the conjoined tendon were brought over towards the external pillar, and the loop which passed through Poupart's ligament brought over to the opposite side. A boxwood pad, cylindrical, three inches long by ¾-inch in diameter, was placed over the external ring in the direction of its long axis, and the crossed threads were tied over the pad. The effect of this was to bring the two pillars and the sides of the canal into apposition, as might be distinctly felt by passing the finger into the opening first made. Lint, a stout pad, and a spica bandage were applied, and the patient was removed to bed.

The effects of this operation are, by approximating the sides of the canal in its whole length, to obliterate the portion which transmits the bowel. The ligatures and pressure which are applied are sufficient to excite inflammation enough to close the canal so that the hernia cannot return. After some days varicocele often appears in the cord, on account of the pressure to which it is subjected from the thickening of the structures. This is considered a favourable sign, as showing sufficient action to be set up; it generally subsides in a few days. Mr. Wood has operated on nine cases, all of which have been successful. The first (fifteen months ago) had a severe attack of bronchitis a few days after the operation; but the hernia did not come down in spite of the cough, and the patient now does heavy work without truss. Another patient had at different times worn thirty trusses, had had the hernia three times strangulated, he had also been operated upon for radical cure by Wützer's method; but the hernia had come down again shortly after the operation. Mr. Wood lately performed his operation on him on board the Dreadnought, and he is now perfectly cured. As a proof of the cure, he had sent his son to Mr. Wood to be operated on in the same manner. In one of the last cases, the patient (who showed himself to-day at the operating theatre) was out of bed in a fortnight, and discharged cured in three weeks. Yesterday he sent in great alarm for Mr. Wood, as he thought the hernia had come down. Mr. Wood went directly to him, and found that it was a varicocele caused by pressure of the contracting strictures on the cord, as occurred in the first case operated on. This is considered to be rather an advantage, as indicating a sufficient amount of pressure in the canal.

In some clinical remarks made after the conclusion of the operation, Mr. Wood stated he considered his method of procedure to possess the following advantages over that of Wützer:—In Wutzer's, the skin and subjacent tissues are invaginated and kept in their place by a plug in the canal, and a needle passed through the sac and integuments, very little action is set up, and when the plug is withdrawn, the elasticity of the skin draws down the invaginated portion by degrees, as the adhesions are not sufficiently extensive or strong enough to hold it. The consequence is, that the rupture returns; or else, as the upper portion of the sac only is subjected to pressure by the instrument, if adhesion is obtained it is only in the upper part; and the lower and posterior part, which is the weakest, is subject to the pressure from within as soon as the plug is withdrawn, and a fresh hernia forms in the posterior fold of the invaginated sac. We believe, however, that this only occurs to inexperienced operators. In Mr. Wood's operation, the fascia only is invaginated, and the skin does not tend to pull it back again, as it is dissected from it. Moreover, the lower wound almost always heals by first intention, and so the skin even helps to keep the fascia in its place, as it adheres to it lower than formerly. The ring also, instead of being further dilated by the invaginated skin and plug, is really restored to its normal dimensions or even lessened, and so prevents the hernia from returning. In Wützer's the instrument has to be worn some two or three months. In Mr. Wood's the ligatures and pad are generally removed on the third or fourth day. The old sailor who has been subjected to both operations, says that Wützer's was far more painful than the other; and it will be seen that it takes a longer time to complete the cure. Again, Mr. Wood's is applicable to all cases of hernia, large and small, direct and oblique, which is not the case with Wützer's.

ST. BARTHOLOMEW'S HOSPITAL.

LARGE INTER-MUSCULAR HERNIA, WITH UNDESCENDED TESTIS.—STRANGULATION.—OPERATION—RECOVERY.

(Under the care of Mr. LLOYD.)

Among the very various directions which extrusions of the abdominal contents may take, we every now and then see instances in which coils of bowel escaping at the internal ring instead of passing down into the scrotum, are forced upwards over the edge of the conjoined tendon, and pass between the layers of abdominal muscles. In several examples of this form of inter-muscular hernia we have seen the bowel to ascend as high as the level of the umbilicus. From the fact that the axis of the tumour is not in a straight line, the bowel being curved over on itself, reduction by the taxis is usually especially difficult. In fat patients, the size of the protrusion may be very much concealed, and a source of deception in diagnosis is here encountered.

About a fortnight ago we witnessed an operation performed by Mr. Lloyd, at St. Bartholomew's Hospital, on a case of this kind, in which considerable embarrassment might easily have occurred. A man, aged 26, was admitted, with the account that he had never worn a truss, and had not known that he was the subject of hernia. On the night before his admission, while lifting a heavy weight, a large

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protrusion had taken place in the right groin. On this side his testicle was undescended, still occupying the inguinal canal. Great pain followed the rupture, and all the usual symptoms of strangulation set in with severity. Throughout the night he was very sick. A Surgeon saw him, who made prolonged and energetic attempts to effect the taxis.

The reader may obtain a good idea of the appearance of things, when the man was placed on the operating table, by imagining that three fists had been placed beneath the skin of the right iliac region, one above the other, the highest being a little higher than the superior spine of the ilium, and close to it. The tumour rose very abruptly at its sides, in a manner to suggest that its contents were merely subcutaneous, and not beneath the external oblique. Some difference of opinion was indeed entertained as to whether it was really inter-muscular, or had passed out at the external ring before turning upwards. It was difficult, however, to imagine any cause which could have forced it upwards if it had really escaped from the canal.

After the man had inhaled chloroform, Mr. Lloyd made a brief and careful attempt to reduce by taxis; which failing he at once proceeded to operate, as the tumour had already been much contused by manipulation. It was found impossible to reduce before opening the sack. On making a small opening in the latter, the contents, omentum and bowel, were squeezed out from above with great force. The omentum was much congested, and even ecchymosed; and Mr. Lloyd removed a considerable portion of it after having applied a ligature to its neck. With regard to this practice, he afterwards stated that in adopting it he had acceded to the opinions of Mr. Lawrence and Mr. Stanley, who were present, and concurred in preferring to remove the omentum rather than merely tie it. The coils of bowel which came into view were much congested.

Mr. Lloyd remarked in his address to the students afterwards, that he thought the man's chance of recovery after opening the sac, and exposure of such a large surface of peritoneum, removal of omentum, etc., but very slight. He should adopt his usual practice in such cases, and administer at once a large dose of calomel and opium.

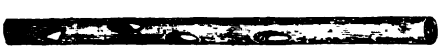
We were glad to learn on the following Saturday that the man had progressed without a bad symptom, and might be considered out of danger.

There can be little doubt but that in this instance the undescended testicle had been the cause of the hernial protrusion passing upwards instead of down into the scrotum in the usual manner. By it the external ring had been plugged much in the manner that it is by the cone of integument after a successful Wütz'er's operation.

HOSPITAL NOTES.

ELASTIC TUBES INSTEAD OF TENTS.

The use of small india-rubber tubes (*tubes de drainage* of the French) instead of lint tents after opening abscesses, etc., has not yet become nearly so general as it well deserves to be. They serve an admirable purpose, and do not irritate in the least. They are much easier to get in than lint or cotton wool; and when once in, instead of closing up the aperture, enable the matter to drain away as fast as secreted, and thus allow the sides of the cavity to remain in contact, with a good chance of speedy coalescence. In the treatment of post-mammary abscesses they are invaluable. Tubing of the size shown in the appended cut, which is the most gene-



rally useful, may be had in the shops at sixpence a yard. To remove the sulphur it should be washed in warm water with a little soda. Dr. Savage, Mr. Price, Mr. Spencer Wells, Mr. Bowman, Mr. De Morgan, and Mr. Henry have all employed these tubes for some two years past, and speak well of their utility. Their use has already become very general in the Paris Hospitals. [A report of Mr. De Morgan's paper on Drainage will be found at page 659.]

A NEW CHLOROFORM INHALER.

A new form of chloroform inhaler has been used at several of the Hospitals during the past few weeks, and with, we believe, very general approbation. It has been devised by Mr. Todd, formerly of Manchester, but now of Burlington-street, and is intended to secure the grand desideratum of a well diluted vapour, the strength of which may be increased gradually at the pleasure of the exhibitor. To a nose-piece of ordinary pattern a cylinder of about five inches long and one and a-half in width is fitted. The cylinder is composed of perforated metal, and within it is a piston, the rod of which is hollow, and at the lower end of which is a thin piece of sponge. Through the hollow rod the chloroform may be poured down on to the sponge. By elevating or depressing the piston within the perforated cylinder the sponge and chloroform are carried nearer to or further from the patient's nostrils as may be desired. Its principle of construction is very simple, and there are no valves, etc. requiring to be watched. In a case in which Mr. Todd employed it at the Ophthalmic Hospital, the operator, Mr. Dixon, stated that he had hardly ever seen a patient go off more quietly or recover more quickly after the operation was finished. Mr. Todd will no doubt himself publish a description of his inhaler before long. It has been made for him by Mr. Ferguson, of Giltspur-street.

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Medical Times & Gazette.

SATURDAY, JUNE 25.

THE NEW PHARMACOPŒIA.

In a recent article on the new Pharmacopœia, now in course of preparation under the auspices of the Medical Council, we took occasion to notice the important alteration which is about to be carried into effect in relation to the weights and measures hereafter to be employed in the preparation and sale of medicines. As this change will entail much present inconvenience, and as its adoption will probably be rendered compulsory at no distant period, it is expedient that the Profession, as well as the dispensers of drugs, should be well aware of the great importance of the step, and of the service which will be rendered by its general acceptance. It will be recollected that as matters stand at present, the Colleges of Physicians in the three divisions of the empire are not agreed as to the standard of weights to be employed, and hence arises an unseemly and inconvenient discrepancy in this important particular. The proposed plan will ensure uniformity in this respect; and not only will the weights in the three kingdoms be all alike, but the weights and measures will be made to correspond to one another. Thus the grain, which is the lowest point in the scale, and which will be equivalent to ·91 of the present grain, will weigh exactly the same as one minim of water; twenty minims of water will exactly correspond in weight to a solid scruple, and sixty minims will weigh the same as a solid drachm. Eight of such drachms will constitute the ounce, either solid or liquid, and sixteen ounces of water will weigh one solid pound. The weight of the pound and of the fluid pint cannot be made to correspond,

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because the value of the pint is defined by law as equivalent to twenty fluid ounces, and this arrangement cannot be altered by the Medical Council. The imperial pint will, therefore, be equivalent in weight to twenty solid ounces, or a pound and a quarter.

In our last article on this subject we observed that the most philosophical system of weights and measures would be one arranged upon a decimal plan; and we believe that, although the weights and measures in the new Pharmacopœia will be adjusted on the basis just indicated, yet in the case of each drug, a decimal calculation, founded upon the metrical system now in use on the Continent, will be affixed in an unofficial form. Although, therefore, the authorised weights and measures will not vary essentially (except in the particulars above mentioned) from those which have hitherto been in use, the scientific physician and chemist will be gratified to find that the compilers of the new Pharmacopœia have not been unmindful of the philosophical necessities of the age, and that they have, for the information of the learned, reduced the present quantities into a scheme which is consistent with itself in all its parts, and coincides with that which has for some time been adopted in other countries.

With regard to the other features of interest in the new Pharmacopœia, we may anticipate that there will not be much actual novelty in the articles admitted into the list; although, as the Practitioners in the three divisions of the kingdom will all look upon the work in a different light, it will appear a very different book to that to which they have each been accustomed. The framers of the new Pharmacopœia, it must be recollected, have not to revise and correct *one* book, but to fuse together and harmonise *three;* to introduce into notice preparations which have hitherto figured only in one of the Pharmacopœias, and to expunge others which do not perhaps deserve to retain a place in any. There is no doubt something of fashion in drugs; and medicines which were once highly extolled, have now fallen into disrepute: nor are such changes the result of caprice alone, but they are often due to altered or improved views in chemical and pharmacological science. The Physician of the present age may probably smile at the idea of using such drugs as burnt sponge, crab's claws, or tar-water (to say nothing of other substances far more ridiculous), in the practice of rational Medicine; and yet we know that each of those substances contains ingredients of great service in the treatment of disease. In fact, we may say that experience, and indeed empiricism (using the word in its etymological signification) is usually the best test of the value of any given Medicine; and when a number of credible witnesses have testified to its effects it should then, and not till then, be admitted into a national Pharmacopœia. It may, we think, be affirmed of our present Pharmacopœias that they are not very much overburthened with useless drugs; for, although it is true that many of the articles introduced are not endowed with any great potency, yet they all subserve in some manner the purposes of the Physician, some of the milder preparations modifying or assisting the action of the more powerful. The different carminatives, for instance, might doubtless be diminished in number without inconvenience; but those who are acquainted with the habits of patients know full well that certain individuals entertain a fondness or dislike for some particular drug; and it is the duty of the judicious Practitioner to consult such tastes by widening his stock of available auxiliaries.

Still we believe that the compilers of the new Pharmacopœia will expunge a very considerable number of articles which are found in the existing repertories, and which are either proved to be inert, or have been replaced by other and more trustworthy preparations. Many drugs and compounds which have hitherto appeared only in one Pharmacopœia, will now receive the sanction of authority, and pass current throughout the empire; such as glycerine, cannabis indica, Donovan's solution of mercury and arsenic, the different valerianates, such as those of iron, zinc, and quinine, the citrate of iron and quinine, and several others, the value of which has until now been only partially recognised.

The names of the substances used in Pharmacy will be simplified as much as possible, and those designations will be retained, which involve no theoretical considerations, and which are generally understood. The most remarkable instance in proof of the inconvenience resulting from the use of theoretical terms is to be found in the names given to calomel and corrosive sublimate, the former of which is considered by some as the chloride, while the latter is the bichloride; but by another school of chemists calomel is considered as the subchloride, and corrosive sublimate the chloride. The London College of Physicians, however, has affixed the common names to these compounds, so that no mistakes can well arise. Still it will be a very difficult task to assign popular names to all drugs; and we are not sure that, with all its inconveniences, the foundation of a nomenclature upon the chemical composition of each substance is not the best. The terms "sulphate of potash," "sulphate of iron," "sulphate of soda," "nitrate of potash," are quite as explanatory to the public, and far more instructive to the student, than "sal polychrest," "green vitriol," "Glauber's salt," and "saltpetre." In fact, we doubt the absolute necessity of lowering the language of the Pharmacopœia down to the meanest capacity; for it is not a popular compilation intended for the use of the multitude, but a volume to be referred to by persons possessed of at least a certain amount of literary and scientific information. The persons who will employ the Pharmacopœia will surely understand something of chemistry and botany, otherwise we think it would be as imprudent to commit such a work into their hands as it would be to entrust children with edge tools.

Another difficult and delicate task in the new Pharmacopœia will be the selection of the new remedies to be introduced. The researches of travellers in all parts of the world are daily adding to our knowledge of genera and species of plants till lately unknown, while the scientific labours of the Medical profession in civilised countries, as in our Indian possessions and in the United States of America, have developed the medicinal properties of innumerable herbs indigenous to several localities hitherto unexplored. A plausible theory has, indeed, been entertained, that wherever Nature has planted the seeds of disease there also she has provided remedies for its mitigation or removal; but be this as it may, there can be no doubt that our stock of tonics, astringents, vermifuges, febrifuges, etc., might be very much increased by the addition of vegetable species lately discovered. Our Indian Annals of Medicine and the periodical Medical publications of our Transatlantic brethren abound in the records of newly-discovered drugs, and of their medicinal properties; while the Medical literature of the Continent is copious in details of the experiments made upon the physiological action of a multitude of vegetable productions of real or supposed efficacy.

To sift the chaff from the wheat, to introduce what is good and to reject what is useless, will be one of the chief duties imposed upon the Pharmacopœia Committee; but the result will probably be, that, for the present, not many new remedies will be introduced. In future editions, however, many additions will no doubt be made, in proportion as the efficacy of new medicines is universally or generally admitted. A Pharmacopœia must necessarily always be in a transitionary state, as the materials contained in it are of a fluctuating nature, being dependent for their position on the advancement of science, the unavoidable changes of Medical opinions, and the prevailing types of disease.

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THE WEEK.

We have much pleasure in referring our readers to a letter which will be found among our General Correspondence, from Mr. David Napier, strongly supporting a suggestion which we threw out a fortnight ago, as to the best means of dealing—at any rate temporarily—with the Metropolitan Sewage. Mr. Napier is a well-known naval steam engineer. He was the first to introduce steam navigation on the open sea, and put the first steam-carriage upon common roads. This is quite enough to show that he is a man who sees far ahead, and that schemes he approves are likely to work their way in time. In the Worcester paper he has forwarded to us, he says that a plan such as that we suggested would "take away the whole sewage of London if it were ten times more than it is, and distribute it over the barren fields of the county in the shape of manure, at a tithe of the expense it will take to throw it away at Barking Creek. Its efficiency and simplicity must be self-evident to the meanest capacity. What can be more efficient than taking away the whole of the sewage bodily? and what can be more simple than the sewage running into barges by its own gravity?"

A case was tried in the Court of Queen's Bench on Monday, where conflicting Medical testimony was exhibited in a painful manner. In May, 1857, a Sergeant of police fractured his left tibia and fibula three inches above the ankle-joint, the fracture of the fibula extending into the joint. Dr. Spackman of Harpenden was called in, who found the limb much bruised and swollen, and contented himself with putting it up in a Liston's case, not deeming it prudent to employ extension. The limb was kept in splints for six or seven weeks, when some projection still existed, and the patient went into Guy's Hospital. According to the plaintiffs' counsel "the protruding bone had to be taken off, and the leg was shortened. He was now a cripple, the leg being three inches shorter at the heel than the other." The following is the newspaper report of the evidence of Mr. Cock and Mr. Hilton:—

"Mr. Cock was of opinion the defendant mistook the nature of the case, and ought to have set the bone by extension, under the influence of chloroform if necessary. He afterwards took off a piece of the bone as described.

"Mr. Hilton had his attention called to the case by Mr. Cock, before he cut off the piece of bone. He did not consider the defendant used reasonable care and skill in the first instance. He ought to have tried to set the bone by extension."

The defence was that the case was a very severe and complicated one, and that the result was as good as could have been expected. That extension might have set up inflammation and induced gangrene—that there really was no shortening of the limb—and that the projection complained of did not exceed the twelfth of an inch. Mr. Erichsen and Mr. Shaw confirmed this defence of Dr. Spackman. Mr. Erichsen said, "It would have been dangerous and unnecessary to have employed much extension in the treatment. The end of the tibia now rested in its proper position on the astragalus, and the piece taken away by Mr. Cock was a fragment of the tibia that had been splintered off." Mr. Justice Hill said, "The defendant was bound to bring a reasonable amount of care and skill to the discharge of the duty he had to perform, but he was not bound to bring the highest degree of talent and information to bear upon the case he was called upon to treat." The jury almost immediately returned a verdict for the defendant. The Profession—not for selfish interests, but with regard only to public welfare—should be jealously on the watch to prevent any such attempts as these from succeeding. No Surgeon would undertake the treatment of a difficult case if he were to be mulcted in heavy damages whenever his success was not absolutely complete. And when any man acts to the best of his judgment in a doubtful case, it is surely very hard that he should be condemned by a Professional brother, even if the result appear to prove that of two evils he has not chosen the less.

REVIEWS.

On the Influence of Variations of Electric Tension as the Remote Cause of Epidemic and other Diseases. By William Craig. Pp. 426. London: 1859.

It may be undoubtedly admitted that Electricity plays a most important part in the economy of the universe. Whatever may be the nature of this subtle and mysterious agent, its effects are most apparent in some of those majestic phenomena which are occasionally presented to the notice of mankind; while many of its silent operations in the material world, although less generally demonstrable, are, to the eye of science, almost equally evident. The labours of philosophers have interrogated this principle with such success as to develope its results, and exactly to imitate its operations, if they have not discovered its peculiar essence: and Franklin in imprisoning the lightning, and Davy in decomposing the alkalies, have equally traced the agency of electricity in its most sublime and its most minute manifestations. The power which has shattered a castle to its foundations, is probably equally at work in the vegetation of a blade of grass; and it is not improbable that the varying conditions of the human body in health and disease, may be in great measure dependent upon the influence of the same principle.

But in investigating the phenomena of electricity, and in defining the laws by which its operations appear to be regulated, philosophers have always drawn a clear distinction between what is proved on the basis of sound scientific induction, and that which is merely speculative and conjectural. The identity of the thunderstorm with the electric spark is an established truth, however different in nature the two results may appear; and the actions of chemical affinity are almost demonstrably due to the various attractions and repulsions of electric currents; but when we pursue our researches on electricity into the world of animated nature, the prospect becomes obscure, and hypothesis assumes the place of conclusive evidence. The growth and well-being of vegetable bodies are probably due to the influence of electricity, but there exist no means to prove the truth of the statement, and it may equally be supposed that animal life is also in some degree sustained and influenced by the same agent. Galvani excited contractions in a frog's leg by applying electric power to the nerve of the limb, and electric sparks and shocks have been procured from certain fishes, as the gymnotus and silurus; and when the experiments of galvanism were first promulgated, the bodies of executed criminals were thrown into violent and hideous contortions by the operation of the galvanic battery. Electricity has been also employed as a valuable agent in the alleviation of disease, and it may probably be found still further beneficial when the methods of its application are better known, and the laws of its operation are more generally studied.

But because muscles have been stimulated to action by the galvanic battery, it does not follow that electricity and nervous power are identical, or that the brain is itself a galvanic battery, and the nerves conducting wires. Yet such are the kind of conclusions arrived at in the work before us. Mr. Craig presents us with a somewhat large volume, containing the results of much labour and reflection, the object of which is to show that most of the diseases which afflict the human race, including all epidemics, are due to variations of electric tension. It is unnecessary to follow Mr. Craig throughout his arguments, because his very first propositions bear upon their face the evidence of fallacy. What, for instance, can be more erroneous as a piece of logic, than the following conclusion? "That nervous power can be substituted by electricity, to produce not merely simple muscular action, *but also the more vital and internal operations.*" But upon this slender and unsubstantial basis, Mr. Craig builds all his arguments; and because nerves have been stimulated by electricity, he regards nervous power and electricity as identical, declares deficiency of nervous power to be the source of all diseases, and abstraction of electricity to be identical with

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loss of nervous power. Thence by an easy transition he proves that cholera, fever, and plague, are all owing to abstraction of electricity, and that the usual theories of contagion, malaria, infection, marsh-miasm, etc. are all unsound.

We must have better arguments than those which Mr. Craig has adduced to lead us to coincide in the truth of his views.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

A CASE OF CONVULSIVE SNEEZING.

By Dr. MOSLER.

Among the instances related by Romberg in his "Manual of Nervous Diseases" are three in which the seat of the reflex irritation seemed to have been in the trunk of the fifth pair, while in the others it was located in the uterine or intestinal nerves; and Brodie relates a case in which it was attended with irregular menstruation, and alternated with hysterical symptoms. Frank relates some cases in which spasmodic sneezing was connected with pertussis. The present case is related by Dr. Mosler, of Giessen; and in it this form of convulsive affection seemed to have been intimately connected with disease of the right ear.

The patient, a young woman, aged 22, of scrofulous habit, had suffered for many years from disease of the right ear. After considerable amendment, she began again, in February, 1856, to complain of severe ear-ache, with faintness, etc. for which cataplasms, blisters, etc., were ordered without effect. On March 6 she applied at the Giessen Clinic, on account of the appearance of a new symptom. While the patient was in vain expecting the menstrual discharge, the pain increased in the ear, and from the middle of the day of March 5 she was seized with reiterated sneezing, accompanied by such slight pauses as to entirely prevent her either eating or sleeping; and by the violence of the concussion giving rise to very violent pains in the head, and over the entire thorax. Immediately on her admission she excited every one's attention. Thirty attacks of sneezing rapidly followed each other, accompanied with much noise and violent motion of the upper part of the body; and then a pause of half or at most of one minute, allowed the patient to recover herself, and sometimes even to speak. No effort of the will could arrest the paroxysms. The mucous membrane of the nares and of the fauces was very dry and not remarkably reddened. The right ear was much swollen, and very tender to the touch, and when firm pressure was made upon it the attacks were aggravated. There was no discharge, but a bad smell proceeded from it. Although the attacks of sneezing had now continued for twenty hours, the patient's strength was satisfactory, her pulse, 120 to 130, being full and strong. Mustard in the form of footbath and of cataplasm to the nape, together with frequent doses of Dover's powder, were ordered, but without any effect; and although the attacks were stopped during a half-hour's narcosis from chloroform, they returned afterwards stronger than before. Emetics, and a repetition of the mustard, together with anodyne applications to the ear, were now tried. All were without avail, the attacks still continuing as frequent, although the patient was yet able (twenty-eight hours) to come to the Clinic, which was about ten minutes' distance from her home.

On March 7, the attacks ceased from 10 to 12, but then returned more violently than before; and no relief followed leeching behind the right ear, blisters to the nape, and large doses of morphia. On March 8, the attacks had again become so severe, that she was brought to the Clinic again in the evening. She was placed in a warm bath, cold applications being kept to the head, and cold and warm douches poured alternately along the spine. After this treatment had been continued during one and a-half hour, in spite of frequent fainting, and the secretion of sweat having become considerably excited, the attacks appeared less seldom. After the bath the cold application was kept to the head during three hours, and two doses of morphia (gr. ½) were given. The sweat poured down, and during these three hours she only sneezed ten times; and the convulsive sneezings, after lasting eighty hours, then entirely disappeared.

Dr. Mosler calculates that she must have at least sneezed during the duration of the affection from 48,000 to 50,000 times; and the entire neighbourhood was, in fact, alarmed at the violence of the paroxysms. When admitted to the Clinic, in order not to disturb other patients she had to be isolated in a distant chamber. In spite of the cessation of the attacks on the night of the 8th, she could not, on account of the excitement and faintness, sleep, and next day she was powerless. The pulse was very feeble, but only 74, and there was no fever. She had much pain in the right side of the head and in the region of the diaphragm, as well as frequent nausea or vomiting. However, sleep gradually returned, and by repetition of the warm baths the sneezings were entirely kept off until the 12th, when they returned, in consequence of exposure to a draught of air, which led to the arrest of the discharge from the ear that had begun to flow. Next day the sneezing diminished, again to return, and so on at intervals (sometimes to the extent of sneezing thirty or forty times in a minute), until March 26, when she was well enough to leave. Exactly a month after her first attack, the sneezing again returned, the menses also being absent, and remained as obstinate as before, yielding at last to the baths. The paroxysms of sneezing often re-appeared at long intervals, and their relief seemed much connected with the presence of discharge from the ear.—*Virchow's Archiv.* Band. xiv. pp. 557—562.

EXCERPTA MINORA.

Remarkable Luxation of the Eye.—M. Reyssie relates the following case. During a conflagration the patient received the full stream from a fire-pump in his face. The column of water struck the eyelids of the right eye with violence, thrusting them strongly backwards. Contracting under the double influence of the shock and the cold, they forcibly compressed the globe, forcing it out of its orbit by a kind of enucleation. The author saw the patient in an hour, and found the eye hanging out, retained only by its muscles and the distended optic nerve. Its reduction was very easy. Local antiphlogistics and aperients were employed, and in the course of ten days he saw as well as before the accident. Seen thirty months after the accident he continued quite well.—*Gaz. des Hôp.* No. 65.

Case of Needle Swallowing.—A young woman accidentally swallowed, during an inspiration, a sewing-needle, which she held between her lips. This occurred September 14. On December 28, she drew attention to a small, but very painful swelling at the anterior part of the left side of the thorax. In this the needle could be plainly felt. It lay between the sixth and seventh ribs, at a short distance from the lower end of the ensiform process of the sternum. It was extracted by means of an incision from among some strong adhesions by which it was surrounded. For two or three weeks the girl had suffered from a dyspnœa that could not be accounted for; but as this ceased as soon as the needle could be felt under the integuments, Dr. Siegmund, who reports the case, believes that it was produced by the passage of the needle through the diaphragm.—*Virchow Arch.* Band. xiv. p. 181.

Cures announced to the Academy. — Dr. Jacquot has cured, and promptly, a most serious case of peritonitis by hot starch poultices. Dr. Dalfraygrè finds in inveterate cases of ague the simultaneous administration of sulphate of quinine by the mouth and per anum very efficacious. And Surgeons will be charmed to hear that Dr. Fournier has invented a new method of treating strictures. Dr. Gandriot has also found out a new thing, viz.—how to cure a serious affection which particularly belongs to soldiers; but what the disease and the remedy are, he at present conceals under a sealed envelope.

Mr. Perry's last Report on Prisons informs us that generally they are in a satisfactory condition; but there are still exceptions. The shade of Howard is still necessary to stir up the minds of country justices. For example: "A visit to Colchester Gaol would shock the Registrar-General and Dr. Farr, and grievously offend the olfactory nerves of those eminent sanitary reformers; their eyes shall at least be spared the particulars. At Cardiff Gaol, the prisoners appear to be half-starved, and the dietary was to be improved on the suggestion of Mr. Perry. The den at Swansea, for the 'accommodation' of debtors is at last to be abandoned."

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GENERAL CORRESPONDENCE.

THE BATTLE OF THE COLLEGES.

LETTER FROM DR. MARKHAM.

[To the Editor of the Medical Times and Gazette.]

SIR,—An Office-Bearer of the Edinburgh College lately stated in your journal, that the London College of Physicians was stirred up by impulses received from Edinburgh to take exception to the famed Edinburgh resolutions. This statement was contradicted by you, but has, nevertheless, been re-asserted by a Fellow of the Edinburgh College. I cannot understand why so much stress is laid upon so little a matter by the Office-Bearer and the Fellow, evidently both men of authority in the College; but, as it is so, perhaps you will allow me, in justice to yourself and to friends in the Edinburgh College who are accused of being the original movers in this matter, to say that your version of the tale is strictly correct.

I ought to know as well as any one the history of the business, being the Fellow who originally brought it to the notice of the London College. I did so, as you truly say, without communication with a single soul, and simply from having accidentally had my attention called to the advertised resolutions of the Edinburgh College. I mean the first set—the "premature ones." I saw how seriously (as I considered) the interests of the London College were compromised by these resolutions; and I can assure both the Office-Bearer and the Fellow, that had they been present when I first gave notice of my intention of asking a question of the Council on the subject at the next meeting of the College, and had they then and there heard the expressions of surprise, and much more than surprise, which escaped from the whole body of Fellows when I told them of certain items in those resolutions, they would have been well convinced that no impulses from Edinburgh were required to stir up the London College to the doing of a remonstrance. The subject was thus, on due notice, brought formally before the College at the earliest moment; but, unfortunately, only a day or two before the final revision and adoption of their resolutions by the Edinburgh College; so that there was nothing left for it but to remonstrate.

You will thus see that the idea of this fire being kindled in Edinburgh is a pure myth. So far from being incited by Edinburgh friends to commence action, I positively was unaware at the time that there were such facts as a University party and an extra-academical party in the Edinburgh College; though of course I know, like all the rest of the world, that Medical Edinburgh does not exhibit any striking exceptional illustration to the rule that "doctors differ." Naturally, after having given notice of the question as above explained to the College, I wished to hear the opinion of friends in the Edinburgh College, and give you my word, that when I wrote, I actually imagined that my views were possibly offensive and opposed to theirs. I was certainly glad enough to find we viewed things through the same glasses; and, of course, also felt my position strengthened when I knew it supported by men like Dr. Christison and the gentlemen who, I see, signed a remonstrance to the proceedings of their own, the Edinburgh, College. What took place in the London College when the question aforesaid came on for discussion is all a *Secretum Collegii*. Whatever benefit, however, the Office-Bearer and the Fellow may derive from the fact of my proposal being fortified before the London College by Edinburgh sympathies, they certainly may justly claim; but surely they must not hold the London College so weak of purpose—so vacillating—as to allow itself to be driven into the stormy seas of "remonstrances" by external impulses, and without the confirmation of its own strong will, reasonably exercised!

The error of these gentlemen is now easily understood. They fancy the matter was brought forward for the first time at the College when the Remonstrance was adopted; whereas, I had given notice of the question, and had brought the matter before the College ten or fourteen days earlier; and I have no hesitation whatever in asserting, if it be of any satisfaction to those gentlemen to know it, that if there had been no Edinburgh College sympathies whatever, that even if the whole Edinburgh College had unanimously supported the resolutions, those I mean which were,—

> "Sent before their time into this teeming world,
> Scarce half made up, and that so lamely
> And unfashionably, that," etc.

I assert that, even in such case, the London College would have not quietly allowed its interests to have been seriously comprised.

And now, Sir, may I ask, why should there be further discussion on a subject about which "*tout le monde est d'accord?*" The Edinburgh College has altered its resolutions in regard to what was thought here to be its most objectionable particulars, and has given assurance of its desire to assist in the easing of other difficulties. To me it is a mystery why your aforesaid correspondents write so angrily *ex post facto*. Surely their College ought rather to step into the Confessional, and cry *peccavi*, for having advertised abortive and unfashioned schemes, which have caused us all a good deal of trouble, than take it hardly that the London College should have been put in commotion thereby. They assert, as proof of the superfluous nature of the London remonstrance, that the Edinburgh College had already, before they received it, put their house into better order; but how on earth were the London College to know this so long as the original advertised resolutions kept staring them in the face? I do not wish to touch, in discussion, upon the present Edinburgh resolutions—all I desire here is to remove any further excuse for this sort of lovers' quarrel—wherein both parties having agreed *au fond*, now begin to dispute as to why they ever differed. Surely it is very unfair to be angry with the London College for having taken umbrage at solemnly advertised resolutions of the Edinburgh College, which the latter College admit had got into the world before their time, and required remodeling.

I am, &c. W. O. MARKHAM, F.R.C.P.

P.S. Let me add that of course I, like other people, have my own opinion about the Edinburgh resolutions as they now stand; I have, however, only touched upon them in this matter in so far as they infringed upon the London College.

COD-LIVER OIL IN CANCER.

LETTER FROM MR. J. ZACHARIAH LAURENCE.

[To the Editor of the Medical Times and Gazette.]

SIR,—It would be but unprofitable to re-open at any length the question of the local or constitutional nature of cancer; but as the latter supposition forms the basis of the remedy I propose, it is essential to briefly recapitulate the arguments on either side.

That cancer is a local disease is asserted on the grounds:—1. That in some (confessedly purely exceptional) cases, cancers have been removed and have not returned (query: not ultimately?). 2. The marked predilection the disease has to fix itself on special parts (præcipnè the breast and uterus), and in certain cases (more especially of epithelioma, which I deny to be cancer) there to remain without any further extension to other parts of the body.

That cancer is a constitutional disease is maintained on the grounds:—

1. The tendency it has to infest the most multifarious parts of the body, in certain characteristic (so called "acute") cases, with a rapidity wholly inexplicable, but as a result of a general diathetic tendency. 2. The fatal recurrence of cancerous tumours after the most complete removals, either *in situ*, or what is, perhaps, still more to the point, in parts quite remote from the original deposit—and that frequently after a period of apparent cure. 3. The marked constitutional symptoms often observed independent of any adequate local explanation.

The arguments for the constitutional nature of cancer have always appeared to me so vastly predominating, that I have felt as firmly convinced on that point as it is possible to be convinced in any inexact science.

If we now turn our attention to the treatment of cancer, we shall find that this has, in the great majority of cases, been of a purely local nature, having for its object the removal of the primary tumour. But were we once to make up our minds that cancer is as truly a constitutional disease, as say phthisis, it would inevitably follow that any local

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treatment of the disease must as a curative agent prove utterly abortive. And such is truly the result of all experience on this point, and that of the most extensive character. Of all the cancer-patients who have submitted to operations, whether by knife or caustic, how many have been cured? Of a number of cases of cancer of which I have watched the progress, I never saw a single one in whom the disease did not, sooner or later, return. It is perfectly true that the interval between the operation and the recurrence is often marked by an unwonted degree of vigour and health in the patient (even after the removal of cancers of rapid developmental power); but this I regard as another cogent reason for the constitutional nature of the disease. These apparent cures are what form the basis of the testimonials of the cancer-quacks.

The remedy which I would suggest is Cod-Liver Oil, and I found my suggestion on the following considerations:—

1. That it has proved of the most signal utility in a disease which bears many points of resemblance to cancer—I mean scrofula (and its sub-species, phthisis). Both diseases are characterised by extreme wasting of the body—both by deposits of a morbid material. 2. The general absence of fat observed in the bodies of persons who have died of cancer. 3. The large quantity of fat observed (both by the microscope and the naked eye) in cancerous (especially encephaloid) tumours; the tendency to fatty metamorphosis of cancer products.

It would appear from these facts that cancerous tumours have some special tendency to rob the body of an element which plays an important part in the due performance of its functions. The most marked case I have met with, of the apparent good effects of Cod-Liver Oil in the treatment of cancer, is mentioned at page 77, of my "Diagnosis of Surgical Cancer." In this patient, a cancerous ulcer, measuring 5 in. by 3 in. cicatrised completely up under its use, and her general health greatly improved. I regret I am not yet in a position to adduce any statistics on the effects of Cod-Liver Oil in cancer; but in the meantime respectfully submit the remedy to the Profession as one on many grounds deserving a favourable consideration.

I am, &c.

30, Devonshire-street, June 20, 1859. ZACHARIAH LAURENCE.

THE COLLEGE OF PHYSICIANS.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am informed, upon authority which is undoubtedly good, that the Council of the College of Physicians of London have recommended to the Fellows for election some twenty or twenty-five Licentiates for the Fellowship; and that nine or ten of these are gentlemen who have only just been admitted Licentiates under the new Bye-law and during the year of grace. Now, Sir, I appeal to you, is it fair or equitable, that men who have passed the examination for the licence, who have paid the larger fee for it, who have been Licentiates of the College, and who are many of them men far superior in standing in the Profession to the majority of the nine or ten gentlemen referred to,—is it fair that such men with such claims should be passed over, and their election postponed for the sake of gentlemen who were only yesterday admitted to the licence of the College, who pay the small fee, and who have passed no examination? I am sure you will say that there is great impolicy and great injustice here. Let me hope that this will be rectified on Saturday next.

It is self evident that the power of electing Fellows during this year of grace was never meant to be exercised in the case of the new Licentiates, except under very exceptional circumstances. Surely it was never thought that the mother would despoil her own children for the sake of strangers.

I am, &c. AN OLD LICENTIATE.

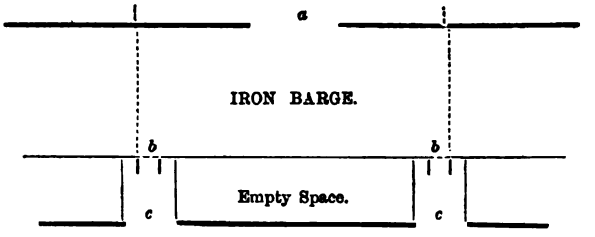
[We really do not know who the gentlemen are who have been selected by the Council, and who are to go before the Fellows for their election to-day; but we should suppose, until we have proof to the contrary, that the Council would act impartially in the selection of men. We quite agree with our correspondent, however, that the power of electing Fellows out of the newly-made Licentiates was never meant to be exercised except in particular and prominent cases. We certainly do not anticipate that such a manifest injustice will be done, as the selecting for the Fellowship of men from the newly-made Licentiates, whose claims are inferior, or merely equal indeed, to those of old-standing Licentiates.—ED.]

KOPROLOGITES.

LETTER FROM MR. NAPIER.

[To the Editor of the Medical Times and Gazette.]

SIR,—I was a good deal interested at reading an article (copied from you) on the "Filth of the Thames." As the remedy you suggest is nearly the same as one I recommended some time ago as a permanent, effectual, and profitable mode of keeping both the Thames and the Clyde comparatively pure, I have taken the liberty of sending by the same post an old newspaper containing one of my letters on that and other subjects. I cannot lay my hands on one of the previous papers which refer particularly to that; but it is exceedingly simple, and can be stated in few words. Let each of the present outlets of the sewers into the Thames be increased in width a short distance from the river, so as to form a kind of reservoir for 500 or 600 tons of sewage, with a sluice for the purpose of loading barges at low water; these reservoirs to have an opening at the top to allow the overflow to escape into the river during heavy rain. The principal feature of my plan is the construction of the barges so that they load and unload themselves without manual labour. A number of large covered barges, made of iron, with double bottoms (each to contain 200 or 300 tons of sewage).



a, Opening for admitting the sewage. *b, b*, Valves for discharging. *c, c*, Openings for the sewage to run out.

With a good tug, the contents of a score of such barges might be emptied twice a-day on the low-lying shores of the coast of Essex, and thereby increase the dry land; or they might be grounded on stages at high water, so that carts could pass under the barges, be loaded in an instant, and the manure at once spread over the fields where wanted. When the barges have arrived at that part of the beach that they are intended to be discharged, all that requires to be done is to open the valves in their bottoms, and the barges instantly rise to the surface empty, by means of the buoyancy of the false bottom. It is quite clear that there is no limit to the quantity that can be taken away in this manner, and the expense comparatively speaking nothing; I am almost certain it might be made self-supporting. By means of the reservoirs the barges would be always sure of taking the most solid parts of the sewage in the first instance.

I am, &c.

Worcester, June 19, 1859. DAVID NAPIER.

SYMPTOMS PRODUCED BY AN OVER-DOSE OF CAMPHOR.

LETTER FROM MR. BRAITHWAITE.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the following remarkable case the symptoms produced by a poisonous dose of camphor, differ considerably from those in any of the few cases which have been previously recorded, and may probably not be uninteresting to Medical jurists. I was sent for a few weeks ago, late in the evening, to a young man who was said to be "in a fit." On arrival the brother told me that he had been taking camphor for the cure of gleet, but not recovering as quickly as he wished, he had, about two hours ago, taken a much larger quantity. I found him in a state of the most furious delirium, being with

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difficulty restrained in bed by two men; the face was flushed and its expression wild, the pupils were dilated and the pulse almost 90, but difficult to count. The approach of a light aggravated his symptoms, his struggles becoming more furious. No vomiting. He talked wildly, constantly repeating the same sentence. The above symptoms continued in their intensity about twenty minutes, then gradually diminished, so that restraint was no longer so absolutely necessary. He then lay quiet for the next three hours, muttering incoherently to himself, and following with his eyes the motions of persons about the room. In four hours and a-half from the commencement he was nearly well. He afterwards told me that he had a confused recollection of what had occurred—remembering my coming. He had taken the camphor coarsely powdered and mixed with conf. rosæ. He separated a piece to show how much he had taken, and from it I extracted rather more than thirty grains of camphor. For the first hour he did not feel any effects, but then began to feel, as he said, "queer," and in consequence went to bed, having fortunately first told his brother. Thus, the symptoms were those of violent excitement, and that not so much of the spinal axis as of the cerebral hemispheres. The very rapid subsidence of the symptoms is remarkable. Previously to this he had always enjoyed excellent, in fact, robust health.

I am, &c.

Leeds, June 17, 1859. JAMES BRAITHWAITE.

IMPAIRED VISION AFTER DIPHTHERIA.

LETTER FROM DR. ROOKE.

[To the Editor of the Medical Times and Gazette.]

SIR,—The recital in the last number of the *Medical Times and Gazette*, of a case of impaired vision after diphtheria, induces me to record another of the same nature.

I had not seen, or if I had, had forgotten the previous notice of the case at p. 389, and was therefore taken by surprise when a little patient of mine, a girl about nine years of age, began, about a fortnight ago, and two or three weeks after convalescence from diphtheria, to complain of being unable to read ordinary print, thread her needle, or perform any minute operation requiring near vision.

The eyes were natural in appearance, the pupils large, but quite sensible to light, no pain complained of, no musca, sparks, or other subjective phenomenon.

By the ophthalmoscope, the fundus of the eye looked, if anything, of a paler rose tint than usual. The appetite of the child was good, and the various excretions normal, though I at first suspected the possibility of diseased kidney and albuminous urine; and that the amaurosis was that form not infrequent in Bright's disease. I suspected this might be the case, from knowing that albuminuria is not uncommon during the progress of diphtheria: the urine, however, had not been previously examined. When, however, it was now found to be healthy, I came to the conclusion that the impaired vision must be put down to general want of tone induced by the exhaustive character of the primary disease, and that it was probably something analogous to what we see in women after protracted suckling. I therefore put my patient on iron and quinine; no marked improvement has, however, resulted as yet.

Like your previous case, this had not been a bad attack of diphtheria; and what is a singular coincidence, my little patient being a precocious and intelligent child, had also occupied her time, during the early days of her convalescence, by long reading in bed.

Whether this has had anything to do with the impaired vision in both cases, it is not for me to pronounce; but the fact is worthy of record. Spectacles, with convex lenses, completely correct the aberration in my case.

I am, &c. T. MORLEY ROOKE, M.D. (Lond).
Univ. Med. Scholar.

Scarboro, June 14, 1859.

M. GIBERT raises his voice against what are called Rational Therapeutics. Anatomical and physiological facts never yield useful therapeutical indications, he asserts. So much for Anatomy and Physiology as introductions to a knowledge of the healing art!

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 14, 1859.

F. C. SKEY, Esq. President, in the Chair.

A paper by S. J. GOODFELLOW, M.D. was read,

ON THE TREATMENT OF EMPYEMA BY "DRAINAGE;"

ILLUSTRATED BY TWO CASES:

followed by some remarks by Mr. C. DE MORGAN "On the Treatment of Drainage generally."

The object of this communication was to show the advantage to be derived in many, if not in all, cases of empyema, of making two openings in the operation of paracentesis thoracis, and of establishing a free communication between them, and between the cavity of the pleura and the external air, by means of an india-rubber tube, perforated at frequent intervals in the way recommended by Chassaignac for the healing of sinuses. The marked success attending the adoption of this plan of treatment in the two cases read to the Society seemed to afford strong evidence of its value. The first case was that of a boy, aged 17 years, who had been suffering for upwards of five years from an opening in the right side of the chest, which communicated directly with the pleural cavity, and, for a great part of this long period, also with a cavity in the lung, the result of an abscess. The history of the case, as described in the paper, showed that at the age of 12 years this boy had an attack of pneumonia after measles, which terminated in abscess; that in a short time this abscess burst into the cavity of the pleura; and that ultimately a spontaneous opening occurred in the chest wall, through which a great quantity of pus, of a very offensive character, continued to be discharged for the five years preceding the adoption of the operation above recommended. During the whole of this period the boy had been for the most part confined to bed; and notwithstanding the treatment that had been adopted at home and in a public hospital, but little improvement took place in his general health, and no progress whatever was made towards the healing of the disease in the chest. The counter-opening was made, and Chassaignac's tube inserted on January 5 last. In a few days a marked change for the better was observed: the discharge from the opening, instead of being thin, unhealthy, and intolerably stinking, was thick, much reduced in quantity, and nearly free from odour; his general health rapidly improved; the œdema of the legs, with which he had been affected for some years, quickly diminished; and he was able to sit up for several hours every day. In three months after the operation he was dismissed from the hospital. He was then able to walk a considerable distance without difficulty, and has since been doing well. The next case was that of a man, aged 24 years, who for nearly three years had suffered from tubercular disease of the left lung, followed by pneumo-thorax and empyema. There was every reason to believe that the empyema had been present for more than a year, and that a considerable quantity of fluid was in the pleural cavity. The greatest impulse of the heart was felt about two inches below, and an inch to the external aspect of, the right nipple. The first opening was made by Mr. De Morgan, on January 21, between the fifth and sixth ribs; and the sero-purulent matter was allowed gradually to drain away by partly plugging the canula. In twenty-four hours, upwards of eight quarts had escaped, the opening still freely discharging. Four days after, a second opening was made, and the perforated tube introduced. But it was found, after about ten days, that the counter-opening had not been made sufficiently low down in the chest cavity, for the pus remained so long as to become decomposed. A second counter-opening was made as low down as possible; after which the discharge soon lost its offensive odour, quickly diminished in quantity, and the general health so rapidly improved that he was able to get up in a few days; and on April 5, he was able to return to his home. Since his discharge he has continued

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improve in health and strength, and is now (June 16) able to perform a day's work at an easy occupation. The benefit to be derived from the plan of "drainage," by means of Chassaignac's tube, is obvious. The openings in the chest wall are always free; the matter is discharged drop by drop as it forms, so that if the tube be suitably placed, there is never any collection whatever of pus in the thorax; no time is given for decomposition; and the pus is, therefore, discharged in a healthy and pure state. The evils arising where only one opening has been made need not be pointed out. They are sufficiently manifest in the two cases described in the paper. The operation is a very simple one. A puncture with a trocar, or a simple incision, may be made into the cavity of the chest at the usual place—between the fifth and sixth, or sixth and seventh ribs—or, indeed, in any convenient situation. A firm long iron probe, somewhat bent, is then passed through the opening, and directed towards the lower and back part of the cavity—the lower the better. If the end of the probe be made to press against the sides of the thoracic walls, it can be felt from the outside through the intercostal spaces, though, perhaps, obscurely, owing to the thickness and toughness of the false membrane within. The lowest and most appropriate site in which the probe can be felt, having been selected, an incision is made upon the end of the probe, which is then brought through the opening thus made. A strong piece of silk thread is passed into the eye of the probe, and drawn through the two openings, and the drainage tube, being firmly tied to one end, is then drawn through by means of the silk; the ends of the tube are tied together, and the operation is completed. The plan of treatment by "drainage," first adopted by Chassaignac, has been largely and beneficially put in practice at the Middlesex Hospital in deep-seated and extensive collections of matter. The operation consists in passing through the abscess a fine india-rubber tube, perforated at small intervals; the ends of the tube, which project from the opposite sides of the abscess, are then tied together, and the matter is allowed to drain away, and to discharge itself through the perforations made in the tube.

A paper by J. Birkett, F.R.C.S. was read, entitled,

AN INQUIRY INTO THE NATURE OF THOSE CASES OF STRANGULATED OBLIQUE INGUINAL HERNIA TERMED "REDUCTION EN BLOC OU EN MASSE."

WITH SPECIAL RELATION TO THE ANATOMY OF THE ACTUAL LESION, AND PRACTICAL DEDUCTIONS DERIVED FROM AN EXAMINATION OF THE CASES.

"The term, 'réduction en bloc ou en masse,' has been given by writers on hernia to those cases in which the hernial protrusion, together with its investing sac, has been pushed into the abdomen by the efforts made to reduce it. The principle was first enunciated by Le Dran, and since then it has been generally accepted as occasionally occurring in all forms of hernia. The object of this inquiry is to ascertain:—1st. The applicability of the term to inguino-scrotal hernia exclusively. 2nd. The actual nature of the lesion. 3rd. The herniæ in which it most commonly occurs; and, 4th. The practical inferences deducible from the cases on record. The cases published by various surgeons are divisible into two classes:—1. Those in which the patient died without the strangulated bowel being relieved. 2. Those in which the constriction around the bowel was removed. A brief history of some of the cases is given to show the advance made in the science of the anatomy of the hernial sac, the causes of the impediment to the reduction of the hernia, and the way in which this accident was discovered. The lesion described in these cases is of three kinds:—1st. When the hernia is pushed out of sight, and is found after death between the peritoneum and the abdominal walls. 2nd. When the hernia is found after death in a pouch within the abdominal walls. 3rd. When the orifice of the hernial sac has been torn off. From the facts recorded by the various writers the following conclusions are deduced:—1. That although the hernial sac is displaced, it is not detached from its scrotal envelopes. 2. That the practicability of opening the hernial sac in the inguinal canal is good evidence that it was not pushed into the abdomen. 3. That the difficulty in bringing out the sac containing the hernia from the abdomen, when it is said to be therein, is evidence that its connexions must be more firm in that region than would result from the mere pushing there. 4. That the situation of the hernia has been pointed out in some cases, although the exact nature of the lesion has not been fully described. 5. That the details of the cases are not in accordance with the presumed, or accepted, conditions of the accident. 6. That the evidence of the practicability of the patient, or a Surgeon, reducing into the abdomen a scrotal hernia, together with the sac still strangulating its contents, is, at the present moment, equivocal. 7. And, therefore, that the term "réduction en bloc ou en masse" is not so applicable to these cases of oblique inguino-scrotal hernia as to other species. The author's explanation of the mechanism of the injury is next detailed, with the assistance of diagrams, and, in order to prevent any perplexity arising from the use of anatomical terms, a few definitions of the parts immediately concerned are given. The mechanism of the lesion seems, first, to consist of a dilatation of the neck of the hernial sac by the force employed to reduce the hernia, which is prevented passing into the peritoneal cavity by the contracted orifice of the sac. Secondly, to the laceration of the dilated neck of the sac, which permits the escape of its contents into the loose connective tissue between the peritoneum and internal abdominal fascia. Explanations are next offered of the manner in which the intra-abdominal pouch may sometimes be formed, although from the extreme rareness of the occurrence, the fact of this slow development is very questionable. Part III. is devoted to an analysis of the cases recorded by numerous writers, and which the author reduced to the form of tables. These tables accompanied the paper. The following facts are especially considered:—1. The age of the patient when the accident happened. It may occur at any age between ten and thirty; but it has been most frequent between thirty and forty years of age. 2. The age of the patient at the time the hernia was developed. In a large proportion the hernia was developed before thirty years of age. 3. The variety of inguinal hernia. All were oblique inguinal, a very large majority being in the scrotum. Those cases of hernia in which the protrusion passed into the vaginal process of the peritoneum constituted a majority. The importance of this circumstance is demonstrated, and an anatomical comparison is instituted between these cases and those inguinal herniæ of slow and gradual formation. 4. The site of the testis has varied in several cases, and it is an important fact to remember. 5. The protruded viscus has been either reducible intestine only, or intestine with irreducible omentum; but, in the majority of the cases, reducible intestine; and that generally ileum formed the hernia. 6. It appears that this complication has occurred in cases of quite recent hernia, as well as in those of long standing. 7. The local means by which the hernia was pushed from the scrotum were employed in some cases by the sufferer; in others, by the Surgeon; and in some, while the patient was under those influences which are employed to diminish muscular tonicity, especially chloroform. 8. In the majority of the cases there has been a local indication that the hernia was not returned into the peritoneal cavity. In all, constitutional symptoms have clearly demonstrated the fact. In the fourth part, the practical deductions from the foregoing facts and observations are stated. They refer, first, to the diagnosis of the case; and, secondly, to its treatment. The diagnosis may be formed from the age of the patient; the age at which the hernia was developed; the variety of the hernia; its descent into the vaginal process of the peritoneum; the site of the testis; the viscera constituting the hernia; a disposition to the recurrence of the hernia after it is supposed to be reduced; the disappearance of the hernia after the application of the taxis, accompanied by persistent constitutional indications of strangulated intestine; and local indications more or less distinctly marked. The treatment consists in immediately exploring the inguinal canal in every case in which the slightest suspicion of this accident exists; in freely exposing the internal abdominal ring; and, while returning the protrusion into the peritoneal cavity, in taking great care that a part of it does not glide through the laceration in the sac outside the peritoneum. Preparations and drawings were exhibited.

Mr. WADE said that most practical Surgeons were well aware that the great difficulty, in cases of internal strangulation, was the diagnosis; although when hernia was present there might be less difficulty than without such complication; yet even then the diagnosis was not always very easy. Mr. Wade mentioned a case which had occurred to him, some time ago, an abstract of which had been read before the

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Society. The patient was an old man of 75 years of age, who had been the subject of double inguinal hernia for thirty years which he kept up by a double truss. The only symptom of internal strangulation in that case was stercoraceous vomiting. There was no tenderness in any part of the abdominal region, nor could anything like a deep-seated tumour be detected in the neighbourhood of either of the inguinal rings. The morning before Mr. Wade saw the patient, the latter when getting out of bed had felt a momentary slight darting pain in the right groin, since which time his bowels had not acted. As the patient on the following day was much prostrated, and there had been no action of his bowels, Mr. Wade divided freely the tendon of the external oblique muscle, and laid open the abdominal ring on the right side. The sac was then opened, and a small knuckle of intestine, red from congestion, was observed. The neck of the sack much thickened, which formed the obstruction just within reach of the finger, tightly embracing the intestine, was divided by a probe pointed bistoury. The bowels acted the following day, and the man slowly but completely recovered. The principal difficulty in the case, was in discovering on which side the strangulation existed.

Mr. Arnott said that in 1857, a case of reduction *en masse* came under his care, and it appeared to him to be similar to that which Mr. Birkett had represented as an imaginary case. He was summoned by another Surgeon to a patient of his, suffering from strangulated hernia; but when he arrived, it was reported to him that a short time previously reduction had been effected. There was certainly now no tumour in the left inguinal region, nor in the scrotum; but on putting his hand on the abdomen, a little above Poupart's ligament, he felt a sensation of thickening, which induced him to believe that there was something peculiar in the case; and he accordingly requested, that if the symptoms continued, he should be sent for again. In the course of five or six hours, he received a message that the symptoms were getting worse. The history of the case was this. The patient, a man of 40, at the age of 5 had a hernia on the right side, for which he wore a truss, and at the age of 16, another appeared on the left side, for which he never wore a truss. This occasionally came down, and he was in the habit of putting it up. During the previous night it came down, and he was unable to replace it. His Medical attendant was sent for, and attempted to reduce it, but failed. The symptoms of strangulated hernia continuing, an attempt was again made, and apparently succeeded; but, as had been stated, on the left side, there was now nothing in the scrotum nor in the inguinal canal, and only a certain feeling of induration or resistance in the abdomen, corresponding to the internal abdominal ring. This led him (Mr. Arnott) to operate. On exposing the external abdominal ring, nothing was found in it but the cord; but on passing his finger into the inguinal canal, he felt at some distance something that seemed to strike against it. Clearing away a little cellular substance, he thought he might get hold of this by the forceps, and pull it down, but he failed. He then slit up the tendon of the external oblique, through its whole extent, where it formed the anterior parietes of the canal, and, even then, it was with some difficulty he could get at and open the sac, which was extremely tense, and out of which an unusually large quantity of serum was spirted. On passing the finger into the sac, the seat of stricture was so deep that he could scarcely reach it; and he requested Mr. Shaw, who with Mr: Sibley assisted him, to lay hold of its edge with forceps, and try to pull it down, but without success. By drawing, however, on the strangulated loop of bowel, the sac became partially inverted, like the finger of a glove, and the strictured part brought into view. This was divided upon a director, and the intestine returned into the peritoneal cavity. The hernia in this case presented the circumstances which the author of the paper had supposed to be imaginary. The sac of the reduced hernia was between the internal spermatic fascia and peritoneum. Not that he meant to say that the large quantity of fluid had been pushed up bodily; but that the hernia having been reduced when it was smaller had enlarged, from the secretion of serum continuing and accumulating in the sac. The patient recovered. He (Mr. Arnott) was persuaded that if in every instance of reduction *en masse* it was expected that a portion of the sac would be found in the external ring, this would not be found to be the case. The subject required still further investigation.

Mr. Hulke said he had lately seen the post-mortem examination of a case, the exact counterpart of that which Mr. Birkett considered to be an imaginary one, where the hernia appeared to be reduced, but was in reality situated between the fascia transversalis and the peritoneum.

Mr. Moore mentioned two cases in which, after the hernia had been reduced, the sac was exceedingly tense. He did not recollect whether there was any prolongation of the sac down to the scrotum; but if, as Mr. Birkett supposed, the sac contained fluid, he could not see how it should be perfectly empty in the scrotum, and so tight within the abdominal muscles. It would be impossible that there should be an indication of a sac, before the operation, in the scrotum, if it was so tense as he found it in the two cases in question.

Mr. Birkett, referring to the case mentioned by Mr. Arnott, said he believed that gentleman himself was not quite certain whether it was a case of scrotal hernia. He (Mr. Birkett) was led to a consideration of the subject, from the fact of one of the students of the Hospital asking him to explain the circumstances attending reduction *en bloc*. In endeavouring to give the explanation, the student asked: "Do you mean to say that you can detach the whole of the hernial sac from the scrotum, and press it through the inguinal canal within the abdominal walls?" That certainly rather staggered him, and he proceeded to examine the cases on record. He found that in many of the cases, the Surgeons described the opening of the hernial sac in the scrotum or in the inguinal canal, after having stated that it was pressed back into the abdomen; so that it was clear there was some discrepancy between the fact and the general statement of the case. Then there were one or two cases on record in which the hernia was no doubt inguinal, and was pushed within the internal abdominal walls, but they were not cases of scrotal hernia. He then examined the precise nature of the cases in which the accident happened, and found that it occurred in by far the majority of those cases which offered the greatest amount of difficulty to the reduction of the hernial sac out of the scrotum into the abdomen. Most of the cases to be found in the paper were of the form known as congenital, or of hernia into the vaginal process of the peritoneum, in which, if the hernial sac had been returned into the abdomen, the testicle and all must have been pressed back. He believed Mr. Arnott's case to be a case of hernia into the vaginal processes of the peritoneum; and, supposing it to have descended into the scrotum, of which Mr. Arnott was not certain, it would be difficult to detach the hernial sac from its scrotal connexion, and push it through the abdominal ring into the abdomen. He had in the paper entered at length into the subject of diagnosis, and had drawn special attention to the necessity of not depending upon the total want of all local indications of hernia; for, in the large majority of cases recorded, there were marked indications of its existence,—more or less fulness in the inguinal canal, thickening about the internal abdominal ring, pain on pressure, and the like.

The Society then adjourned.

The following candidates for the place of Corresponding Member, vacant through the death of Dr. Marshall Hall, were nominated by the committee of the Academy of Science; first in order, M. Virchow, and secondly, Chelius, Christison, Magnus Huss, Riberi, and Rokitanski. At the ballot Virchow obtained 30 votes, Riberi 16, and Rokitanski 2, out of 48 votes.

London Wells.—Dr. Lankester says:—"The analysis of 76 surface wells, situated in various parts of London, give the quantity of organic and inorganic impurities in grains per gallon. In no one instance is the quantity of organic matter less than four grains per gallon, while in some cases it reaches as high as 30 grains. With regard to inorganic impurity, in no case is there less than 42 grains per gallon, while in many cases it exceeds 150 grains, and in two instances is above 200."

Cholera on Board a Troopship.—Private advices from India states that cholera has made its appearance in the Calcutta river. It appears that the *Pomona*, *Benson*, which cleared at Calcutta with troops on April 27, and proceeded to sea, had the cholera raging on board, and that 17 deaths—viz. 15 of the troops and two of the crew—occurred within four days before the pilot left her. The *Pomona* sailed with 399 persons on board.

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MEDICAL NEWS.

APOTHECARIES' HALL. — Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, June 16, 1859:—

BARTER, CLEMENT SMITH, Bath.
CANDY, JOHN, Bombay.
LAWRENCE, FREDERICK, Bleadon, Somerset.
TAYLOR, CHARLES, Worcester.
WILKINSON, JOHN, Salford.

The following gentlemen also, on the same day, passed their first examination:—

BAINES, CHARLES WILLIAM, Bradford-on-Avon.
EDGER, WILLIAM, Barnstaple.

APPOINTMENTS.

GIBSON—GREIG.—At the election of office-bearers to the Dundee Royal Infirmary, which took place on the 13th inst. Dr. W. L. Gibson was elected attending Physician, and Dr. David Greig Attending Surgeon to that institution.

GUY.—Dr. Guy, of King's College, London, has been appointed by Mr. Secretary Estcourt, Medical Superintendent of Milbank Penitentiary, in place of Dr. Baly, resigned.

ROLLESTON—OGLE.—On the 15th inst. Dr. Rolleston, of Christ Church, and Dr. John Ogle, of Trinity College, were appointed Medical Examiners. Their examinations commenced on the 20th inst.

SCOWCROFT.—James P. Scowcroft, Southport, Surgeon to the Lancashire Hussar Yeomanry Cavalry.

SKEY.—The Queen has been pleased to appoint Francis Skey, Esq., to be Surgeon in the Artillery Company of London, for the term of five years from the date hereof.

WALLER—BOND.—Dr. Augustus Waller, F.R.S., Professor of Physiology, and Dr. Francis Bond, Professor of Chemistry in Queen's College, have been elected Physicians to the Queen's Hospital, Birmingham.

WHITE.—Joseph White, Esq. was unanimously elected one of the Surgeons to the General Hospital, Nottingham, at a Special Board of Governors held on the 22nd inst.

DEATHS.

ARNOULD.—On the 15th inst., at Whitecross, Wallingford, Berks, Joseph Arnould, M.D., aged 73.

STEWART.—On the 10th May, at Bombay, David Stewart, Surgeon, H.M. 92nd Highlanders.

WILLIAMS.—On May 2, at Kurnool, after twelve hours' illness, of Asiatic cholera, taken while attending a patient, Dr. St. George Williams, of the Madras Medical Establishment, aged 35.

ROBERT JAMES LEE, son of Dr. Robert Lee, F.R.S. has been elected Tancred Student in Physic at Cambridge.

THE anniversary dinner of the Belfast Medical Society has just passed off, with great success.

During the year 1858, 276 people were killed, and 556 maimed on the various railways in Great Britain and Ireland.

A new bi-mensual journal has just been announced at Brussels, *L'Union Médicale Universelle*.

A STATUE of Dr. Jenner, by M. Eugène Paul, has just been cast in bronze, and set up temporarily opposite the river front of the Louvre.

ON the 18th inst, at Oxford, the following degrees were conferred:—Doctors in Medicine: George M. Humphry, Downing; Robert Martin, Caius. Bachelors in Medicine—Edward Carver, St. John's; Edward Liveing, Caius; William H. Dickenson, Caius.

IN a little town in Spain the Doctor, who is also Register of deaths, is surprised (he being the only doctor in the town) that the last fifteen persons whom he has registered have thought well to depart this life without his assistance.

LINEN FOR THE ARMY OF ITALY.—More than 10,000 kilogs. (10 tons) of old linen have already been deposited at the twelve mairies of Paris, for the wounded of the army of Italy.

ON the 16th inst. the Morley Surgical Scholarship of £45 per annum for three years, was awarded for the first time to Mr. Felix Henry Kempster. The Examiners were Professors Erichsen, Wharton Jones, Quain, and Sharpey.

FRENCH RHETORIC.—"The prolongation of life for a few days (by an operation) may be of great importance to the patient; those days may assure the very existence of his family; the preservation or legitimate transmission of his fortune, the gain of a battle, the safety of an empire."

THE Medical Society of Geneva offers prizes of 1000 frs. and 500 frs. to the authors of the two best works on questions relating to Small-pox, Cow-Pox, Vaccinations, and Re-Vaccinations. The essays in French, German, English, Italian, or Latin, are to be sent to the Secretary of the Society before June 1, 1860.

THE Yankees propose to erect a monument of Dr. Kane, costing 15,000 dols., the design to be a bronze statue life size, in Arctic dress, with statuettes of Henry Grinnell, George Peabody, and Sir John Franklin. The locality has not yet been fixed. The requisite funds are to be raised by a series of lectures by distinguished gentlemen. 3000 dols. worth of stone has already been presented for the object.

ROYAL COLLEGE OF SURGEONS.—The following are the names of the eligible Fellows who are Candidates in the Council of this College at the ensuing election on Thursday, the 7th of July next:—James Luke, Frederic Carpenter Skey, John Hilton. All retiring from the Council in rotation. The election is by personal ballot—"aye" and "nay," and not by balloting papers.

A great event, as M. Bouillaud calls it, has happened in Paris. "The confession will astonish the world. The hall of the Academy of Medicine is filled with people. M. Ricord ascends the tribune and takes a paper from his pocket; every one is surprised. He reads with a voice of emotion. What is it all about? Neither more nor less than this, that he abandons his doctrine of the non-transmissibility of secondary syphilitic lesions."

THORACENTESIS, says M. Piorry, is only practised by Anatomo-Pathologist in extreme cases of pyo-pleurisy or hydro-pleurisy. Abstinence from drinks, flying blisters, almost invariably succeed in their hands to cure collections of serum in the pleuræ. But the *fantasisto*, in despair, no doubt, of their want of success, have renounced Medicine and betaken themselves to Surgery; they practise on a large scale thoracentesis, or rather thoracotomy.

ADULTERATION OF FOOD.—Mr. Scholefield, M.P., has revived his bill for preventing the adulteration of articles of food or drink. Analysts will be appointed by vestries, district boards, and town councils; and tradesmen, duly convicted of the crime of corrupting the food of their fellow men, will be heavily fined, and branded as adulterators, at their own expense, in the public newspapers. Scotland and Ireland are not to enjoy the advantage of this beneficent law.

A work, entitled "Phrenology Regenerated," has lately been published in Paris by Don Mariano Cubi i Sola. It is dedicated to the Emperor, Napoleon the Third, and approved by the Archbishop of Barcelona. The Don arrived in Paris without a friend; obtained a recommendation to the Spanish ambassador; explained his system to a select circle; charmed the Empress and the Emperor, the latter of whom found the funds for the publication. This is, we are told, how such an expensive work on such a subject came to be published; and this is why it appears to meet with such a considerable success.

A commission, composed of MM. Velpeau, Ricord, Devergie, Depaul and Gibert, appointed to inquire concerning the contagious nature of the secondary accidents of syphilis, has decided (with the exception of M. Ricord, who reserves himself on certain points): 1. That there are secondary or constitutional accidents of syphilis manifestly contagious;

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and of these accidents in an especial manner the mucous passule or flat tubercle. 2. That this rule applies to the nurse and the child she suckles, as well as to others; and there is no reason to suppose that the product of these accidents has different characters in the child at the breast of one what it has in the adult.

AN AMERICAN SAMSON.—Dr. George B. Winship, of Roxbury, a young physician, 25 years old, and weighing 143lb. is believed by many persons who have examined into the question to be the strongest man alive. He can raise a barrel of flour from the floor to his shoulders; can raise himself with either little finger till his chin is half a foot above it; can raise 200lb. with either little finger; can put up a dumb-bell of 141lb.; exercises daily with dumb-bells weighing 100lb. each, which he can raise alternately above his head; and can lift with his hands 926lb. dead weight, without the aid of straps or belts of any kind. Topham, the strong man of England, could only raise 800lb. in the same way; and the celebrated Belgian giant could only lift 800lb. With straps it is supposed a person could lift nearly four times as much as by his hands alone. If this case is so, Dr. Winship can lift at least 2500lb. Dr. Winship is a thorough gymnast; and when he graduated at Cambridge, five years ago, he was without a competitor.—*Salem Observer.*

THE LATE JACOB BELL.—Last week we gave a short notice of the death of Mr. Bell. We now append the following from the *Times*:—"On the Sunday before last Mr. Jacob Bell died at Tunbridge Wells, in his 49th year. He died of hard work. In the full expectation of death, and in spite of a most painful malady, he could not desist from his labours, and in a half-fainting state was buckled up to his work till within an hour before he breathed his last. The principal part of these labours was directed to the raising of his profession, which was that of a dispensing chemist. He spent a fortune in starting and in advancing the Pharmaceutical Society, which bids fair to embrace before long all the chemists and druggists of Great Britain, and which in the meantime has raised enormously the educational standard of the class. He was the president of the Society, and it is some proof of the estimation in which he was held, not only in his profession but throughout the district where he resided, that on the day of his funeral there was scarcely a town in the kingdom in which some 'Pharmaceutical chemist' had not his shutters closed to mark the event, and in many of the streets in Marylebone—notably all down Oxford-street—the same respect was paid to his memory. He was a man of the most unselfish nature, who devoted himself to public objects, who toiled like a galley-slave for other people, and who won the affection of all who knew him. One class of the community besides that to which he more immediately belonged will feel his death a great loss—artists of every sort, with whom he had a genuine sympathy, and for whom he was always planning some anonymous benefit—some pleasant surprise. It is pretty well known that, subsidiary to the professional views which were the absorbing object of his life, Mr. Jacob Bell was a most generous patron of the arts, and had collected in his house at Langham-place a very valuable gallery of pictures, many of them from the easel of his friend Sir Edwin Landseer. Those who knew the liberality of the man, and how much good he did in a quiet unassuming way, will not be surprised to hear, what he kept a profound secret from even his most intimate friends, that he has bequeathed the best of his pictures to the nation. There are thirteen pictures, and the commission for a fourteenth has been given to Mr. Frank Stone; but what is the nature of the subject, and whether any progress has been made in the work, we are unable to say. One thing is certain, that the public have received from Jacob Bell a most valuable gift, and we may add that the testator has attached no conditions to the acceptance of his legacy. Such a great public benefit is the fitting close to a life of much public usefulness."

ST. VINCENT'S HOSPITAL, DUBLIN.—On Friday, June 17, the annual distribution of the prizes in Clinical Medicine and Surgery, took place in the Hospital Theatre—an examination in those subjects having been previously held by Dr. O'Ferrall, Mr. O'Doherty, and Dr. Quinlan. Dr. O'Ferrall delivered a brief but impressive address to the students, in the course of which, after alluding to the great importance of close attention to hospital studies, he said that he considered that the principal difficulty in the granting of Medical diplomas, arose from the fact that the examiners were obliged without any previous acquaintance with the merits of the candidate, to determine, by a brief examination, whether he were sufficiently instructed for the arduous duties of the Medical Profession. This difficulty was increased by the circumstance that candidates were too often enabled, by "grinding" at a late period of their career, to exhibit the appearance of an amount of knowledge which they did not really possess. He said that he did not object to the legitimate use of private teaching. On the contrary, he thought that, if employed during the whole period of study, and in conjunction with hospital instruction, it might be rendered highly beneficial. He observed that an attempt had been made by the College of Surgeons to remedy this defect by the institution of sessional examinations, by means of which it was hoped that pupils might be induced to study during the whole of their collegiate course. These examinations, however, proved unsuccessful; it being found that students were suddenly ground up for them as well as for the final examination. "It is for this reason," said Dr. O'Ferrall, "that I consider that these hospital examinations are especially useful. The clinical professors are enabled, by directing the questions to the cases which have come under observation during the session, to determine the progress which may have been made by the class in practical as well as in theoretical knowledge. Gentlemen," continued he, "I congratulate you on your success; you have begun well; proceed as you have begun; and I venture to predict that when the period of your final examination arrives there will be no college which may not be proud to enrol you among its members." Dr. O'Ferrall then proceeded to distribute the prizes which had been awarded as follows:—First, Mr. Denis F. Keegan and Mr. Patrick Pelly. Second, Mr. Emerson Reynolds and Mr. J. Waring Curran.

VITAL STATISTICS OF LONDON.

Week ending Saturday, June 18, 1859.

BIRTHS.

Births of Boys, 852; Girls, 841; Total, 1693.
Average of 10 corresponding weeks, 1849–58, 1469·6.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	479	434	913
Average of the ten years 1849–58	512·1	460·7	972·8
Average corrected to increased population	..	..	1070
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	34	15	49

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria.	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,437	..	3	7	4	1	6	5
North	490,396	1	5	6	2	8	8	4
Central	393,256	1	6	5	1	2	1	4
East	485,522	7	2	10	1	5	3	6
South	616,685	5	6	15	5	8	7	10
Total	2,362,296	14	22	43	13	24	20	29

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·812 in.
Mean temperature	59·7
Highest point of thermometer	77·0
Lowest point of thermometer	47·9
Mean dew-point temperature	51·3
General direction of wind	N.W.
Whole amount of rain in the week	0·28
Amount of horizontal movement of air in the week	280 miles.

BOOKS RECEIVED.

A Treatise on Vital Causes. By J. N. Heale, M.D. London: 1859.

Notes on Hospitals. By Florence Nightingale. London: 1859.

On Neurolytic and Aguish Disorder. By C. Handfield Jones, M.B. London: 1859.

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On Hallucinations. By A. B. de Boismont, M.D. Translated by R. T. Hulme, F.L.S. London: 1859.

The St. George's Hospital Medical Staff. By Edwin Lee, M.R.C.S. London: 1859.

Dr. Lankester's Address to the Microscopical Society, 1859.

Practical Guide for Italy. By an Englishman Abroad. London: 1859. (Contains concise and very useful information as to routes, hotels, sights, and expenses.)

Statistical Report of Cases of Insanity. By T. Prichard, M.D. No. 3. Northampton: 1859.

On a Standard of Public Health for England. By E. H. Greenhow, M.D. London: 1859. (A reprint of a very able paper read before the Statistical Society.)

Description of a Simple Instrument for Inflating the Lungs of Infants. By J. G. Wilson, M.D. Glasgow: 1859.

Examples of Myeloid Tumour. By R. P. Howard, M.D. (A valuable paper by the Professor of Clinical Medicine in McGill College.)

TO CORRESPONDENTS.

A Lecture by Professor Simpson is in type, and will appear next week.

Senex.—1. No.—2. No.—3. They must not engage in Pharmacy or make profit by the sale of drugs.

Mr. Corner.—We should be glad to receive some further particulars respecting the impostor and the qualified men who meet him.

B. W.—The valuable portrait of Harvey in the National Portrait Gallery is hung in so dark a corner as to be almost invisible.

Rebus.—If he be not registered, he incurs all the penalties and disabilities imposed by the Act; but there is nothing to prevent a Foreign Graduate from retaining his title or his card.

Erratum.—At page 624, 14 lines from the bottom, for "the simple employment of the mucous membrane," read "the simple engorgement of the mucous membrane."

A Medical Ticket of Leave.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will you kindly oblige by giving in your Notices to Correspondents, what status in Medical society, or qualification to practise the various branches of the Profession a person has, who possessed only the L.S.A. Medical degree, and who in 1852, was found guilty of felony and sentenced to ten years' transportation. Having served a portion of his term he is liberated on a ticket of leave which will expire in 1862—his name has been expunged from the Medical Directory since 1853, and I am told that by some, (what?) Act of Parliament, that has never been repealed, he subjects himself to a penalty of £100 for practising. Is this correct?

Full information at your earliest leisure on this case will oblige.

June, 1859. I am, &c. J. M.

The following is the opinion of a legal friend upon this case:—"A person who has been convicted of felony thereby forfeits his goods and chattels, but not his professional status, unless some act has been done by the corporation which conferred the privilege to practise, to deprive him of such rights. The object of tickets of leave is to enable reformed convicts to gain a livelihood, although the period of their sentence has not expired. I do not, therefore, think, the party in question can be prevented from attending patients requiring his services. Further, I know of no act of Parliament like that suggested by your correspondent.',

Air-dilators and Plugs in Obstetric Practice.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Having myself drawn Dr. Keiller's attention to my report of the special treatment which I lately adopted in a case of Placenta Prævia, I was greatly surprised by the tone of his letter, which I should for the present allow to remain unanswered, were it not that my motives might be misconstrued.

Mr. Picard appeared to be the proper person to answer the string of assertions which Dr. Keiller's letter contains, and I therefore wrote to him, directing his attention to the matter, and begging that he would answer my letter as soon as possible. Considering, on the one hand, that Mr. Picard's acquaintance with me is comparatively recent; and, on the other hand, that his interests may suffer from Dr. Keiller's possible ill-will, I have good reason to thank Mr. Picard for the full and frank letter which I subjoin. I leave your readers to compare Mr. Picard's statement of facts with Dr. Keiller's inconsiderate assertions.

The animus with which Dr. Keiller designates me his "late Hospital Clerk," is manifestly unfair: for it is now nearly two years since the termination of my appointment to his wards, since which time I have held two other Hospital appointments, one during six and the other during twelve months; and, being otherwise fully occupied, I have had no connexion with Dr. Keiller, and have known next to nothing of his doings.

The instrument I employed was the caoutchouc air-pessary invented by M. Gariel, and made public not later than 1851; as will be found from the full references appended as foot-notes to my paper. Now I am informed that it was only towards the close of 1858 that Dr. Keiller first turned his attention to the possible applications of this pessary as a dilator in obstetric practice. Seven weeks ago, when I wrote my paper, I presumed that Dr. Keiller had not been anticipated in this application of M. Gariel's pessary; and I therefore attributed to him the full merit of having first used the caoutchouc air-bag as a dilator.

That, previous to the occurrence of my case, Dr. Keiller had contemplated the employment of M. Gariel's pessaries as plugs in uterine hæmorrhage, I certainly was not aware. I know he has admitted that he had never previously used the air-pessary as a plug in any case of uterine hæmorrhage. Are we then to believe that Dr. Keiller, who has the advantage of a large Hospital and Dispensary practice, and whose wards are specially filled with cases of uterine disease, continued to use the materials commonly employed for plugging the vagina, while at the same time he was fully convinced of the superiority of the caoutchouc air-pessary as a plug?

At the conclusion of my paper I remarked:—"The case which forms the subject of this paper appears to be the first in which the air-pessary has been used in the double capacity of plug and dilator of the os uteri." I presume that Dr. Keiller cannot impugn the justice of this statement; nor can he show that there is embodied in my paper one single fact or reference for which I am indebted to him. I am, &c.

J. Jardine Murray.

Brighton, June 21, 1859.

Mr. Picard to Mr. Murray.

My dear Jardine Murray,—I am in receipt of your letter, referring to the case of placenta prævia which you published. I read the report, and was perfectly satisfied with its correctness. I cannot understand what right Dr. Keiller has to claim the case (a).....

As it was obvious to any one that the patient could not long bear up against the enfeebling drain from her system, I was anxious to have some one qualified to share with me the responsibility of active interference. Your courtesy on former occasions, and my perfect confidence in your ability to manage the case successfully, decided me at once on asking your assistance, which was given with your usual kindness.

You know well what followed. You examined the case with the utmost care, and ascertained the presentation. You afterwards left to attend to some business, promising to return within a certain time. On coming back you told me you had been thinking over the matter, and had come to the conclusion that it would be a good opportunity for applying the air-pessary as a means of dilating the os uteri, and at the same time of checking the accompanying hæmorrhage. So that, as far as I know, the idea of using the dilator in these circumstances occurred to your mind at that time without your being aware that Dr. Keiller had suggested the possibility of its being applicable to cases of placenta prævia. *But I cannot recollect that Dr. Keiller ever mentioned its suitableness as a plug.*

These particulars, which are furnished according to the best of my recollection, clearly show that the case was mine, and not Dr. Keiller's; that Dr. Keiller did not suggest to me the use of the air-pessary as a plug, or as a direct dilator of the os uteri, for I would have been too glad to use any means of arresting the hæmorrhage; and that I called you, as on other occasions, not because of the probable absence of Dr. Keiller, but because of my experience of your willingness to oblige me, and my conviction of the necessity of something being done immediately.

I was aware of Dr. Keiller's having applied the air-pessary in dilating the passages in primiparous cases, and in inducing premature labour; but, if my memory serves me well, no mention had been made of that method of treatment before you proposed to apply it to the case in question.

If these remarks, and the use of my name, to which of course you are entitled, contribute in any way to relieve you from the disagreeable position in which, as I think, you have been unfairly placed, no one will more heartily rejoice than myself. I am, &c.

Edinburgh, June 19, 1859; J. Jardine Murray, Esq. P. Picard.

(a) Mr. Picard here details very minutely the history of the case, and mentions one fact of which Mr. Murray was not aware, viz.—Dr. Keiller, accompanied by a medical friend, did on one occasion visit the poor woman. Dr. Keiller made no vaginal examination; but Dr. Keiller's friend prescribed gallic acid, which was tried without success!

COMMUNICATIONS have been received from:—

Professor Simpson; Dr. Conolly; Mr. Wilde, Dublin; Dr. Lankester; Dr. Markham; Dr. Richardson; Dr. Stone; Mr. Walton; Mr. Rooke; Dr. McWilliam; Dr. Greenhow; Mr. Bulley, Reading; Mr. Napier, Worcester; Dr. Wilson, Glasgow; Dr. Prichard, Northampton; Mr. Braithwaite, Leeds; Mr. Laurence; Dr. Howard; Dr. Edwin Lee; B.R.P.; Mr. Gillies; Mr. Maysmor; Mr. Wheatley; Mr. White; Mr. Murray, &c. &c.

APPOINTMENTS FOR THE WEEK.

June 25. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

Royal Botanic Society, 3½ p.m.

27. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

28. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Medical and Chirurgical Society, 8½ p.m. Dr. Fuller "On the Action of Belladonna." Mr. Adams "On the Reparative Process in Human Tendons, after Subcutaneous Division."

29. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m; Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

Microscopical Society, 8 p.m.

30. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

July 1. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

By Mr. Fergusson—Hare-lip (two cases); Excision of Testicle; Cleft Palate; Cancer of Lip; Fistula in Ano (two cases.)

On Wednesday.—By Mr. Partridge—Excision of Hip. By Mr. Wood—Wood's Operation for Radical cure of Hernia.

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ERRATA

Page 41, column 1, line 22 from bottom, for "Wilks" read "Wills."
Page 59, column 2, line 4, "lithotomy operations," correction concerning.
Page 100, column 2, line 28, for "Zemminck" read "Temminck."
Ibid. ib. line 7 and 11 from bottom, for "wündarzte" read "wundarzto."
Page 123, column 1, line 19, for "Surgeon" read "House-Surgeon."
Page 140, column 1, line 17, for "unreasonable read "unanswerable."
Page 165, column 2, line 21 from bottom, for "Stracy" read "Stark."
Page 167, column 2, line 21, for "Oct. 6" read "Oct. 2;" line 33, for page "562" read "532."
Page 192, column 2, line 15 from bottom, for "Lenhopek" read "Lenhossek."
Page 492, column 1, last line, for "hair" read "skin."
Page 559, column 2, line 4, for "two" read "twenty-four."
Page 597, column 1, line 12 from bottom, for "Seroux" read "Leroux."
Page 230, column 1, line 32 from bottom, for "maximum" read "minimum."
Page 282, column 2, line 17, for "asthenic" read "sthenic."
Page 433, column 1, ne 8, for "nine" read "39."
Page 452, column 2, line 27 from bottom, for "case" read "cure."

END OF VOLUME XXXIX.

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